CITY COUNCIL
CITY OF NEW YORK

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TRANSCRIPT OF THE MINUTES

Of the

COMMITTEE ON HOSPITALS

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November 30, 2022
Start: 1:16 p.m.
Recess: 5:15 p.m.

HELD AT: Committee Room - City Hall

B E F O R E: Mercedes Narcisse
Chairperson

COUNCIL MEMBERS:
Charles Barron
Selvena N. Brooks-Powers
Jennifer Gutiérrez
Rita C. Joseph
Francisco P. Moya
Carlina Rivera

A P P E A R A N C E S (CONTINUED)

Nancy Hagans
President of New York State Nursing Association

Natalia Cineas
Chief Nurse Executive and Co-chair of the Equity and Access Council at NYC Health + Hospitals

Lorraine Ryan
Senior Vice President Greater New York Hospital Association

Julia Quantz
Nurse at New York Presbyterian Hospital

Craig Berke
Flushing Hospital Emergency Room

Ari Moma
Interfaith Medical Center Nurse

Lorena Vivas
Mount Sinai Hospital Nurse

Vivienne Phillips
Kingsbrook Jewish Medical Center Nurse

Kiera Downes-Vogel
Mount Sinai West Nurse

Vanessa Weldon
Montefiore Home Health Nurse

A P P E A R A N C E S (CONTINUED)

Libby Wetterer
Montefiore Bronx Family Medicine Resident

Shane Solger
Emergency Medicine Resident in Brooklyn

William Smith
Metropolitan Community Advisory Board

Carmen De Leon
Local 768 President

Colleen Achong
One Brooklyn Health ICU Nurse

Matt Allen

Flandersia Jones
Bronx Care Health System Nurse

Camille Gutierrez [sp?]
Neuro ICU Nurse Montefiore

Deborah Ceraulo
Morgan Stanley Children's Hospital

Nicole Forturo [sp?]
New York Presbyterian Children's Hospital

Kelynne Edmond-Oristel
President of Haitian American Nurses Association

Scheena Tannis
Coronary Care Unit at Brookdale Hospital

A P P E A R A N C E S (CONTINUED)

Paulina James
Brookdale Hospital RN, 1199 SEIU

Iona Folks
St. John’s Episcopal Hospital Nurse

SERGEANT AT ARMS: Good afternoon everybody and welcome to the Committee on Hospitals. At this time, we ask you to please place phones on vibrate or silent mode. Thank you for your cooperation. Chair, we are ready to begin.

CHAIRPERSON NARCISSE: Thank you. Good afternoon. [gavel] Thank you for being here. Good afternoon everyone. I am Council Member Mercedes Narcisse. One thing I want to remind everyone before I go deeper is health is wealth. Thank you for joining us for this very important hearing about the state of nursing in New York City. We will be discussing the ongoing staff shortage crisis with a name [sic] to collectively find solutions to help our nurses, not just survive, but to thrive. As a Registered Nurse who has worked in the healthcare field for over three decades, this topic is very important to me and very dear to my heart. I have experience and seen several of my fellow nurses financially, physically, and emotionally struggle due to low wages, extended working hours, and having to wear multiple hats while caring for the patients. Some of us had to pick up multiple shifts and even other jobs just to support our families, especially

living in New York City. I remember as a young nurse, I got $4,000 bonus to work at Elmer's Hospital, and I accepted it in a heartbeat, because it felt like there was an investment in my professional development. However, as such as we love our work as nurses, we get to serve our community. It is exhausting, tiring, and often leads to burnout when nurses do not have adequate support. As a City Council Member and the Chair of this Committee, I continue to center those experiences and listen to those who continue to be on the frontline as we work together to create solutions. I heard today that we took our nurses from heroes to zeroes. I'm very optimistic. I truly believe in our New Yorkers, that we will address and at the end of this hearing that everyone will work together to bring a more positive aspect to this. Over the past two decades, advocates have been tirelessly warning us of impending healthcare staff shortage, that so it speaks [sic] during an unprecedented deadly pandemic. Like I said many times, that we knew the shortage was coming prior to talking about pandemic. When the standard ratio of one nurse to two patients to 23 patients per nurse, that's set up for disaster.

According to the New York State Office of the Professions, as of January 1st, 2022, there are about 250,000 registered professional nurse residing in New York, and 18.42 percent decline from 2019. When the state had over 300,000 registered nurse. Research cited by the-- by New York City Comptroller found that over 4,370 COVID-related death could have been prevented during the height of the COVID-19 pandemic if a four patient to one nurse ratio had been implemented in New York State. These numbers tell a tale of decades of negligence and failed policy. Although the pandemic is now under control-- which is not really-- the nurse shortage is a concerning issue. New York City State Department of Health projects by 2030 New York will face a shortage of over 39,000 nurses. Nurses are the backbone of our healthcare system. They have been the heroes who were and still are in the front, in the forefront, of the battle against the deadly coronavirus. Throughout the pandemic, nurses tirelessly worked in horrifying conditions while being severely understaffed, overworked, and underpaid. At the peak of the pandemic, some had to wear garbage bags-- we all have seen that-- over their bodies when PPE became

unavailable. However, every day they showed up risking their lives and the lives of their loved ones to care for New Yorkers suffering from a deadly virus without a cure. The conditions many healthcare workers faced during the pandemic have left them scared. In 2021, about 66 percent of the 6,000 acute and critical care nurses surveyed across the United States said they feel the pandemic has made them want to leave their profession, and about 92 percent believe that experience during the pandemic caused them to consider retirement earlier than they had expected. While in other recent survey, out of the 500 nurses that participated, two-thirds said they plan to leave nursing in the next two years. Among the top concerns, 99 percent of the nurse indicated that is for nursing shortage-- shortages. Forty-three percent mentioned the cost of living, and 27 percent pointed to being forced to work too many hours. This is a crisis in our hands. This is a crisis of our own making, and only we can-- only us can solve it. Huge changes in the policies and funding priorities will need to happen ASAP. We must work towards the financial sustainability of our hospital and work to ensure our nurses have a

credible pay. We have to incentivize them and we have to give them better working conditions, and good healthcare benefits. Furthermore, we must encourage and incentivize our black and brown low-income youth to bring a new generation of nurses and healthcare workers. We must create more scholarships and make the pathway to healthcare career easier and more accessible. It is time that we all come together, strategize, and get to work ASAP. I invite the brilliant minds from H+H, NYSNA Greater New York, our community members, and organizations to come together to create real change for our nurses, healthcare workers, our community, and our future generations. I want to conclude by thanking my staff Saheed Joseph [sp?] and Frank Shea [sp?], as well as the Committee Policy Analyst Manu Bud [sp?] for their work on this hearing. I thank you. Like I said, I'm very optimistic. Nurses are the backbone of healthcare. So, I believe New York City is the greatest, is the capitol of the world, and we have to lead by example. This is where we have to do it, by supporting our nurses. Thank you. I will now turn it over to committee staff to admin-- before I administer the

oath, I will bring on NYSNA, please, those that's going to be testifying. NYSNA team?

NANCY HAGANS: good morning. Thank you for--

CHAIRPERSON NARCISSE: [interposing] Good afternoon.

NANCY HAGANS: giving us the opportunity this afternoon. Apologies. My name is Nancy Hagans and I have worked at Maimonides Medical Center for more than 30 years in Brooklyn. I am also the elected President for the New York State Nurses Association. We represent more than 40,000 nurses across the state, and I'm also the LBU Chair at Maimonides Medical Center. Okay. That includes 20 public-- 20,000 public nurse and 20,000 private sectors in New York City that are currently or soon will be negotiating a new contract. New York hospitals and nursing homes are currently facing a serious staffing crisis that threatens our ability to provide timely and quality care to our patients. Nurses are leaving the bedside in our hospitals, and they're not able to keep up the nurses we have or they find-- or they're lookin-- or they're not able to find new nurses who are willing to put up with the bad condition in the

work place. The main problem in New York is not that we don't have enough nurses to meet the demand. There are thousands of nurses in New York who just want-- don't want to take care-- to take any hospital jobs. The causes of the crisis in the nurses' workplace are obvious, but the hospitals, they don't want to invest the resources that are needed to stabilize the situation. The most immediate problem is chronic understaffing. Hospitals try to save a few dollars on payroll by ignoring our contractual staffing ratios and the requirement to improve staffing under the new staffing law. When there aren't enough nurses and the patient's assignment are too heavy, the patients suffer and the nurses get down and start looking for new jobs. A second big problem is that the pay for nurses is not enough to make them want to put up with the stress of poor staffing and working condition. The salaries in the past two years, we are not keeping on pace with inflation and are actually lower in terms of real value. We are currently bargaining for new contracts for thousands of nurses and the hospitals are not even open for pay raise that would keep nurses at the bedside. Another factor in the exodus of nurses are

poor working condition. Nurses are so overworked that they don't get their meal and a rest, break, and managers give nurses a hard time when they try to take their vacation or when they call in sick or if they require of personal sick time off. Nursing is a dangerous job that one has of the highest rate of on-the-job injuries and illnesses, and that only got worse during COVID. The punitive and dangerous conditions combined with a growing feeling that the management of the hospitals does not care or listen. That's why it's making an exodus of nurses worse. Another issue is hospitals' attempt to reduce healthcare coverage costs by cost-shifting to nurses and reducing benefits. It is very ironic that hospital are the major cause of increase in insurance cost, but want us to pay for it. Healthcare will be a big factor in our current negotiation, and if Manhattan try to cut our benefits, we will fight back hard. Another factor is the use of temporary nurse staffing by hospital. That got even worse during the COVID. The hospitals were understaffed before COVID, and the pandemic left them scrambling to find nurses. There were already using too many temps, but now they cannot get enough staff to make regular jobs and rely

more and more on temps. The agency and the travel nurses make two to three times more than regular staff, and they can pick up and choose where and when they work. Many nurses have gotten so frustrated that they have quit and taken temporary jobs for the higher pay and flexibility. If we are going to grow the nursing workforce, we have to stop relying on temporary staffing. The COVID crisis did not cause the problem we have-- we are facing right now. They were already there. COVID just made the existing situation worse by taking the mask off the crisis. The hospital system in New York are now crying poverty and telling us that they cannot pay for better staffing and have to cut our benefits, but they have plenty of money. They pay their CEOs and top executives millions of dollars and give them big bonuses every year. Many of the big hospital system that dominates in New York make billions in profit every year and sit on even more billion in assets. They have the money they need to address the staffing crisis, but they don't want to. There are safety-net hospitals like Maimonides where I work, and have [sic] hospital that face cash flow problems, but a big part of that is caused by wealthy big system that

go after the most lucrative patients to maximize their profit and leave the safety-net hospitals without enough revenue to improve their facilities. NYSNA's recommendation today is to address the registered nurse shortage in New York City. First, New York City area hospital must agree to fair contract with their nurses and [inaudible] bargaining. RN pay rates must increase. Staffing level and nurse to patient ratio must be improved. Hospital must keep their hands off our health benefits. Hospitals are non-profit that don't pay taxes and are not supposed to hoard money. The city should look at their tax exemptions and use its zoning and regulatory power to make them improve working condition and patient care. Hospitals have to stop relying on temporary staffing and use the huge amount of money to pay for time to build up permanent workforce. The City should push hospitals to increase tuition support, mentorships, apprenticeships, and other programs to address racial and social inequities and recruit loyal youth to work in our hospitals. Most important, hospital need to listen and respect the nurses. And--

CHAIRPERSON NARCISSE: [interposing] Thank you.

NANCY HAGANS: Thank you. Our Executive Director Pat Cain also wrote a testimony. Unfortunately, she couldn't be here, and she asked me to address and read the testimony.

CHAIRPERSON NARCISSE: Okay.

NANCY HAGANS: Thank you.

CHAIRPERSON NARCISSE: Anyone else with you that's testifying from the NYSNA?

NANCY HAGANS: Yes, yes, we have about--

CHAIRPERSON NARCISSE: [interposing] The Executive-- okay. So it will be after.

NANCY HAGANS: I'll be-- yes, I'll be--

CHAIRPERSON NARCISSE: [interposing] So are you the one that gonna [sic] answer my questions?

NANCY HAGANS: As much as I can.

CHAIRPERSON NARCISSE: Alright.

NANCY HAGANS: Okay, this is from Pat Kane our Executive Director. Or do you have questions for me before?

CHAIRPERSON NARCISSE: Okay, so are you going to read Pat testimony?

NANCY HAGANS: Yes.

CHAIRPERSON NARCISSE: Okay, so go on.

NANCY HAGANS: Okay, thank you. "My name is Pat Kane, and I'm the Executive Director of the New York State Nurses Association. NYSNA represent more than 40,000 nurses across the state. That include more than 20,000 city nurses in private hospital and New York City Health + Hospital system in the city that are currently in negotiation or soon will be negotiating new contract. These negotiations are taking place in the context of intense staffing crisis that is not the result of lack of nurses. The staffing crisis is a result of mass exodus of nurses from hospital or nursing homes because they are fed up with understaffing caused by hospital management, poor working condition, inadequate pay, and stress of trying to provide safe patient care for patients while management ignored our concern and nickel and time us. This staffing crisis and its causes are the focus of much of the testimony that you will hear today for many of our frontline workers like our President Nancy Hagans. In our negotiations the employers are claiming poverty in the face of high health insurance cost for their nurses and trying to cut off benefits and shift more of the cost to their

nurses in the form of higher deductible or copays. First, I want to fist point out that these claims of poverty are bogus. The hospitals can afford to pay for health benefits. The large hospitals are making a lot of money. Presbyterian made more than one billion dollars in profit in 2021 and is sitting on more than 19 billion in assets. Mount Sinai made more than 185 million dollars in profit and has more than six billion dollars in assets. Northwell made more than 177 million dollars in profit, plus 460 million dollars in investment income and also has more than 19 billion in assets. These hospitals are also on spending spree when it comes to their executive pay packages. The CEOs and executives of the big hospital network are giving themselves big raises and handing out executive bonuses like Halloween candy. The CEO of Presbyterian made 12 million dollars in 2019. The CEO of Mount Sinai made 5.6 million dollars in 2019. The CEO of Northwell made four million dollars in 2019. In 2020, 364 top executives of New York hospitals received more than 70 million dollars in bonuses. Ten executives received more than a million in bonuses and other 40 got at least 500,000. These hospitals have hundreds

of executives who receive million or more in compensation each year. At Presbyterian, for example, there are at least 29 executive who earned a million or more in 2019. By way of comparison, the CEO of the 11 hospital health-- Health + Hospital public network only receive about 700,000 dollars in pay. Second, I will note that it is the hospital that are the cause of the health insurance cost increases. Health insurance costs have been growing at a rate that far outpace the rate of inflation and the pay of nurses and other workers. In the last 12 months, the inflation rate in New York City was about six percent, lower than national average, but healthcare costs rose 7.9 percent. Hospital prices-- hospital price increases are more major drivers of increasing healthcare costs. In 2009, hospital prices have gone by 80 percent, compared to less than 50 percent for non-hospital care, and 30 percent for prescription. Much of the increase in hospital cost is the result of price gouging and profit maximizing by these same hospital CEOs that pay themselves so well. These private hospital charge exorbitant prices that are on average 316 percent of the rates paid by Medicare and some hospital system, which more

than 390 percent of the Medicare rate according to analysis by SEIU 32BJ member Healthline [sic]. There are plenty of examples and data showing the degree of price gouging. For example, a normal vaginal birth at a New York City Health + Hospital cost 11,000 dollars, while the same procedure costs 41,000 dollars at Montefiore Hospital, 33,000 dollars at New York Presbyterian, 24,000 dollars at Northwell. It is beyond ironic to hear that this hospital state that they cannot afford healthcare coverage when they are making huge profit and complaining about the same healthcare costs that they themselves have jacked up. Finally, I want to point out that RN health costs are higher now because they worked through the pandemic, they were disproportionately exposed too and sickened by COVID-19 while the CEOs were mostly calling from home or playing golf in Florida. COVID-related costs have added to the cost of healthcare for nurses, because of the cost of treating them and their family members when got sick, getting COVID tested and dealing with the impact of Long COVID. So, that the hospital are trying to do on healthcare coverage, what do they want to do? They want to impose managed care program to limit access to diabetes, COPD,

asthma, hepatitis, and oncology rate, restrict access to physical therapy, chiropractors for profession with one of the highest rates of musculoskeletal injury rates, require step [sic] therapy program, exclude high-cost generic drugs, and increase pharmacy co-pay to limit access to medication, and increase emergency room and ambulance co-pay. What do hospitals need to do to provide healthcare coverage for our nurses? They need to keep their hands off our health coverage. Nursing is one of the most dangerous occupation, and we need decent health coverage, and if we are going to attract and retain our nurses. The hospital should pay up for health coverage and stop complaining that they cannot afford it, while we know they can afford it. If they want to lower the cost of our coverage, they should start by lowering the amount that they charge us and other patient who needs the healthcare services. Thank you."

CHAIRPERSON NARCISSE: [inaudible] but before I get to the question, I would like to recognize my colleagues, CM Moya, CM Barron, and we have Sandy Nurse right with us. Thank you. And Barron is in remote and Moya's remote. What does a

day of work look like for a nurse? How much does short staffing affect a nurse productivity? How many New York City-based nurses does NYSNA represent? Can you tell us more about the demographics of these nurses, race, gender, age, socioeconomic backgrounds, specialty? But having said that, you don't have to give me all the statistic if you don't have it. I don't want to scare you away.

NANCY HAGANS: Don't have all the statistics, but I would tell you we have over 42,000 nurses, and then we are a multicultural union. When it comes to age gap, as you know, most of our nurses are between 50 and up, and then we are trying to attract young nurses, and the young people are not going into to profession anymore as we discussed, because hospitals are not able to employ and attract young nurses. And one of the biggest reason, most hospitals are not even hiring a nurse, especially the private hospital with an Associate degree. You have to have a Bachelor's degree, and if you come from a background where you cannot afford to go to a four-year college, now when you receive an Associate degree, then most of the nurses will probably work in a-- public sector, and once they receive their

Bachelor's they will move on to a private hospital because of the pay disparities because the private sector pay about 17,000 dollars more than a public. As an ICU nurse, as a nurse for 37 years, what it's like to work in unit-- in a unit where it's a full trauma center, you often-- your patients should be a one-to-one. By the time you walk in, the manager said to you, you already had three sick call. Today you have to three-- take three patients. They're not only on expo [sic], on a bi-pap [sic], on triple drips, and you will be lucky if you have a cup of coffee. And then you don't have that time to even hold the patient's hand, okay? The unit is a newer [sic] ICU unit, and as we know-- I'm not trying to scare anybody. If you're a woman between 40 to 60, the ages of having an intracerebral bleed and an annual [sic] aneurysm is very high. I [inaudible] 42 years old, at dinner with the husband, become unconscious and they walked in. The next thing, you walk to the family member and say unfortunately your loved one is breathing, but your loved one is considered brain dead. And then you would like to spend that time with that family member and have a conversation, and nursing is not just giving

medication to your patient. It's to be able to provide the social needs, the human touch, but the next door your patient is going into a cardiac arrest. Now, you're leaving this family member who needs you. It's about 11 o'clock, 12 o'clock. You're here at 7:30. Did anybody ask you whether you had a cup of coffee for that day? Because if you didn't have a cup of coffee driving to work, that cup of coffee will be your own meal and your only break for that time. And what is the management doing? Do the best that you can. Oh, yeah, we'll send pizza to the lounge. We all know who's going to eat that pizza, the managers or sometimes the doctors, because you don't have time for the pizza. Normally, we say keep the pizza. Med Surge [sic], Med Surge Unit honestly should be one to five, one to four. Most of the patients on the Med Surge Unit are considered ICU level. So what do they do, they play games [inaudible]. They'll say start a little bit of norepinephrine drips, a little epi drips, and then when we have ICU bed, we'll transfer the patient, which is not true. Now, as a Med Surge Nurse, I have eight patients, four of them are on telemetry, but I'm not even trained to read an EKG. I don't even

know what a V-Fib is, what is V-Tach. I'm lucky if I can recognize asystole, a flat line. But what do they tell you, "Do the best that you can." Do we honestly think that we are providing the right care for the patients, because what they do-- a nurse is a nurse is a nurse. During the height of the pandemic, we did the best that we can to care for patient, to save New York, because if we were prepared, we would have saved more lives. But what do they do in the hospital? They continue to mandate the nurses. They continue to do the same practice during the height of the pandemic by not hiring enough nurses. What it's like to be a nurse is to leave your house at 5:30 in the morning, and you don't get home 'til midnight or one o'clock in the morning. Do you know why? Because they don't have anyone to replace you, and your hospital manager at five o'clock, she has a packet [sic] book. She's going home, but you're mandated to stay.

CHAIRPERSON NARCISSE: It's not easy. Been there done that. According to your experience, what is the average nurse to patient ratio? I don't know if you have that in H+H. I'm sure you do, because you have nurses in each. What is the average

nurse to patient ratio to the private volunteer hospitals? How often are new nurses hired in H+H and volunteer hospital?

NANCY HAGANS: Well, the H+H, they do have the ratios but the staffing shortage-- I mean, I've spoken to the nurses. Some of them have nine, 10 patients where it should be a one to six, one to five.

CHAIRPERSON NARCISSE: One to six, one to five?

NANCY HAGANS: Right. That should--

CHAIRPERSON NARCISSE: [interposing] That's for the--

NANCY HAGANS: [interposing] be.

CHAIRPERSON NARCISSE: That should be, but what it is right now?

NANCY HAGANS: one to 10, one to nine.

CHAIRPERSON NARCISSE: One to 10, one to nine in H+H or in--

NANCY HAGANS: [interposing] In H+H and also in the private sector. A lot of people-- yes, I work in a facility where sometimes the nurses have 10 patients, 11 patients in the Med Surge, and three of them could be a telemetry patient.

CHAIRPERSON NARCISSE: For the Med Surge. And about the ICU?

NANCY HAGANS: ICU, the ratio should be on a very ill patient, one to one. Not so ill, one to two, but average a nurse have three patients, sometimes four. Telemetry Unit should be one to four. On an average, it's six patients.

CHAIRPERSON NARCISSE: Okay. How often are new nurses hired in H+H and volunteer hospital, how often?

NANCY HAGANS: I'm not-- I don't have the right number for--

CHAIRPERSON NARCISSE: [interposing] Don't have the specifics?

NANCY HAGANS: for the H+H. Even the voluntary hospital, they're not hiring. What they are saying to us, we are trying, we are recruiting, but we don't see. I mean, you'll have a place like Mount Sinai and they have a total of over 800 vacancies. So, obviously--

CHAIRPERSON NARCISSE: [interposing] 800 vacancy?

NANCY HAGANS: They're not hiring. Yes.

CHAIRPERSON NARCISSE: Okay. In your own-- because I'm not pushing you for the data if you don't have them. But are new hires tend to be seasoned professionals or fresh graduates?

NANCY HAGANS: Most of the new hires are fresh graduates, but I will tell you, by week two or three for orientation, most of them quit. I have new orienteers [sic] come to me and say that's not what I signed up for nursing school. I am leaving. I'll give you an example. The facility where I work, as a new hire, you're not supposed to float from one unit to another for six months. These new nurses come from orientation today. The next day they come to work, they send them in a different unit to work, and they are scared. They are devastated, and then they are leaving the profession. They'll say to me, I'm not coming back tomorrow.

CHAIRPERSON NARCISSE: That will be my next question. How long you think they stay at the job right now?

NANCY HAGANS: Approximate--

CHAIRPERSON NARCISSE: [interposing] You don't have to be--

NANCY HAGANS: [interposing] The new hires? Some of them--

CHAIRPERSON NARCISSE: [interposing] From your-- from your experience.

NANCY HAGANS: two months, three months.

CHAIRPERSON NARCISSE: Two months.

NANCY HAGANS: Yeah, some of them right in the midst of orientation. By the time they go to the units, they see the working condition, what they have to do as new nurses, because they feel like they have other choices. There are other things they could do. They just say, you know, "Here's my ID, I'm not coming back."

CHAIRPERSON NARCISSE: That's bad. Over the past two years, there has been a rise in temporary traveling nurses, right? What do you think many nurses are choosing that pathway instead of working full time in the hospitals?

NANCY HAGANS: Well, the traveling nurses are making two to three times more than a regular nurse, and the--

CHAIRPERSON NARCISSE: [interposing] Is the salary [sic]?

NANCY HAGANS: Yeah, the staff nurse, and the travelers, they pick a date that they work. I've seen travelers come in and say, well, I'm only going to pick two patients because my contract for my traveling agency allow me to have two patients, and the supervisor turn and say, "Well, they doing you a favor." You take the six patients and have a traveler taking two patients, and they making three times. So, the nurses are frustrated. So what they've done, they've resigned from their position and say, you know what, I'm going to sign up to be a traveler as well.

CHAIRPERSON NARCISSE: Wow. So are traveling nurses helpful in curbing the nursing shortage that we have?

NANCY HAGANS: The help that we need--

CHAIRPERSON NARCISSE: [interposing] The way you said it, it seems like they're not helpful, because they come to do two patient. They're not--

CHAIRPERSON NARCISSE: [interposing] Because they've given them a better-- it's not about, you know, even talking bad or putting down the traveling nurses. It's just I put it that management, the managers, the hospitals are actually

putting nurses against each other, because why would you bring in somebody and pay them three times more than someone else when you have so many vacancies? If you increase the rates, if you give nurses across the board of New York State, New York City a raise, and these people will actually apply for the job and work permanently, because remember, the traveling nurses are only there for 12 weeks, and then the next week some of them said they want to travel. They'll go to Hawaii. They'll go to California. So why would you invest thousands, millions of dollars on someone for 12 weeks, when you have nurses here in New York State? We have so many nurses that we could attract. What they need to do is improve the pay, improve the working condition, because I called-- hiring a traveler, it's like you're a nurse, I'm a nurse. You have a bleed. You should put a tourniquet, right, and take the patient to the OR, but if you just apply the tourniquet, the bleed is still going to be there. You have to treat it, and we have to treat the problem, and the problem is not treating-- hiring travelers are not treating the problem. You could hire a traveler-- if you have 50 nurses in orientation and they cannot come on-- off

orientation for the next six to eight weeks, then you could bring some temporary to fill up until you start them, but travelers are coming in and management are not replacing them, replacing the staff, because one of the reason-- well, they have to pay medical, and they don't want to invest in us.

CHAIRPERSON NARCISSE: Okay. We got this. For COVID, COVID-19, how many nurses are suffering from mental health, from-- if you have specifics, you can give it. If not, you just-- we can always get it back from you guys.

NANCY HAGANS: Yeah, we could--

CHAIRPERSON NARCISSE: [interposing] How many nurses are suffering from mental health issues like PTSD due to their experience during the pandemic?

NANCY HAGANS: Most of the nurses. I don't want to say 100 percent. Most of the nurses, if you poll the nurses who worked during the pandemic, they are suffering. Some of our colleagues cannot go to sleep at night. They still see the realities. Some of our colleagues are still sickened for health, and a lot of time, you cannot even have a day off just to go for therapy. And for any of us

who sickened from mental health, especially in New York, it's very difficult to find a provider that would even accept your insurance. A lot of time you have to pay out of pocket. It's very difficult. Most of our nurses are devastated, because when we went to work, when we became nurses-- nurse is to nurse-- and we couldn't save as many patients as possible, some of our nurses are still-- some people just can't come to work because of what happened and need the self-care. And the nursing profession, when you have an issue, when you lose your patient, all they expect from you is to go to the bathroom, wipe your eyes with a tissue and then go to the next patient. Any other profession, if you working for the Fire Department, even if you're a police officer, you had such tragic-- they give you a couple of weeks sometimes to, you know, pull yourself together. As nurses, we don't have that ability. It's, you know what, "Get over it Nancy. You're next for the next admission." There's a, you know, motorcycle accident that somebody coming in. You only have a second or two. You as a nurse, you know the reality. Just to pull yourself together. After a while, it takes a toll on you. I mean, during COVID there were members

who would call and say, "I'm sitting in my driveway. I cannot go inside my house, because I lost too many patients today." And these colleagues are still seeking for help, for mental health and needs help. And then, management still expects you to come up to work now and still work understaffed, and not able to care for yourself. As nurses, we're not providing a day, a personal day to do self-care. That does not exist.

CHAIRPERSON NARCISSE: Do you think that the mental health coverage is adequate for you, for the nurses?

NANCY HAGANS: I don't believe so.

CHAIRPERSON NARCISSE: You don't think so?

NANCY HAGANS: No.

CHAIRPERSON NARCISSE: Have you done any organizational survey among nurses in NYSNA about the burnout or the demands? If so, what were the results? If not, are you considering conducting-- I mean conducting a survey?

NANCY HAGANS: We have done it, but we could provide the results to you.

CHAIRPERSON NARCISSE: Okay. I see some of your policy recommendations. So, whatever you have, you can send it to us, too. Do you believe that nurses' biggest needs are-- at the moment what are they? What does is the ideal nursing job look like, and what's the ratio recommendation according to your experience from NYSNA?

NANCY HAGANS: First, what do we recommend as nurses. First and top priority is staffing, is safe staffing, safe patient/nurse to staffing ratio. Not only in the rich hospital, across every hospital in New York City, whatever the zip code is, because during the height of the pandemic we saw who suffered. It was more the black and the brown community, because of lack of care. We would like to see more investment in our safety-net hospitals and our H+H hospital, and we want safe staffing across. And we want equity pay, and we want to be properly compensated for the work that we've done. As, you know, we said earlier during the time we were considered hero. Now, we are actually at zero, and we want to change that. And also we want to continue to have good and proper medical coverage. You cannot expect to provide care for patients, and

when it's time for us to receive care as patients, and we don't have that opportunity. As a nurse, once you turn 40 or 50, your body does not belong to you anymore because of the lifting and the kind of heavy-duty work that we do. So for the hospital corporation and hospital greed to say that they're going to cut our medical coverage, it's unacceptable, okay? It's not about an ideal or-- it's about that we live in the richest country in the world. Why can't we provide safe quality patient care to everyone, regardless of their zip code, regardless of their financial status, regardless of their immigration status?

CHAIRPERSON NARCISSE: What incentives could make the entry into nursing more attractive or easier to accomplish? Because we need nurses now.

NANCY HAGANS: we do. We have to start going to the high school, the local area and help, you know, some of us to go to school. I mean, I-- I'm an immigrant generation. My parents had 10 children, so I had to basically pay my way to go to college, because they couldn't afford to send me to college, we didn't. But if we had a loan repayment program, if we allow nurses to practice with a

nurse's Associate degree and have-- a lot of hospitals, they have the funds to help pay their student loan. We would attract new nurses. And if we were to make the pay attractive, then we would have more nurses and also the staffing. We need to go out and recruit from our community, because there are a lot of young people that are interested in nursing, but if we don't explain to them and teach them in what it's like to be part of the community and help them, we're never going to be able to attract enough nurses.

CHAIRPERSON NARCISSE: I appreciate your time as a nurse, and by the way, ER nurse, you know our body gets.

NANCY HAGANS: Yes.

CHAIRPERSON NARCISSE: [inaudible] Now, I'm going to pass it to my colleague Nurse. Any questions for the NYSNA? Do you have any questions? [inaudible] okay.

COUNCIL MEMBER GUTIÉRREZ: I [inaudible] but I just want to thank you for everything that you shared. I think especially for us that represent our constituencies in the outer boroughs, we know hard body-- how much work you have all done for years, but

specifically during the pandemic, and I just want to thank you for your testimony. I'm curious, in your experiences where you've seen mental health, but more specific in like suicide prevention, and I don't know if you have that, but I do know that during the pandemic, residents were experiencing suicide at much higher rates, which is-- they're normally high, but during the pandemic it was high, but can you speak to that a little bit more in your experience, kind of where you were seeing suicide rates, or just the efforts for suicide prevention for nurses, especially during the pandemic, if that's something that you can speak to.

NANCY HAGANS: Well, the way I would speak to it, I think as a community we do not address mental health enough, and some-- my community sometimes it's taboo. You can't even say to someone I'm not feeling well or I need to see a therapist. Everything is a big secret. So, imagine during the pandemic, everybody's masked up. You walked in, you have 10 patients. By the time you're going home, eight of them already died. They were not able to be with their loved ones, you know? You probably have to call someone on the phone, and you watched them

take their last breath. And we're talking about 25-year-old, 20-year-old who has never been sick in their life. And there was not an outlet where as a healthcare professional provider you could express what you had to go through, what you were feeling. So, by the time you're supposed to go to work, our goal is to make everyone better. As a nurse, you are to nurse somebody and let them go home, and when you lose a patient you start questioning yourself, what could I have done-- could I have done just to make it better? And then there's no outlet for nurses. There's no outlet for even the residents, the medical profession. Sometimes we sit there at work, we talk about it. Who do you talk to when you have a situation like that? Then you internalize it, and then that's where the depression comes in, but we also have to look as a community how do we address mental illness? Right now, hospitals are closing a lot of psych units because they feel that they don't make enough money. There is not a profit, and if you were to find a provider to see you, the first thing they'll tell you, "I'm only gonna accept you out of pocket. I don't accept any insurance." You have to care for yourself that way.

COUNCIL MEMBER GUTIÉRREZ: And from your perspective, on the heels of the Mayor's announcement, involuntary admission of New Yorkers into hospitals? I vehemently disagree with that for all of the reasons that you highlighted. For all the reasons that you highlighted, the levels of support that are lacking. What is your reaction to that? What are some of the conversations if any that maybe the Administration had with NYSNA, for example, beforehand, and what are some of the things that you need to see in order for this to be a program that really resolves the issue?

NANCY HAGANS: We haven't had any conversations with the Mayor's office, but I could put it like that. I'm into planting. If you have a little tree, you have to grow the tree straight. If the tree look a little crooked, you actually have to, you know, have support. So the support have to start from the get-go. So what we do as a community, we don't acknowledge someone has an illness until it's too late. And you know, your brain also is an organ. You know, if you had a problem with your heart, you would go to the doctor. If you had a problem with your leg-- but when we have a mental issue, mental

distress, we don't have a place for people to go. We don't have enough providers. We don't have enough doctors. We don't have enough hospital beds in order to address someone situation. You put somebody on medication, but you don't know where they live, and then you send them out. How do we know they're taking their medication? Who's buying it? So we really need to look at the whole system how we address mental illness.

COUNCIL MEMBER GUTIÉRREZ: So, this announcement, essentially compounds existing issues that we already have in our facilities to begin with, but very little, I think, recourse for increasing hospital beds, which you said we have less than ever before, and support for nurses and medical staff amidst a nursing shortage. Thank you for your testimony. Thank you, Chair.

CHAIRPERSON NARCISSE: Now, I-- for my colleagues online, CM Moya, Barron, we don't have the quorum, but if you have any questions, you can actually text it to me, and I will ask for you. But just text me and let me know. So, for now--

COUNCIL MEMBER BARRON: [interposing] You can't hear us?

CHAIRPERSON NARCISSE: Yeah, I can hear you, but we don't have a quorum.

COUNCIL MEMBER BARRON: Why can't I just talk? Why I have to text you?

CHAIRPERSON NARCISSE: Be we don't have a quorum because we don't enough C-- I mean, Council Member here.

COUNCIL MEMBER BARRON: Well, so I can't talk because you don't have a quorum?

CHAIRPERSON NARCISSE: No, you can't ask-- you can't ask the questions to--

COUNCIL MEMBER BARRON: [interposing] Why? Because you don't have a quorum--

CHAIRPERSON NARCISSE: [interposing] Why--

COUNCIL MEMBER BARRON: I can't ask a question? Now, when you don't have a quorum, you can't take a vote on anything, but because you don't have a quorum don't mean I can't ask a question or make a comment.

CHAIRPERSON NARCISSE: CM, I didn't make the rules.

COUNCIL MEMBER BARRON: So, the Council Members that are present can speak and ask question--

CHAIRPERSON NARCISSE: [interposing] Yes.

COUNCIL MEMBER BARRON: but if we're online we can't?

CHAIRPERSON NARCISSE: Unfortunately.

COUNCIL MEMBER BARRON: Who made that rule up?

CHAIRPERSON NARCISSE: So that's--

COUNCIL MEMBER BARRON: [interposing] I could have done had my question in by now.

CHAIRPERSON NARCISSE: I didn't start it, certainly. I just got here in January.

COUNCIL MEMBER GUTIÉRREZ: We're absolutely right, Charles.

COUNCIL MEMBER BARRON: See, that doesn't make any sense.

CHAIRPERSON NARCISSE: Okay.

COUNCIL MEMBER BARRON: Well, let me ask you this, if you let me ask a question, will you get fired? I mean, the people hired you, so you can't get fired.

CHAIRPERSON NARCISSE: I mean, Charles what's the question? I guess I'm going to repeat it. Or you don't know-- you don't have access to text?

COUNCIL MEMBER BARRON: No.

CHAIRPERSON NARCISSE: You're going to-- okay. Yeah, call-- we're going to call you and put you on speaker, I guess that's how we going to do it. Because she's going to talk to you, because that's the rule. I have to follow rules.

COUNCIL MEMBER BARRON: So you going to call me on my phone?

CHAIRPERSON NARCISSE: Your best friend going to call you.

COUNCIL MEMBER BARRON: Wow, this is deep.

CHAIRPERSON NARCISSE: [inaudible] yes. So, she's calling you now. So pick up the phone. Because your question always very valuable to me and to everyone so.

COUNCIL MEMBER GUTIÉRREZ: I can ask that if you want. Tell me.

CHAIRPERSON NARCISSE: Bear with us.

COUNCIL MEMBER GUTIÉRREZ: So, repeating what Council Member Barron's question is. He wanted to just commend the work of the nurses at Brookdale Hospital. He said he was treated tremendously when he had COVID, and recognizes that nurses are obviously overworked, underpaid. His question is

related to housing, and I know in reviewing the report that is another top issues for nurses. He said in his conversations with developers, for example, there are specific set-asides for veterans, for people in other professions, but is there an existing program for nurses and a way to retain nurses that will put a set-aside for housing, for nurses in these instances. Is there movement in the conversation of this nature?

NANCY HAGANS: Okay. I mean, we always open for that movement, you know, not right now.

COUNCIL MEMBER GUTIÉRREZ: But no, no, no conversation? Nobody started that, but do you recognize that that is top issue for nurses?

NANCY HAGANS: One of the issues, housing?

COUNCIL MEMBER GUTIÉRREZ: top issues that-- would that be a way to--

NANCY HAGANS: [interposing] [inaudible] time--

COUNCIL MEMBER GUTIÉRREZ: help retain nurses.

NANCY HAGANS: Right, to retain nurses, and our bigger staff issues would be, you know,

priority with the staffing with pay equity, and then it would also help us to afford a place to live in housing, at our housing.

COUNCIL MEMBER GUTIÉRREZ: Charles said thank you so much for the work that you are all doing. It's a thankless job, but--

NANCY HAGANS: [interposing] Thank you.

COUNCIL MEMBER GUTIÉRREZ: it is very much appreciated. Alright, Charles, I'm going to let you go.

CHAIRPERSON NARCISSE: And thank you for your understanding. I did not make the rule. So, right-- so thank you so much for your time. Any questions my colleagues? No? You good? Alright, so we moving forward. Now, I will turn it over to Committee Counsel to administer the oath. So we calling H+H. Thank you.

COMMITTEE COUNSEL: Thank you Chair. We will now hear testimony from the members of the Administration. Will you please raise your right hand? Thank you. Do you affirm to tell the truth and the whole truth and nothing but the truth before this committee and to respond honestly to the Council Member's questions?

: I do.

COMMITTEE COUNSEL: Thank you. You may begin whenever you're ready.

NATALIA CINEAS: Good morning Chairwoman Narcisse and members of the Committee on Hospitals. I am Doctor Natalia Cineas, Chief Nurse Executive and Co-chair of the Equity and Access Council at New York City Health + Hospitals. Thank you for the opportunity to testify regarding the state of nursing at Health + Hospitals. While Health + Hospitals is only one component of a much larger healthcare delivery system and workforce landscape in our City, we are proud of what we do. Our team of about 8,000 nurses is at the core of our mission to provide care to all New Yorkers. Our nurses are on the front lines of our hospitals, clinics, and nursing homes, delivering high-quality and compassionate care to our patients. Currently, there is a nationwide and industry-wide shortage of nurses, from which Health + Hospitals is no exception. While we have had staffing challenges like most other health systems across the country, we continue to provide uninterrupted care, and have taken steps to retain our current nurses and fill vacancies. We are

engaged in a variety of efforts to provide incentives for currently employed nurses to remain in our system, which include converting temporary positions to permanent positions, partnering with CUNY to offer 50 nursing advanced credit-bearing certificate and degree programs to current nursing staff, and loan forgiveness. We have also established several professional development opportunities for nurses, including a Preceptor Program, a Clinical Ladder Program, a Nurse Residency Program, and also a Nurse Recognition Program. In particularly, our Nurse Residency program enables student nurses to transition confidently to become licensed professional nurses through group seminars on topics like decision-making, conflict resolution, end-of-life care, health care quality, patient safety, and more. In addition, participants receive support, build relationships with nursing peers, and develop leadership skills. As a result, our nurse retention has more than doubled for new nurses in the Nurse Residency Program over the last three years. The retention incentives also play a crucial role in our recruitment efforts. Health + Hospitals recruits nurses to fill vacancies through traditional means,

innovative strategies and working with partner institutions. Our traditional methods include conducting monthly hiring fairs and posting advertisements on job listing sites like Indeed, LinkedIn, and others, while making it as convenient as possible for candidates to interview and onboard with us by offering virtual and on-the-spot interviews, as well as on-the-spot onboarding. Our innovative strategies include our Nurses4NYC campaign, which has a dedicated with a webpage and social media presence to fill nursing positions in high need areas. The campaign disseminates mini-documentary videos featuring individual nurses from different facilities and specialty areas. We are excited about our partnership with CUNY to expand career pathways for graduating nurses to enter our system, which is proud to be the largest employer of CUNY nurses in the city. Our enhanced partnership builds upon existing initiatives, like having over 1,000 CUNY nursing students support COVID-19 vaccination efforts in spring 2021. Recognizing the toll that the pandemic has taken on nurses and other frontline healthcare workers, Health + Hospitals has taken proactive steps to promote wellness among our

nursing staff. In particular, our nurse development programs, including the Nurse Residency Program, provide nurses with support and mentorship. In addition, we have worked to implement staffing models to reduce our nurses' workload. Nurses can also take advantage of our Helping Healers Heal, or H3 program, which focuses not only on addressing emotional and psychosocial needs and psychological needs of our nurses in response to adverse events but also on proactively establishing relationships and spaces to promote overall wellness and resiliency. H3 provides an anonymous internal support hotline where staff can receive psychological and emotional counseling from licensed clinicians, as well as individual and group settings where staff can receive support. We are proud of our wellness rooms, which provide a calming space for staff to decompress in many of our facilities, and are grateful for the public and private support that has enabled us to upgrade them. New York City Health + Hospitals Kings County and NYC Health and Hospitals South Brooklyn Health were recently recognized for their commitment to creating a healthy work environment for their nurses through the prestigious Pathway to Excellence designation

from the American Nurses Credentialing Center. New York City Health and Hospitals Kings County and NYC Health and Hospitals South Brooklyn Health are the first and second hospitals in Brooklyn to receive the designation and are two of only three facilities in New York City with the credential. The Pathway to Excellence designation requires a rigorous process to evaluate progress in six standards: shared decision-making, leadership, safety, quality, well-being, and professional development. We appreciate this recognition, and are committed to ensuring that our nurses feel empowered and valued in the workplace. It is the mission of Health + Hospitals to deliver high quality health services with compassion, with dignity, and respect to all, without exception. We are immensely grateful for and proud of the work that our nurses do every day to advance our mission, and they are committed-- and we are committed to supporting them day in and day out, just as they are committed. Thank you to the committee for the opportunity to testify and for your continued support of Health + Hospitals. I look forward to our continued partnership and happy to answer any questions you may have. Thank you.

CHAIRPERSON NARCISSE: Thank you for your testimony, and yesterday I was happy to be there with you guys at South Brooklyn, because let it be known that I do not have any healthcare center in the 46th District, and I do not have any hospitals, so I relied on you, Coney Island, and on the part of Brookdale and kings County, too of course. So how many full-time nurses are working in H+H facilities?

NATALIA CINEAS: We have over 8,000 nurses at Health + Hospitals across our system.

CHAIRPERSON NARCISSE: Okay. How many positions are filled by temporary nurses or travel nurses, if any? When do you estimate these temporary positions will be replaced with full-time staff?

NATALIA CINEAS: On any given day, we have up to a couple of hundred. So I'd say 200 temporary nurses on any given day. We are converting some of our temporary nurses to full-time. That's part of our process, and the goal is to hire our nurses full-time versus depending on temporary staff, the majority I would say.

CHAIRPERSON NARCISSE: How much of your budget is reserved for increasing nurse wages?

NATALIA CINEAS: That is a challenge, and I think we would have to get back to you with a figure on that. I think, you know, Health + Hospitals is faced with the challenges across the nation, but we are unique because we are a safety-net system, and we do struggle financially in terms of competing with the other systems near us, and so I think that is a differentiating factor for us that makes it even harder for us.

CHAIRPERSON NARCISSE: How much is needed, you know, to hire more full-time nurses? Do you know how much?

NATALIA CINEAS: I would love to get back to you on that in terms of the discrepancy from salaries. I can't answer that right that now.

CHAIRPERSON NARCISSE: Okay. What is the average weekly pay for full-time registered nurse and a traveling one?

NATALIA CINEAS: Sure. So--

CHAIRPERSON NARCISSE: [interposing] The full-time registered nurse.

NATALIA CINEAS: Full-time, so the base salary of our full-time nurses is approximately 84,744. I would have to divide that by the week to

get you the weekly, but that's the annual salary. Temp-- temporary fluctuates, and as we all know, there are no regulations for temp nurses, and so it's very hard to tell what a temp nurse makes, because we're actually paying an agency which takes a cut of that amount. I'm not privy to the information in terms of how much the actual nurse makes, but I can tell you that it fluctuates. So during the pandemic, we saw very high rates up to $200 per hour for nurses that we've all seen across the country, and then it'll go down to near $70, $90 per hour, and then if we're surging such as RSV or Monkey-Pox or COVID-19 vaccines, we'll see an increase in the rate. So it's very hard to tell, because we're not in control with that, the temp salaries.

CHAIRPERSON NARCISSE: Okay. Has any funding been allocated to nurses' hazard pay?

NATALIA CINEAS: So, right now we're focusing more on the work-- healthcare workers bonus program. So 5,000 nurses have received the bonus program that was state funded at Health + Hospitals.

CHAIRPERSON NARCISSE: So, how do you ensure that nurses are paid a living wage?

NATALIA CINEAS: We do the best that we can. So, you know, during our last contract we partnered with our NYSNA partners who are here today, many of them to see what we can do. And so we of course work with the City in terms of the increase in their base pay, and we added a lot of differentials related to certifications, education, the Nurse Retention Program, and also a financial aspect to the Nurse Residency Program as well once they complete their portfolios. And so we added a lot of differentials to increase that salary to help our nurses with their wages.

CHAIRPERSON NARCISSE: Okay. Do their salaries and pay reflect inflation and the cost of living in New York City?

NATALIA CINEAS: I think that New York City Health + Hospitals has done the best that we can do in the past. I think-- there are definitely challenges as we're seeing the living wages here in New York City increase, and I think we will need support to do more, and I think we've done our best given the financial struggles that we face, but we're doing our best to ensure that we support our nurses because we value our nurses.

CHAIRPERSON NARCISSE: Do you think that the mental health benefits for nurses are adequate, because [inaudible].

NATALIA CINEAS: Yeah, so--

CHAIRPERSON NARCISSE: [interposing] Do you think?

NATALIA CINEAS: I must say, Health + Hospitals, we've done a phenomenal job when it comes to wellbeing. We hired a chief wellness officer during the pandemic. We have a virtual express care hotline that's 24/7 that allows a nurse to call a hotline if they're feeling anxious, if they need to debrief. We also have a robust Helping Healers Heal Program which I talked about during my testimony which we also call H3. So, if there's anything that happens on any of the units, we debrief immediately. We have monthly programs around wellness across the system. Most recently, we just conducted employee engagement survey and wellbeing was part of that. So, as an executive team we reviewed the results and we have an action plan in place. So I must say we do a phenomenal job working with our partners in Behavioral Health and Equality Department to ensure

that we're supporting our nurses from a psychological perspective.

CHAIRPERSON NARCISSE: So, my understanding is just like you providing a lot of support.

NATALIA CINEAS: Yeah.

CHAIRPERSON NARCISSE: But in general are there health-- mental health benefits?

NATALIA CINEAS: Oh yeah,--

CHAIRPERSON NARCISSE: [interposing] Is that-- have you heard any complaint that it's not enough or that's the reason that you going the extra mile to support, to provide a support system within the hospital?

NATALIA CINEAS: So, I have not heard anything about the health benefits not being enough. The reason why we have established such a robust program is because-- and we actually started this program before the pandemic, but I think during the pandemic we all knew that we were living in a crisis and we had to do more, which is why we ramped up what we were doing. We also implemented wellness rooms, which we saw over 93,000 visits in our wellness spaces. And so I think that the benefits of our

nurses is something that we keep very private because of HIPAA, and so I've not asked for how many people are utilizing mental health benefits, and I have not heard anything, but I think that given the times that we're living in we've noticed that there is a need to increase supporting nurses and physicians in terms of mental health.

CHAIRPERSON NARCISSE: Over the last two years, 26,219 complaints have filed by NYSNA regarding staff shortages, which is the equivalent of almost 35.9 complaints per day, every day for 730 days. An overwhelming majority of nurses' biggest concern is staff shortage. What strategies is H+H implementing to address this issue?

NATALIA CINEAS: So, New York City Health + Hospitals, we're meeting monthly to host virtual hiring fairs and we started that because of the pandemic and the social distancing aspect of recruitment. We also have the nurse-- we also have the recruitment forums in terms of loan forgiveness. We're also working on ensuring that we're recruiting with our local schools. So I have personally met with all local deans to make sure that we're creating pipelines. As I mentioned in my testimony, we're

working very closely with CUNY to ensure that we have pipelines to recruit nurses. So we're doing a multi-pronged approach where I'm also most recently starting a program with Department of Education to go to middle schools, not just high schools, but to start talking about the nursing profession. And so we're really doing a lot to ensure that we're connecting with our nurses. And as I mentioned, we also have the Nurses4NYC campaign, because given the public health crisis, we want to make sure that we're recruiting nurses that really connect to our mission and vision at Health + Hospitals. So it's a multi-prong approach and we're doing everything that we possibly can to recruit aggressively and expeditiously.

CHAIRPERSON NARCISSE: And I have to honestly say thank you because you're a nurse and I'm happy to ask to ask this question and I'm expect for you to be honest, because we're talking about the colleagues, right? An overwhelming majority of nurses' biggest concern is staff shortage. We talk about that. The strategy you've been using right now, I know you been saying you doing a lot guys-- how many vacancies does H+H have at the moment?

NATALIA CINEAS: Sure. So right now, we-- I would say that our vacancies fluctuate. So most recently we hired about 400 nurses from July to November. We would have right now in acute care settings about thousand vacancies. We just recruited 400 of them. And so we're doing a lot every month. We're on average hiring bout 200 nurses to really close that gap and to support that with additional staffing as well, and that's across the entire system.

CHAIRPERSON NARCISSE: So how soon you expect those vacancies to be filled?

NATALIA CINEAS: Well, the vacancies are also a result of us hiring more nurses. So we've worked very closely with NYSNA with the new ratios in our last contract to ensure that we're meeting those ratios, and we should be able to close that gap very soon.

CHAIRPERSON NARCISSE: Are you working closely with NYSNA, too?

NATALIA CINEAS: Absolutely. So, as part of the New York State Staffing Committee, we work very closely with NYSNA. We meet with them on a regular basis, and we are ensuring that there are

other mechanisms in place such as, you know, using per diem nurses, using temp nurses in the interim as we close this gap.

CHAIRPERSON NARCISSE: How often are new nurses hired in the H+H hospitals?

NATALIA CINEAS: The new nurses--

CHAIRPERSON NARCISSE: [interposing] [inaudible]

NATALIA CINEAS: So, as I mentioned earlier, we meet weekly for hiring and every month we're hiring new nurses.

CHAIRPERSON NARCISSE: How many recent graduates have you got in H+H?

CHAIRPERSON NURSE: So, the 400 nurses from July to November includes a lot of new nurses. So we ensure that as we're hiring new nurses that we are supporting them. And so we most recently had 1,023 nurses.

CHAIRPERSON NARCISSE: One thousand?

NATALIA CINEAS: Twenty-three new nurses in the Nurse Residency Program over the last three years. So this is just for new nurses that we're supporting as we're hiring them. Out of the 400 nurses, the majority of those nurses are new nurses.

CHAIRPERSON NARCISSE: Alright. So, experienced nurses, do they come to you? Because I know H+H is known to be the kind of like stepping ground for training school.

NATALIA CINEAS: It's very challenging [sic].

CHAIRPERSON NARCISSE: After you finish, that's where you come.

NATALIA CINEAS: Yeah, the experienced nurses--

CHAIRPERSON NARCISSE: [interposing] You get experiences, experienced nurses.

NATALIA CINEAS: Thank you for the question. The experienced nurses that we receive are typically transfers from within the system, which is a wonderful thing when our nurses stay within the system. But to your point, sometimes they do leave to go to other systems.

CHAIRPERSON NARCISSE: Okay. Is there a tracker that regulate-- I mean, regularly updated-- I mean, updates the number of nurses or nurse to patient ratio in each of H+H hospitals?

NATALIA CINEAS: so we're-- right now, we are working on technology to ensure that we are

tracking-- so we have a scheduling system where we know what nurses are working. But we're working on a very rigorous platform to ensure that we're able to track and create reports. We're day-to-day, second-by-second staffing.

CHAIRPERSON NARCISSE: so, you have a tracker or you don't have a tracker, or you working on it?

NATALIA CINEAS: We have a tracker, but it's not as robust as it needs to be, and so we're working on implementing a new platform in the next year. So right now it's very manual entry, but we want to do something that's more automated at New York City Health + Hospitals.

CHAIRPERSON NARCISSE: so, is that public knowledge? Like if we want to see it, can we see it? Can you share it?

NATALIA CINEAS: The tracker?

CHAIRPERSON NARCISSE: Like what you have, the-- date-- I mean, the data that you have?

NATALIA CINEAS: Oh, of course. We can provide it.

CHAIRPERSON NARCISSE: Can you share it?

NATALIA CINEAS: Yeah.

CHAIRPERSON NARCISSE: What is the ideal nurse to patient ratio for you as far as this, because you are a nurse in your hospital?

NATALIA CINEAS: Absolutely, so I would say that I had an integral role in working with NYSNA during our last contract, and I stand by what we worked on together, and I believe in the ratios in our contact.

CHAIRPERSON NARCISSE: So you're not-- you cannot tell me, because--

NATALIA CINEAS: [interposing] I'm sorry?

CHAIRPERSON NARCISSE: Exactly what's the ratio, like the ideal?

NATALIA CINEAS: Oh, sure.

CHAIRPERSON NARCISSE: Are you working on--

NATALIA CINEAS: [interposing] So, for ICU it's approximately-- dependent on the patient that you have. It can be one to two. It can be one to 1.5. For Med Surge it could be one to six. Did I-- let me just start over again.

CHAIRPERSON NARCISSE: Well, there's a disagreement somewhere, I guess.

NATALIA CINEAS: Let me just start over again.

CHAIRPERSON NARCISSE: Ideally.

NATALIA CINEAS: Ideally, yeah. In Med Surge, yes, that's what's in the contrac.t

CHAIRPERSON NARCISSE: Yeah.

NATALIA CINEAS: Right. So, today at Harlem, for example, the ratio is one to six on all of our Med Surge Units. For Queens, depending on if the patients, you know, have telemetry or not, it could range anywhere from one to five or one to six. And for the step-downs, it would be one to four.

CHAIRPERSON NARCISSE: Okay, that was the idea.

NATALIA CINEAS: Yeah.

CHAIRPERSON NARCISSE: So when do you expect to get to safe patient to nurse ratios?

NATALIA CINEAS: I think-- I think nursing as whole, as a profession, I think we need to get to the place where if there's a sick call [sic] the ratios do not adjust. If there's someone on leave, the ratios do not fluctuate, and I think that's something that we all need to work on together.

CHAIRPERSON NARCISSE: But you're working on it to get it soon I'm assuming.

NATALIA CINEAS: And that's why we're hiring--

CHAIRPERSON NARCISSE: [interposing] Because that's why all the nurses are retiring.

NATALIA CINEAS: so aggressively.

CHAIRPERSON NARCISSE: Alright, yeah. Some of my colleagues, you have any question that you want to ask? I can pass it on before I get to the next-- you go to the next one? Helping Healers Heal Program and the Hero Program both are intended to provide mental health to support staff. How many people have participated in the program since the beginning of the pandemic? When does programming take place? When does programming take place? How does it interact with the work day? Because we know some nurses sometimes they cannot take a minute off.

NATALIA CINEAS: SO, there's a 24/7 hotline that the nurses can call if they're-- you know, if it's late at night and they're feeling anxious. But the Helping Healers Heal Program is available during the day for debriefs on the units. The statistics and demographics, we would have to

send that to you, because it's been a very large amount of nurses and other providers and employees that have utilized Helping Healers Heal.

CHAIRPERSON NARCISSE: Oh, now I have to acknowledge my colleague Cabán [sic]. I know you were here, I didn't-- did I [inaudible]. Good seeing you, too. Alright, at the end of 2018-- sorry, we have to make it a little fun, too. New York City launched the citywide Nurse Residency Program. How does the program function? What does a regular day of resident nurse look like? Who trains the resident nurses? How many people are involved in the training?

NATALIA CINEAS: The Nurse Residency Program in New York City Health + Hospitals is a phenomenal program. Since its inception we've had over 1,023 in the program and have more than doubled the retention rate of our new nurses. The program as it's designed, the 13th shift of the month, one of the shifts of the month, the nurses are released and ensure that they have protected times to attend this program. We continued the program during the pandemic. The weekly-- the monthly sessions I would say, not weekly, are focused on really taking the

nurses and helping them transition to practice and go from novice to expert. So there are facilitators that are nurse educators that come and go over IV insertion skills they go over professional development. They go over interpersonal communication with physicians, medication administration and other skills that the nurses need. The other special aspect, two thing is would say about the Nurse Residency program, is that we do a lot of anonymous poling with our nurse residents. How is it going at your facility? Are you being supported? And we review that with leadership, and I think that's really been telling. We most recently had our second nurse residency symposium where the nurses conduct and report out amazing sessions on their evidence-based quality project. Most recently we had a group of nurse residents who won first place at the Magnet and Pathway to Excellence Conference. So we're very proud of this amazing program that has been supported by the City, that has been supported by Visiant [sp?] and NYASH [sp?] in Greater New York. So we're just extremely grateful of this program that's been allowed to really support over 1,000 nurses at New York City Health + Hospitals.

CHAIRPERSON NARCISSE: What happened at the end of one year program? What are the requirements to apply for registered nurse, for them to become?

NATALIA CINEAS: They're automatically enrolled as a new nurse once they complete orientation, and at the end of the year, that is when they present their evidence-based project. There's a graduation that's absolutely phenomenal. We have guest speakers, and I present, and I also meet them at the beginning of the program. But at the end of the year, they're able to take that evidence-based project and submit it for the clinical ladder, and there's a financial incentive there, because we want to recognize them for their hard work.

CHAIRPERSON NARCISSE: Incentives and benefits. What is Resident Nurse incentive to participate in the program? How much are the Resident Nurses paid? Are they-- there any other incentives or perks to joining this program?

NATALIA CINEAS: We've heard a lot of positive feedback about the program. There are three tiers that's designed in our particular program, and it ranges from anywhere from $1,500 to $3,000 at the

end of the year that you can get once you complete your project. And I think the number one thing that we've heard is that it's given nurses a safe space to learn which is priceless.

CHAIRPERSON NARCISSE: Are there mentors, supervisors, nurses giving extra compensation for training for resident nurses?

NATALIA CINEAS: So we have mentors. So we have some retirees that come back to support our nurses. We know that retirees leave with a lot of institutional knowledge. We also have facilitators that are educators that really help to mentor and pre-cep [sic] the nurses in the clinical setting as well. So, there are multiple different individuals that come in to support the new nurses.

CHAIRPERSON NARCISSE: CM Cabán, you have any questions? Not now? You going to wait for-- you have one?

COUNCIL MEMBER CABÁN: Yeah, I have a [inaudible] questions. Thank you. In your testimony you highlighted a couple of programs that I think directly respond to what the previous speaker spoke about which is the mental health services, support for nurses. I'm curious, under the H3 program, where

do you think-- where do you think we are falling short? What are some things that we can do as a Council to support the work of this existing program? I just feel like some of the testimony today maybe says the opposite. I mean, I think you very enthusiastic. I think what you were saying, the program sounds great on paper, spaces for folks to decompress. If they're feeling anxious they could call a hotline. That was not the feeling that I got from the testimony, but can you explain kind of what we are-- where we are failing to be able to improve this program, to expand this program? And in the instance where a nurse needs to call this hotline, how is she supported in that scenario where there is a staff shortage, and she's being told she has to stay beyond her shift, but she desperately needs to call this hotline. She desperately needs to talk to somebody. What happens? Does she-- does this nurse-- and I'm sorry, I keep saying she-- is the nurse-- how is the nurse supported to prioritize their own mental health over their need to fill this shift because of the shortage?

NATALIA CINEAS: I think we've done a lot of work. So I've also been trained for H3, and the

training is very special, and the individuals who are part of Helping Healers Heal are also our employees from different levels, including ancillary staff, including nurses, and I think that anyone who's part of the program-- and I as I mentioned earlier, it's a robust program. Of course, we can always use additional support, and we would have to get back to you in terms of what we would need. In terms of supporting the nurses to call if they're short, I think because of the amount of honor that we all give to this program, that the managers know to allow the nurses to participate. As I mentioned, but let me just expand on this, the debriefs that happen-- let's just say a patient dies on a unit. It can be a group debrief where there's pastoral care that comes on the unit to just help everyone who's crying, who's emotional at the time, but the anonymous aspect is what we saw the nurses use more during the pandemic and they have access to it now. So once they get home, a nurse in the ED may not want to know that-- anyone to know that they're vulnerable right now. And so of course, escalation would occur if a nurse was not allowed to make that call. I think that everyone understands the importance of this program,

and it's supported by Doctor Katz and I across the system and Dr. Eric Way [sp?]. So this is a program we're very proud about. They talked about it during the Pathway to Excellence Recognition, the frontline staff, how much this program means to them, and the amount of work that we've done around wellbeing of our staff. If there's one thing that we're doing phenomenally, I think this is it, at Health + Hospitals. I can't speak to other systems.

COUNCIL MEMBER CABÁN: Thank you, Chair.

CHAIRPERSON NARCISSE: Thank you. When it comes to colleges, which one are participating in this program with you?

NATALIA CINEAS: so, in the Nurse Residency Program?

CHAIRPERSON NARCISSE: Uh-hm.

NATALIA CINEAS: so, in the Nurse Residency Program, we don't necessarily have organizations come. Our educators are the ones that use the Viziant platform to them create the content. But we are working very closely with CUNY. We just create a CUNY and Health + Hospitals Academic Practice Partnership, and that is a special program where we're creating pipelines for CUNY nurses to

come and work at Health + Hospitals. We're working on health equity, and we're also working on leadership development within CUNY and also research. We just established the first Research Committee to ensure that we're contributing to our community around research, and so CUNY is helping us with all of those aspects, and we're very proud. And most recently we had a press release where we just created a new nurse practitioner partnership with Hunter College as well. So a lot of amazing things happening with CUNY at Health + Hospitals.

CHAIRPERSON NARCISSE: IF I may ask, who-- who is your target audience?

NATALIA CINEAS: Everyone in terms of nursing. So we open our doors to Associate Degree nurses. We understand the social determinants of health related to income, and so we accept all nurses, because we understand that we need to mentor our nurses to become what they want to be for their future.

CHAIRPERSON NARCISSE: Okay, what efforts are made to ensure the program is accessible is to minority and low-income students?

NATALIA CINEAS: I think it starts with education, and that is why we ensure that we meet with the deans of the associate colleges, associate degree programs. It's so important that, you know, whether someone is able to afford education that they're given the opportunity to have an amazing new job and to ensure that they have the benefits to continue their education. That is what we're doing to partner with all local colleges.

CHAIRPERSON NARCISSE: Good. I started my own initiative for those that going to nursing and mental health. They will be able to get some extra money from the City. So, anyone in Associate Degrees in 75 and up for GPA will be able to access that funding. So starting next year.

NATALIA CINEAS: Thank you.

CHAIRPERSON NARCISSE: That's a start. Hopefully, you will give more money out. How has this program impacted the hospitals?

NATALIA CINEAS: These programs have been phenomenal. I think that we need to connect with all schools to ensure that we're able to sustain to provide care to the uninsured here in New York City.

CHAIRPERSON NARCISSE: And first, I have to say, the initiative is not only Mercedes, it's a team of folks, and I have to say that to my Speaker that allowed me to push and push making sure that we support the nurses, and you know I could not be here and not supporting nurses.

NATALIA CINEAS: Thank you.

CHAIRPERSON NARCISSE: Has it helped with the nurses' shortage issue? Does that help? Do you think that's going to be helpful?

NATALIA CINEAS: I think everything helps. I think we need everything. I think we need resources. I think we need to ensure that it's a healthy work environment. I think we need to recognize our nurses, we need to support them, we need to listen to them, and that is what we do at Health + Hospitals. We listen to our NYSNA partners. We listen to our frontline, and we work collaboratively. That is our goal.

CHAIRPERSON NARCISSE: Okay. Talking about initiative. In recent month, Kath Hochul, the Governor, has announced a series of initiatives that aim to retain the nurses and healthcare workers already working and to attract new people to the

field. The state's Fiscal Year 2023 budget will allocate an extra four billion for raises and bonuses for healthcare workers, including a new scholarship program. Among the initiative, the healthcare and the mental hygiene worker bonus program has already begun since early August. Qualified employer could receive 500 dollars. So I do better than that-- 500 dollars to 3,000 depending on the hours they work and their six-month vested periods. Application submissions for the second vested period will be April 1st, 2022 to October 1st, 2022. Close today, November 28th, which is already-- 2022. How many application have been submitted don behalf of the H+H nurses?

NATALIA CINEAS: 5,000 nurses have been able to take advantage--

CHAIRPERSON NARCISSE: [interposing] Oh, you were on top it, good. How many more submissions have planned to be made with you? Already closed, so we're not going to go there. Has any nurses or other staff received their bonuses yet?

NATALIA CINEAS: I believe so, but HR would have to confirm that.

CHAIRPERSON NARCISSE: You don't have the specifics.

NATALIA CINEAS: No, we would have to get back to you on that.

CHAIRPERSON NARCISSE: Beside the healthcare and mental hygiene worker bonus program, does the City have an idea of much of the four billion? That, we're going to have to look for more-- allocated to H+H and the City. So did you get any other funding?

NATALIA CINEAS: Not that I'm aware of.

CHAIRPERSON NARCISSE: Not [inaudible] okay. Alright, so the policy that you recommend, any policy that you think? I'm putting you on the spot right now.

NATALIA CINEAS: No, that's okay. I'm on the stand. I think that-- I think personally it starts with education. I think we have to do something about the amount of individuals that are turned away for nursing school because of the lack of faculty, and we also have to look at the pay of faculty. We need more nurses. It is multi-factorial in terms of pay and retaining them once they're in our doors, but speaking for Health + Hospitals I think we need more nurses than can afford to go to school, and we need more programs.

CHAIRPERSON NARCISSE: Is the Administration thinking of creating new citywide programs for nurses with focus on higher and fair wages, hazard pay, better healthcare, equity-based incentives, better working conditions?

NATALIA CINEAS: I think we're going to assess all of that in our next contract. We're going to assess a lot of different factors.

CHAIRPERSON NARCISSE: You remember how I started? That I have faith and I'm very optimistic about this,--

NATALIA CINEAS: [interposing] Yeah.

CHAIRPERSON NARCISSE: and this is the City of New York, and I want to say thank you, Madam Cineas, Doctor Cineas, for being here and any questions from my colleagues, or? Councilman Barron, Moya, any questions? I guess not. Charles? I guess--

COUNCIL MEMBER BARRON: [interposing] if push come to shove, we just going to deal with that since we got it, but I'm a--

CHAIRPERSON NARCISSE: What was that? I didn't hear you. We didn't hear you. The question, if you have any question to send it to Jen or

whatever. Jenn will call you. You want Jen to call you? I guess not. Going once. I guess-- thank you--

NATALIA CINEAS: [interposing] Thank you.

CHAIRPERSON NARCISSE: so much for your time.

NATALIA CINEAS: Thank you as well.

CHAIRPERSON NARCISSE: Thank you. Now, I'm going to pass it on. Now we going to call-- you're good, go ahead.

COMMITTEE COUNSEL: Okay, thank you, Chair. Thank you very much Administration. You may go if you'd like. We are calling New York-- sorry, Greater New York Hospital Association for testifying. You may begin whenever you're ready.

CHAIRPERSON NARCISSE: And thank you for being here and your patience.

SENIOR VICE PRESIDENT RYAN: a little bit, and thanking you for your optimistic view and comments at the start of this hering today, and I think that's essential for us to move forward. So I really, really appreciate that. I also appreciated the comments that you made about increasing the student pipeline to the healthcare profession, and

with a clear focus on equity to make sure that all populations have those opportunities. Scholarships as well, which we'll talk about in a little bit. In general, just better pathways to healthcare careers. It's essential as we grow as a country, as a world, that we increase the pipeline, that we increase the caregiving. And while H+H is still here, I just want to comment on Natalia Cineas' amazing work that she's done, specifically with the Nurse Residency Program and what the organization has done with this helping healers heal program. They are really exemplars for others to emulate. And the Nurse Residency Program, by the way, is supported by the New York City Small Business Administration through the Health Alliance-- Health Centers for Careers-- Health Alliance for Careers and Healthcare. Sorry about that. And we have all 26 hospitals in New York City that are participating in that program at no cost. The preceptor cost is something born by the hospitals, but the curriculum itself is supported by the City of New York. So, we really appreciate that. And lastly, just because I want to cover things that you have raised today, young asked several questions about data, and that's really important, and it's

important also to know that the Center for Health Workforce Studies which works out of University of Albany has recently done a scan around the state. I can't tell you what the compliance rate was, but they were looking at all health professions. They're looking at the levels of vacancies, if you will, and then the reasons for those vacancies, which is really important for us to understand in order to be able to move forward into a future where we don't suffer the same consequences of the shortages that we see today. So that I think covers what I wanted to address to make sure I didn't leave something out.

CHAIRPERSON NARCISSE: so you agree that health is wealth and we can provide the best quality healthcare in New York City.

SENIOR VICE PRESIDENT RYAN: absolutely.

CHAIRPERSON NARCISSE: Alright.

SENIOR VICE PRESIDENT RYAN: it's essential to our wellbeing as humans.

CHAIRPERSON NARCISSE: okay.

SENIOR VICE PRESIDENT RYAN: we need to do that, and we know it to current generations as well as the generations to come.

CHAIRPERSON NARCISSE: thank you.

SENIOR VICE PRESIDENT RYAN: I do want to acknowledge, and I hope that this is received in the best spirit, but the magnitude of what hospitals and caregivers did during the COVID pandemic cannot be understated. It was nothing short of heroic, and the amassing and deployment of healthcare resources to New York City as a start, because we were the epicenter in 2020, and then the lessons learned from New York City to the rest of the country has really been beneficial. And I will tell you, we were early learners. We learned from Seattle. We held one of the first clinical conference with staff from Seattle as they were seeing increasing critical care patients coming in with this unknown, you know, disease if you will, and it helped us, and then we in turn had the ability to share those learnings with others across the country. But needless to say, we are in a healthcare crisis today in terms of caregiving. We do not have the resources. We went into the pandemic short-staffed I would say, not everywhere, but in various sectors and the damage, if you will, because of the demand on healthcare providers that the pandemic actually wrought, has left us in a place where we're doing a lot of thinking, and I will say

we're very hopeful that the funds coming through the state in late state's budget, the Innovation Center which is earmarked for resources, to really be thinking out of the box about the future. How do we prepare healthcare givers, and how do we ensure the vitality and the health of those healthcare workers? So a lot to be done there, but there's recognition for sure. We were teetering, as I said, on being close to the edge with staffing. The pandemic pushed us over which brought us to healthcare agencies, if you will. Travel nurses is what they're commonly called, and they came at no short expense. It was extremely expensive to cover those resources, but they were necessary at the time. I'm understanding from many of our hospital members, which are throughout New York State and all of New York City hospitals are members of Greater New York, that they are relying less and less on agency staff and more and more on their own employed staff, and they've benefited greatly from the last two sort of periods of graduation, if you will, from nursing schools and colleges and universities, and are increasing their recruitment. It's not easy, but they are bringing new nurses on board. I can't speak to retention yet.

We'll know more about that once the Center for Health Workforce study survey data is released which we hope it will be somewhat late December, but clearly before the next state budget is due. So there is-- you know, we're sort of running on all cylinders on all that we can do to recruit and retain. Nurse Residency Programs, as I aid, I think is essential to that retention. Along with, you know, the healthcare bonuses have done a lot in terms of the spirit with which those bonuses were given and received and acknowledgment of what the healthcare workforce has actually been through. The other benefit, if there were benefits to the crisis, were staffing flexibility that came through Executive Orders from the Governor allowing out-of-state licensed providers to come into New York State, not only nurses, physicians and various therapists-- [inaudible] what I want to say-- discipline-specific therapists that were much in need. We've seen those Executive Orders extended time and again where that is still permissive, and we appreciate that, and we hope to see some of those flexibilities codified in state law into the future. Allowing, you know, retirees to come back into the profession with just sort of a

brief brush-up if you will, but also bringing them in in areas where they felt comfortable. Not all retired nurses felt comfortable going to a bedside, but they felt more comfortable doing discharge teaching or in managing other types of non-acute care needs of their patient. But again, it can't be understated either that the travel agency costs were prohibitive and households are still trying to sort of wean themselves as I mentioned earlier. Talked about recruitment and retention. There are other funding opportunities. There's creation of the Nurses Across New York Program where the loan repayment is provided for RN to work in under-served areas. And as I already mentioned, more to come on the healthcare Innovation Center, Health Workforce Innovation Center that we expect to be up and running sometime early next year. There are other areas that we've been exploring with nursing even pre-pandemic which is expanding the scope of practice to allow nurses to function to their full extent of their license, whether that be as an LPN, an Associate Degree, or a BSN graduate or beyond. And allowing nurses to really function and to move, if you will, in assessment phase without being held up or held

back with other necessary steps in the process. So we're continuing to push things like non-patient specific standing orders. We have a very successful prototype in the newborn care arena, and we'd like to do that extended to other clinical domains. Hiring new grads with limited permits, sometimes the administrative process of licensure takes a while. We brought this to the attention of the State Education Department and they have begun to fast-track some of these pending licensees so that they can get off and running and into practice. In terms of the burnout, I think you've heard a lot of really innovative and healthcare programming from Health + Hospitals. I already mentioned Helping Healers Heal. Greater New York has had a long-standing focus on workforce wellness, even pre-pandemic. We had a division that was dedicated to bringing programming to our members, whether it was at a nursing level, a therapist level, or a graduate medical education level, and where our practitioners across the state and across the country shared successes, shared best practices. There's a keen focus on the need to ensure the wellness of our workforce, whether it's mental and/or physical. And those programs are

underway. We continue to host many of those programs and, as I said, to bring best practices to light. I want to just mention on the healthcare-- the Hospital Clinical Staffing Committee Law, this was a law that was signed into law-- legislation signed into law in June of 2020. The law becomes effective in January of 2021, and it was an approach that was driven by best practices that we were seeing not only in our own academic medical centers, but across the country of giving healthcare-- the healthcare workforce a voice in the staffing plan, the unit level staffing plans. Those plans have been developed. They've been submitted to the Department of Health. If the plans can't be met, hospitals are required to amend the plan and submit that update to the Department of Health. The plans often provide a range of staffing per unit based on census and acuity. And gain, give the decision-making for how to staff safely to those closest to the patients being served. So, it's not a cookie-cutter approach. It's very specific to the resources you have not only with nursing, but with other disciplines, respiratory therapy, nutrition support, all of the things and all of the components that go into ensuring that all the patients' needs

are met. So we're very hopeful this is-- it's-- we're going to have to sort of learn by trial and error, if you will, and hope that this spirit of comradery that came to bring these plans together continues into implementation of the plan. And in conclusion, I just want to say that, you know, the keys to rebuilding our healthcare system are to further reinvest in New York's heroic healthcare workforce to sure up chronically inadequate Medicaid rates, Medicaid reimbursement rates, and to struggle-- oh, I'm sorry, to support our struggling safety net hospitals. Additional funding has been earmarked, but more and more funding needs to be brought forward in order for these hospitals to thrive into the future. Thank you.

CHAIRPERSON NARCISSE: Thank you for time, and thank you for being here. We appreciate you. Nurses concerns: in recent survey by Shift-- I mean, Shift Med [sic] from 500 nurses serving two-third say they plan to leave, right? To leave nursing in two years, which is an 18 percent increase from last year. Among the top concern, 99 percent cited staffing shortage. 43 percent said eh cost of living. And 27 percent said being forced to work too

many hours. So what is Greater New York doing to increase the retention rates among their nurses? What programs or incentives are in place to re-- I mean, retain nurses? Are they giving and how-- I mean, bonus or hazard pay for working under challenging conditions while being understaffed? How many people receive this benefit or took advantage of the initiatives that you have over there in your experience?

SENIOR VICE PRESIDENT RYAN: Our responsibility as a hospital association is to identify challenges that hospitals face, and then ensure that those challenges are being received and heard by those who have control over the purse strings, if you will. We don't have the funding to actually ensure that some of these problems are addressed adequately and funded, you know, necessarily to the extent they need to be, but we do have an ability to advocate for our members, to hear the voice of our members who are speaking not only for their staff, but for the patients that they serve. And again, I reflect that on the inadequacy of the Medicaid rates in New York State, 60 to 65 cents on the dollar is actually recouped for every

dollar spent. The cost of supplies, pharmaceuticals, staff, equipment is also risen with inflation, and those costs are borne by the hospital. So we're looking at shoring up our most-needy institutions, our safety net facilities, but also ensuring that our academic medical centers who see the largest proportion of Medicaid patients in the state are also appropriately compensated by adequate Medicaid rates.

CHAIRPERSON NARCISSE: So, in other word, the hospital that you represent, they're mostly serving Medicaid patient?

SENIOR VICE PRESIDENT RYAN: I'm sorry, I didn't--

CHAIRPERSON NARCISSE: The hospitals that you represent are mostly serving Medicaid--

SENIOR VICE PRESIDENT RYAN: [interposing] No, no, no. They are serving all populations in New York City, we represent--

CHAIRPERSON NARCISSE: [interposing] I do understand that.

SENIOR VICE PRESIDENT RYAN: all of the City, all of the patients, if you will, and all of the hospitals that serve those patients, but in order to get a safety-net institution more level with other

institutions that-- where safety nets don't have the amount of commercial insurance that supports reimbursing for that patient's level of care, they're relying on a Medicaid program that is currently underfunded.

CHAIRPERSON NARCISSE: How much of your budget is reserved for increasing nurses' wages?

SENIOR VICE PRESIDENT RYAN: Again, we are a hospital association. We don't pay nurses.

CHAIRPERSON NARCISSE: No, I'm talking about the hospital you represent.

SENIOR VICE PRESIDENT RYAN: I can't tell you what that number looks like.

CHAIRPERSON NARCISSE: So, you don't have the statistic or data from the hospital that's under your leadership?

SENIOR VICE PRESIDENT RYAN: We have 150 hospitals who are members. We do provide, you know, resources to them in terms of data analytics. I'm sure that-- I shouldn't say I'm sure that's available information, but it's not something I can speak to today.

CHAIRPERSON NARCISSE: So, therefore, the question that I want to ask since you kind of like

don't know the statistic or data of those hospitals, because right now, what the whole idea is trying to understand how we going to-- what we going to do? Like I said, I'm very optimistic to see how we can solve the problem that we have in front of us today. We have NYSNA. We have H+H that can give me the report, but now talking to Greater New York that have representing a lot of hospitals, so how can we actually address the problem that's facing me. because all the questions that I ask, if I have to ask you all those questions-- what question-- you've been in the room. What are some of the questions you think that you can answer because right now, we need to know what we going to do in terms of staffing in the hospital and how we going to make our nurses not a zero but a hero the way they're supposed to be? That's the problem I'm facing right now. And whatever the question that I ask-- so I'm going to have to run through my questions and see which one that you can actually answer for the hospital that under your leadership.

SENIOR VICE PRESIDENT RYAN: I mean, I-- I think I can give you a generalizable answer, but I can't give you dollar figures on what every hospital

spends on its nursing budget. I know the nursing budget is a huge component of any hospitals' healthcare budget, probably on of the biggest components, because it's the profession that is the highest volume of employees in the hospital or their nurses. Our CEO's take nurses' issues, concerns, needs very, very seriously. I don't think they want to do anything but ensure that they have not only the right supply of nurses, the right type of nurses, but that their nurses are well taken care of with regard to benefit and salary, etcetera.

CHAIRPERSON NARCISSE: So, how about I ask you--

SENIOR VICE PRESIDENT RYAN: [interposing] Priority is all I can say. I can't, you know, put a number to it. I'm sorry.

CHAIRPERSON NARCISSE: Even if I ask you about the tracker or hat they do, can you have-- do you have any data right now you can see this hospital doing that, that hospital is doing this? Then we can get somewhere to where what we doing in each hospital? I don't want to be kind of like asking you question that all the question that you cannot answer me.

SENIOR VICE PRESIDENT RYAN: I understand.

CHAIRPERSON NARCISSE: I want to work with you right now, because I'm trying to get a solution to the problem that we facing. Having the testimony from the, from NYSNA. Testimony-- I mean, H+H answer most of my questions I would say, a good amount the way that I'm expecting, but now how do we do that? What can we work together on the-- what kind of question that I can get answer from. I'm not being a wise guy. I'm just trying so we don't spend a lot of time going around and making you feel like you don't have no data for me.

SENIOR VICE PRESIDENT RYAN: Well, I don't have data to provide you such as that, which you've raised in your questions. I think the areas that I covered in my remarks are the areas that we are most familiar with because we work with our hospitals on all of those issues. We work with our hospitals on developing staffing plans and responding to all of the attendant laws that they are required to comply with. So, short of-- you know, I can't get into numbers in terms of, you know, what percentages, but those data, you know, hospitals-- those data exist. They're nonprofit hospitals. They're, you

know, publicly available to a certain extent. I don't know if every question you're seeking an answer to is available, however.

CHAIRPERSON NARCISSE: Like the ratios in-- with the nurses in ICU of the hospital that you represent. What's the ratio of nurses to patient in ICU?

SENIOR VICE PRESIDENT RYAN: Two to one based on acuity, and it can be one to one if it's more serious. It's not based on being in an ICU. It's based on the acuity level of the patients need.

CHAIRPERSON NARCISSE: So, it's based on the patient in the ICU, what the level--

SENIOR VICE PRESIDENT RYAN: [interposing] Correct.

CHAIRPERSON NARCISSE: of the acuity they have. Like, if they're very acute, renal failure, all those things--

SENIOR VICE PRESIDENT RYAN: [interposing] Correct.

CHAIRPERSON NARCISSE: cardiac, then you determine if it's one to one. Okay, fair enough. Med Surge?

SENIOR VICE PRESIDENT RYAN: There's a range. I think you're hearing about a range. I think we heard about one to five, one to six is a goal, and there's always the goal, and then there's sometimes the reality that--

CHAIRPERSON NARCISSE: [interposing] The reality, I got that.

SENIOR VICE PRESIDENT RYAN: interferes with the goal, and I think you as a practicing nurse understand those realities. Hospitals are, you know, held to understanding foreseeable variations on a plan, meaning they should understand whether it's winter weather conditions or, you know,-- a declared disaster would take the plan probably offline, but you know, some sort of, you know, vocal type of issues that has kept staff from getting to work, hurricanes, weather, things like that. But there are plans and hospitals try to be, you know, vigilant and meet every element of those plans, and many of them have ranges, you know, because again, the acuity on even a Med Surge Unit can vary. You can have three patients waiting to go home, but no one has come up to pick-- you know, come in to pick them up, which could increase potentially for that assignment the

number of patients, but the needs of those patients are much less than your typical Med Surge patient. So it's sort of the practical reality of what does a patient need and how can we best serve that need.

CHAIRPERSON NARCISSE: But that's the reason we have the low [sic] and that we have to have the basic, because there is-- we have to be practical, I got it. Because there is sometimes that the nurses don't show up to work, you have to use the staff. I understand all of that, but like the minimum that we gain, like this is the ratio. But in kind of emergency, this is what happen. I can get that one. You know, I'm a very practical person. So, the nurses that you're hiring, I mean from under the umbrella, how many of them are experienced nurses?

SENIOR VICE PRESIDENT RYAN: Well, new graduates are not experienced nurses yet, and I would say they are the largest pool of nursing resources for our hospitals. So, I can't give you-- you know, new graduates can also range in age. Not everyone goes linear from high school into a nursing program. So, new graduates, I think, are the largest bulk of hirees [sic] right now for all of our hospitals.

CHAIRPERSON NARCISSE: I'm going to pass it to my colleagues right now, and then I'll come back. So, who wants to go first? Sandy Nurse?

COUNCIL MEMBER NURSE: Sandy Nurse, not a nurse, yes. Hi. I'm trying to make a pun. I just had some questions around-- because you didn't have like super dialed-in data per hospital. I guess I want to understand more about the general environment of the hospitals here. So, in terms of the ability to recruit, retain, have enough capacity, it seems like a financial issue is what is being said. But I'd like to get into more about executive pay. You did mention it a little bit. I didn't see it in the written testimony, so I didn't-- it was-- I didn't retain anything, I'm sorry. But just to kind of look at the lay of the land. The executive pay bonuses and perks in 2020 for some of our great hospitals here, these CEO of New York Presbyterian Hospital about just under 12 million dollars total package. The VP COO of Presbyterian about just over seven million. A couple other hospitals, seven million, five million, that's just the pay. So then as-- Pat wasn't here from NYSNA, but also testified Presbyterian is making about a billion in profits, 19

billion in assets. Mount Sinai, 185 million in profits, six billion in assets. Northwell, 177 million in profits, 460 in investment income, 19 billion in assets. So, what would happen if a hospital like Presbyterian made-- a CEO made-- or a for-profit-- if Presbyterian said we're going to make 700 million, excuse me, in profit instead of a billion, what would that-- I'm sorry, I didn't mean [inaudible]. What would that do? I mean, why is it necessary for them to make a billion in profit? What would be 300 million taken off the top of that? What would that do to increase pay, staffing capacity, meet the demands that all of these nurses have repeatedly, repeatedly, repeatedly been saying for years are required? I'm just curious, because I don't know anything really about hospitals.

SENIOR VICE PRESIDENT RYAN: Well, I can tell you that there's one CEO in a hospital, and then there's hundreds and thousands of employees, so I think you can't compare a CEO salary to a nursing salary, per say. I will also say, New York is a very competitive--

COUNCIL MEMBER NURSE: No, okay, so I'm asking. I'm asking--

SENIOR VICE PRESIDENT RYAN: [interposing] Well, I'm trying to answer you.

COUNCIL MEMBER NURSE: Why-- you represent an association, a network. So why does a CEO need to make 12 million, but a nurse, whatever they're making per hour?

SENIOR VICE PRESIDENT RYAN: Hospital CEO compensation reflects the level of competition that the region bears. It reflects the need for skills and leadership necessary to operate large, very complex organizations that are open 24/7, and that are often the largest employer in a community. So there-- I'm just giving you, you know, background on understanding the context of your question. I can't answer your question specifically, but they are also the largest providers of healthcare to the under-insured and uninsured as well as Medicaid patients, and they need to focus on the core mission of patient care and safe patient delivery-- care delivery, if you will. There's a lot of financial expertise that goes into it, regulatory, public policy, I think you know that.

COUNCIL MEMBER NURSE: Right, I understand, but we're talking about profit, which is

like the cream on top after everything else has been covered, right? Your operating cost has been covered. You've paid for things. This is the top. So, if you-- if Presbyterian is an example, I'm just picking on them, said we're going to pay seven million instead of 12 million to our CEO for everything, packages, the bonus package, the perks, executive pay, how hard would it be-- would it be impossible for Presbyterian to recruit a competent, capable, caring CEO?

SENIOR VICE PRESIDENT RYAN: I can't answer that question.

COUNCIL MEMBER NURSE: You [inaudible]. I mean, 'cause you've got someone else is doing it at five million--

SENIOR VICE PRESIDENT RYAN: [interposing] I think you're missing in your question where does those quote on quote-- it's really excess after cost as opposed to profits. Where do they go? They go back into the workforce. They go into pharmaceutical costs, inventory costs of all-- every nature in a hospital, and you know that's--

COUNCIL MEMBER NURSE: [interposing] So you're saying profit is not profit--

SENIOR VICE PRESIDENT RYAN: [interposing] very complicated.

COUNCIL MEMBER NURSE: in this case? You're saying profit is--

SENIOR VICE PRESIDENT RYAN: [interposing] These are nonprofit hospitals.

COUNCIL MEMBER NURSE: Right, I understand that. So then why are-- what I'm saying is, if you're able to bring down the cost of your executive because you're workforce that's doing the business of the hospital is not able to stay in their jobs because they're paid terrible wages, we're saying what would happen if you brought it down a little bit? Can't you still recruit and retain top level executive leadership?

SENIOR VICE PRESIDENT RYAN: [interposing] I think I answered--

COUNCIL MEMBER NURSE: [interposing] Cut a little bit on the top and reinvest--

SENIOR VICE PRESIDENT RYAN: [interposing] I already answered that question.

COUNCIL MEMBER NURSE: it into your workforce as you're saying.

SENIOR VICE PRESIDENT RYAN: I answered that question.

[applause]

COUNCIL MEMBER NURSE: I'm just asking. I don't know anything about hospitals.

SENIOR VICE PRESIDENT RYAN: It's okay. It's okay.

COUNCIL MEMBER NURSE: I just health insurance for like the first time in 10 years, so I'm-- I don't know much about hospitals, but it seems like there would be enough in the pot to bring it down.

SENIOR VICE PRESIDENT RYAN: I've answered that question. If you'd like--

COUNCIL MEMBER NURSE: [interposing] I don't-- oh.

SENIOR VICE PRESIDENT RYAN: me to explain a little bit more of where the excess over expenses goes, it goes back into the hospital. Hospitals actually lose money treating every Medicaid and underinsured patient, and even Medicare patients are not paying dollar for dollar. It costs a lot of money to run hospitals, as you know that.

COUNCIL MEMBER NURSE: Right, I understand.

SENIOR VICE PRESIDENT RYAN: That's pretty obvious.

COUNCIL MEMBER NURSE: But it's a choice. It is a choice made by people who decide the operations, the staffing pay scales. It's a choice of that hospital to say I'm going to pay 12 million for staff, or 12 versus 11, and I'm going to use some of that and reinvest it in my workforce. That's a choice being made. And I'm saying-- you answered. I'm saying I disagree with you, and I think that that could come down and solve some of our staffing needs that have been clearly articulated. I guess, you know, there's-- what they're saying 170,000 registered nurses are licensed and not employed in New York. Why don't you think they want to work for your facilities?

SENIOR VICE PRESIDENT RYAN: Why do I think they should--

COUNCIL MEMBER NURSE: [interposing] Why don't think you think nurses--

SENIOR VICE PRESIDENT RYAN: want to work?

COUNCIL MEMBER NURSE: want to work at your facilities, and what do you think could be done to change that?

SENIOR VICE PRESIDENT RYAN: I think many nurses want to work at our facilities. They want to practice their profession. Many nurses feel-- they must feel that they're being adequately reimbursed for their services.

COUNCIL MEMBER NURSE: Right, so it's still about--

SENIOR VICE PRESIDENT RYAN: [interposing] It's not what you--

COUNCIL MEMBER NURSE: pay scale?

SENIOR VICE PRESIDENT RYAN: You know, I think you're trying to over simplify--

COUNCIL MEMBER NURSE: [interposing] I'm just asking. I'm not over simplifying.

SENIOR VICE PRESIDENT RYAN: Okay.

COUNCIL MEMBER NURSE: Because people are saying I'm not getting paid enough, and I'm incurring all of this incredible burden of our entire city in taking care of people. I'm not being adequately compensated for all the things that I'm doing. I'm not getting a cup of coffee-- even just time for a

cup of coffee. I'm working my ass off and I'm not able to take care of myself.

CHAIRPERSON NARCISSE: Watch the language, please.

COUNCIL MEMBER NURSE: Sorry. I'm sorry. And so if there's 107,000 registered nurses who want to do this job, who care about this work and they're saying it's not-- I'm making a choice. Should I go here? I'm not getting paid enough. And I'm asking why don't they want to work at your facilities? What can be done to change that? I just-- I just am curious. Okay. I'll keep it moving. Last question. Will you commit to increasing resources to hire and retain nurses, including guaranteeing safe staffing ratios, maintaining quality healthcare for nurses and improving pay?

SENIOR VICE PRESIDENT RYAN: I missed the first part of your question.

COUNCIL MEMBER NURSE: Will you commit?

SENIOR VICE PRESIDENT RYAN: Will I commit?

COUNCIL MEMBER NURSE: Or maybe your association could consider increasing resources to hire and retain nurses, including by guaranteeing

safe staffing ratios, maintaining quality healthcare for nurses and improving pay.

SENIOR VICE PRESIDENT RYAN: Yes, of course we will.

COUNCIL MEMBER NURSE: Thank you. Sorry, Chair.

CHAIRPERSON NARCISSE: Thank you. One of the thing you just mentioned about 170,000 nurses that are licensed, right, and not employed, but don't you have a vacancy?

SENIOR VICE PRESIDENT RYAN: I don't-- where did that figure come from?

CHAIRPERSON NARCISSE: You don't have no va-- you don't know where the number from?

SENIOR VICE PRESIDENT RYAN: I don't know where that--

CHAIRPERSON NARCISSE: [interposing] But if they do--

SENIOR VICE PRESIDENT RYAN: I'm not sure what was being quoted before.

CHAIRPERSON NARCISSE: Okay. So, if in case, you have vacancy? So, I'm wondering if you have vacancy, so there's nurses that want to work for-- I don't know how that happened, but there is

numbers of nurses out there that are willing to work. Not your problem, but I'm just putting it out there, because that's-- let me see where the resource came from.

SENIOR VICE PRESIDENT RYAN: I don't-- where's that from?

CHAIRPERSON NARCISSE: Okay. CM, one second. Yeah, so I'm just saying that. So, I can-- we can provide you the number.

SENIOR VICE PRESIDENT RYAN: That would be helpful.

CHAIRPERSON NARCISSE: I'm going to pass it on to CM Cabán.

COUNCIL MEMBER CABÁN: Thank you very much, Chair. I appreciate it. Before I get into my question, I just-- there's something that you said that stuck out to me during my colleague's questioning, and you give this answer-- you testified how CEO salaries reflect and you ticked off a bunch of different things that amounted to some sort of like attestation about exceptionalism, and I take issue with that. I think that the CEO salaries reflect greedy capitalism and the expectation of workers to maximize profits for a small few, but you

know, I think that Elon Musk is proof that CEO's in a lot of ways aren't special and are resource hoarding when we should be adequately paying the workers who make the thing function, and that is our nurses. But moving on from that, I just-- like, wholly blown away by that premise to be honest. But I want to move into some questions around, you know, specifically-- well, I'll start with up-charging. Many of us saw in an article that was posted on Monday that a new report showed that New York City could be losing two billion a year on hospital costs because private hospitals are charging three to four times the Medicare reimbursement rate for some services, and 32 BJ went so far as to remove New York Presbyterian from its network at the beginning of 2022 because of concerns about inflated costs. And so now we're hearing that these same hospitals are refusing increase contributions to the NYSNA benefit fund after raising their own fees. So how can hospitals increase fees it charges to a benefit fund, but refused to also increase benefit contributions to cover those costs when nurses need care?

SENIOR VICE PRESIDENT RYAN: I mentioned that a few minutes ago, I think in an earlier topic,

that there are a lot of factors that contribute to costs in hospitals, rising drug and medical device costs, New York's medical malpractice environment which is exceptionally high relative to other parts of the country, inflation, complicated regulatory structure, higher labor costs, and underinvestment in social determinants. Biggest culprit, massive insurers profits to the tune of billions which are taken out of the state where many of these corporations are actually licensed. So, I'm not sure that's going to be a satisfactory response to you, but I think all of the costs that go into delivering healthcare from a small safety-net hospital to a large academic medical center need to be considered.

COUNCIL MEMBER CABÁN: I mean, you're right, it's not all that satisfactory, but I'll move on. So, and-- and this was touched on earlier, but I want to dig a little bit deeper. We all know this as a truth, right, nurses have been on the front lines of the pandemic. We all know that nurses are now suffering and dealing with the effects of long-COVID or PTSD from their work during the pandemic and then it continues, but hospital trustees to the NYSNA

benefit fund have shared a list of 35 cuts that they're looking to make.

SENIOR VICE PRESIDENT RYAN: I'm sorry, I missed what you're saying. I didn't get the last thing that you just said.

COUNCIL MEMBER CABÁN: So, again, talking about some of the effects that our nurses are dealing with from Long COVID to PTSD because of the work that they've been doing, but hospital trustees to the NYSNA benefit fund have shared a list of 35 cuts they're looking to make to nurse healthcare benefits. So, a question I pose to you is how do you possibly consider cutting healthcare for COVID Nurse heroes, for frontline COVID nurses, and won't those cuts hurt your ability to hire and retain staff?

SENIOR VICE PRESIDENT RYAN: I am not privy to all of the negotiations with the benefit fund. I know they're ongoing right now and I am-- there's nothing more I can say about that then, that's it's right now between the hospitals and their constituents.

COUNCIL MEMBER CABÁN: Do you think it's appropriate to consider cutting healthcare for nurses?

SENIOR VICE PRESIDENT RYAN: I don't think my opinion is something that is meaningful to this conversation as a person. As an organization we absolutely support healthcare workers paid appropriately, to have benefits if they're part of an organized labor union that are adequate, more than adequate, and in many case they are. And again, getting back to a wage that is fair based on commensurate performance. You have to be to perform whatever their-- you know, their profession is. So, of course we support all of that. It should not be, you know, you should not be left with the concept that we do not believe in healthcare workforce. None of us exist without that.

COUNCIL MEMBER CABÁN: I mean, the living conditions of every-day working-class nurses are the thing that supports the premise they are not valued, that this workforce is not being valued.

SENIOR VICE PRESIDENT RYAN: This workforce is valued.

COUNCIL MEMBER CABÁN: Right, just-- exactly, right. I mean, I think, you know, again, doing the kind of work that is being done, the life-saving work, value has to extend beyond empty

testimony that the workforce is valued but has to materially affect their living conditions every single day.

[applause]

CHAIRPERSON NARCISSE: Okay. You have question?

COUNCIL MEMBER GUTIÉRREZ: I'm a little taken back by-- you're the senior Vice President of this association, correct?

SENIOR VICE PRESIDENT RYAN: One Senior Vice President, yes.

COUNCIL MEMBER GUTIÉRREZ: I'm taken back--

SENIOR VICE PRESIDENT RYAN: I'm not the--

COUNCIL MEMBER GUTIÉRREZ: how you got there without-- with your personal values not being reflective in this very important role. So for your response to say I think my opinion matters, I think--

SENIOR VICE PRESIDENT RYAN: I was being--

COUNCIL MEMBER GUTIÉRREZ: [interposing] I think that's the wrong response to have.

SENIOR VICE PRESIDENT RYAN: I was being-- oh.

COUNCIL MEMBER GUTIÉRREZ: I mean, we have a responsibility, and I think if I ever approached any person and said well, my personal opinion does not-- does not matter here--

SENIOR VICE PRESIDENT RYAN: [interposing] I'm here to represent my organization and--

COUNCIL MEMBER GUTIÉRREZ: [interposing] As one of the Senior Vice Presidents.

SENIOR VICE PRESIDENT RYAN: all of the hospitals that we serve.

COUNCIL MEMBER GUTIÉRREZ: As one of the Senior Vice Presidents. So I think there's a major responsibility. You're the only one here to testify, so I think that's super concerning for you to-- for you to say that, but I didn't put you in that position, so that's for your association to take up with you. My question is related to racial equity. The reason that so many of us here are so passionate about supporting this workforce is because if you look at the room, they are women of color. They are immigrant women. They are black and brown. And in

like any profession that is composed of mostly women of color, they're-- nobody cares. And so saying that their work is valued is an insult when their work is valued in every way, except their income, except salary, except in the way that they need to continue to do this work. So my question is about kind of what we saw during the pandemic in the institutions, what are called safety-net hospitals, but any hospitals that were taking in patients. What is the plan in your position as Senior Vice President, but like what can you share from the association as far as what is the plan to support equity and measures for equitable service and equitable pay for these hospitals and for the nurses in these hospitals so that they can continue to serve the folks that look like us, so they can continue to serve the people that it need it most in these communities?

SENIOR VICE PRESIDENT RYAN: Equity and every aspect of what equity means in a person's life as a care-giver, as a patient, as a hospital association, professional, is very top of mind. It's very much part of the everyday goals of our organizations, and now it's been codified in many different requirements to ensure that nothing is

missed, whether it's federal CMS requirements, accreditation organization requirement, and New York State in and of itself with regard to many different aspects of healthcare delivery is laser-focused on equity, as are our hospitals. And they are emerging as leaders and sharing the wealth, if you will, of what they're learning of how to ensure an equitable experience in the healthcare system for all patients that we serve.

COUNCIL MEMBER GUTIÉRREZ: But what are some of those examples. What's going to keep a constituent, a black constituent of mine from going to-- from feeling that they have to go to an affluent hospital in an affluent neighborhood because they had a-- they just didn't have the care that they deserved at a neighborhood hospital.

SENIOR VICE PRESIDENT RYAN: We're really beginning to learn and to look at how ethnicity, race, underlying family history, if you will, how all of that manifests itself into the disease processes that are treated in our hospitals. Whether it's in an ambulatory care center or in an acute care medical center, and to identify what are the supports that we have to give that patient to ensure that they have an

equitable experience of the healthcare system. It's not about equality, it's about equity, because not everybody has the same personal wherewithal, if you will, to even receive healthcare services in the same manner. Is it a matter of transportation that they can't get to the appointment? What do we do to address that need? Is it a matter of not picking up pharmaceuticals? It could be transportation. It could be cost. It could be lack of understanding. It could be language. It could be interpretation or lack there-of skills that are either afforded to that individual, or that they're not getting on their own. It's looking at where they live and how they live. Do they have stairs if they've had an orthopedic procedure? Is someone understanding of what the home looks like before the patient is sent home? So there's every aspect of life has an equity opportunity focus, if you will, and as a healthcare system of providers, we are deeply engrossed in this and will succeed because our patients need to succeed. It's not about the hospital success as much as the patient success.

COUNCIL MEMBER GUTIÉRREZ: So, my last question. So I, I don't think that equality and

equity are interchangeable. I think they live in the same home, so I think that that's really important. And I don't know if I misheard what you said, where you said it is about--

SENIOR VICE PRESIDENT RYAN: [interposing] Equality. Equality and equity absolutely go hand-in-hand.

COUNCIL MEMBER GUTIÉRREZ: It is about equity and quality and what are some of the steps that we can expect as far as what your findings are demonstrating as far as racial equity. What are some the steps that you are all-- the association is taking to support your membership to support the nurses that are serving these communities, that are serving these hospitals. In many instances these nurses are also of color and I think a lot of what was raised today kind of where equity lives within even their own profession. What are some of the steps you are taking to achieve that even amongst your membership to better serve the communities and to do exactly what you just said you're hoping to achieve?

SENIOR VICE PRESIDENT RYAN: One very simple step I think that we've all really understand

now how meaningful it is the voice of the patient. What is the patient telling us? What is the patient not able to tell us as we assess what their needs may be? Again, the course of it, chronic illness in acute care hospitalization or just long-term disability that they need to live with and that their family needs to live with, and what are the supports that need to be provided. But I don't know that we've been as good at listening to patients as we are becoming, and that's at all stages of the healthcare sector, whether it's a surgeon in the operating room to understand someone's pain threshold or lack there-of, or someone that's in an ambulatory care center, a federally qualified health center that, you know, just can't afford those monthly prescription bills. How do we get them those medications to ensure that they have an equitable chance of living with a disease as someone with better means can because they can access those medications. Those examples, hopefully they're meaningful. But it's at all stages of healthcare. It's all stages of life, honestly.

CHAIRPERSON NARCISSE: Thank you. Those questions happen to be very important because we want to get to the bottom of it. Like I always said, I'm

very optimistic. So, I feel like something going to have to be done in the City of New York to provide the best quality of healthcare throughout our city. like one of my colleagues mentioned, there's a lot of black, brown women that being nurses in those hospitals, and we very much interested in what's going on because if we have to address inequities, we have to start by making sure that people especially when it come to healthcare to make sure that we help as well, and we have to address it. And when we looking at the pay and the bonuses, of course people-- it's public knowledge. People are going to ask questions. And I pray that whoever in charge, whoever leading each hospital have to pay attention, because this question right now is how do we address the inequities in our city. In 2020,-- yeah, I know you're clapping because that's very important. It is not only for the level of hospital, but throughout this, every level. In 2020, New York hospitals receive hundreds of millions of dollars in federal relief fund, the CARE Act. Can you give us an accounting of how much if any CARES Act money was used to improve staffing? Did you facilities in New

York City implement and or even higher freeze in 2020 and 2021? If so, explain why.

SENIOR VICE PRESIDENT RYAN: Again, I cannot give you specifics, but I can tell you in general the CARE Act funding was deployed, if you will, within organizations, absolutely in staffing as well as many other aspects of care delivery like all the things I mentioned earlier, pharmaceuticals, equipment, materials, and just staffing across the board.

CHAIRPERSON NARCISSE: By the way, I'm not being naïve. I ran businesses in New York. I ran a medical and surgical supplies back in the day. So I know it's very costly to run hospital. I'm not only here just as a nurse, but I have been on the business side, and I know it can be costly, but all we ask, if there's so much money going in it has to be, you know, balanced out. We have to address the folks that are serving the hospital, and that's how we address inequities in the City. And if any time, we should do it now. We cannot look backward before the pandemic, because before the pandemic, did not work for black and brown people in the City of New York. So, New York Presbyterian Hospital, that's

facts, federal relief fund. New York Presbyterian Hospital got $741,523,422. That's money. That's big time money we talking about. So, I'm not going to go on. We can share all this, because I don't want to get-- to bring the rise up in the room. So we going to-- because there's a lot of million we're talking about here, right? So, it's a lot, and the CEOs getting a lot. We're going to have to level the playing field a little bit. So, I really appreciate you to be getting all the question while you-- like, you said it's only you, and all these big hospitals is involved, but I'm sure you're going to have that conversation, because you play a key role, and I love dealing with women in charge, because when you get the message I'm sure you're going to relate it very well. We multi-task well. We able to multi-task and give messages well. So, talking about policy recommendations, what are your recommendations for how we address this shortage in working conditions that we're talking about? That's your recommendations. Okay.

SENIOR VICE PRESIDENT RYAN: Yeah, I think I mentioned several along the way. Just starting at the regulatory scheme [sic] level, we are

a highly-regulated state, and I think we need to sort of loosen the chains on licensed professionals who are skilled in their profession, to give them more access to practice their profession. We talked about out-of-state licensees being able to practice in New York. We do not-- New York State is not part of the nurse licensure compact that allows other licensed nurses to come into the state more easily. We did that during the pandemic, because it was essential. Similarly, we can look at the same time of compact for physicians across borders. So, you know, being able to access providers in other regions that may not have the same demand on their skillset would be very helpful. We have a lot of requirements around the educational system, much of it sits within the professions, state education law, and we do things that we could also loosen the reigns, if you will, there to allow practitioners to practice to the full scope of their license and competence based on their privileges that are conferred by their hospital as they see fit. But we do think we could a little better there and be slightly, slightly less encumbered, if you will. I think we need to look at the data that come out of the rent survey that's

being, that was undertaken that I mentioned, and I also think we need to look to plan for the future. We need to increase our educational capacity starting in high school. We heard that form several of us today. It's never too early to bring healthcare to the forefront of the minds of, you know, teenagers to give them a better sense of where they go next. Community colleges have excellent, you know, preparedness programs to earn a BSN or a BS in other health professions, and to reach communities that may not have access to those models of professions, professionals, so to expose them as much as possible. There's-- one of our long-term care providers is a big believer in that in going into high school and teaching students what it means to be a healthcare provider even at the most basic level, and bringing them into long-term care community to understand what it's like to age, what it's like to look at, you know, a relative who is need of that kind of attention. So, we have to do more to build the pipeline. That goes without question, and that's essential because it's been raised many times about the scope of the problem in terms of vacancies, and we can only fill that with really adding in a

multitude of factors to creating the workforce of the future?

CHAIRPERSON NARCISSE: By any chance, any of those recommendations, especially going to high school, trying to recruit those young folks has been implemented in one of the facilities that you're working with?

SENIOR VICE PRESIDENT RYAN: Yeah, yeah, there is one facility that is doing it. I can tell you offline if you want more of an understanding of that particular model.

CHAIRPERSON NARCISSE: You never even think about it, but maybe a commercial ad on TV or something? Because you got money guys.

SENIOR VICE PRESIDENT RYAN: Yeah, those are great ideas.

CHAIRPERSON NARCISSE: Yeah.

SENIOR VICE PRESIDENT RYAN: You know, public service announcements and reaching people where they're at which is in their phones--

CHAIRPERSON NARCISSE: [interposing] Yes.

SENIOR VICE PRESIDENT RYAN: is really--

CHAIRPERSON NARCISSE: [interposing] That's the best way.

SENIOR VICE PRESIDENT RYAN: is really important. I totally agree with that. There are other, you know, loan forgiveness programs. I mentioned the Nurses Across America. There's also a Physicians Across-- or Nurses Across New York, I should say, that emulates the physician-- similar program for physicians. And there are other pockets of tuition reimbursement. You know, CUNY, the City University of New York, is looking for-- to apply for funding from the Department of Labor to do major work around creating, increasing the pool of educators and preceptors. It's not just about the students, but who's going to educate these students. And once those students have their degrees, who's going to precept them in a clinical setting to ensure that they're competencies are what they should be and what they're comfortable with. We mentioned nurse residency programs. We'd love to see more funding for that across the state. We have it in New York City. I don't know how much longer we're going to have it, but we have it for another couple of years. Those programs are very successful in helping retain and recruit as I mentioned. A little hard with COVID to look at the data because it's not great, because we

started these programs in 2018 and they were moving all in the right direction in terms of recruitment and retention, but we do think that they had a major impact in supporting those new nurses during COVID, and that is essential, and those are the folks that are still around. They were retained because they did get that, you know, sort of human to human contact and support and emotional support, a sense of wellbeing even in the throes of chaos and crisis.

CHAIRPERSON NARCISSE: Thank you. Now, we know that Peds Units in the Children Hospital are-- I mean, are currently packed with RSV cases and healthcare workers and public health experts say there is a looming threat of triple-demic [sic] of RSV, Flu and COVID. What are you doing to increase-- I mean, not you actually-- your hospitals doing? Are they working on that?

SENIOR VICE PRESIDENT RYAN: Yeah, we are very involved with this and with the state Department of Health. There are data being collected on a daily basis about pediatric capacity, and it hasn't been broken down separating RSV out from other illnesses, but we know by-- we touched base with our transfer centers once a week. They are now functioning

safely. They don't feel that they-- there's still a lot of capacity in the system, but it's really hard to tell until we get through at least after the holiday, Thanksgiving holiday when, you know, a lot of folks are not going to the doctor necessarily right away. And there's always a little bit of an after-effect, but we have a meeting tomorrow with the transfer centers, but in New York City they've been able to keep up. The pediatric hospitals are expanding their capacity. They are moving, you know, older adolescents, 17 and 18-year-olds to adult floors if they need, you know, continued hospitalization to make room for what are much younger children than we've ever seen with RSV. You know, we're talking six months old, which is very, very unusual. But some of it seemingly is explained by, you know, the sisters and brothers that are in preschool and bringing home something that these infants ae not yet-- have not yet developed immunities for. We're also seeing very short lengths of stay with RSV. Within a day or two these infants are being discharged and the older pediatric population, less than five, which is a good thing. It really just takes some medication and some

aerosolized therapeutics to open up their airways and they're able to go home. But we are very much on top of this, and the academic medical centers have been really the hardest hit because that's where the sickest kids are bright. We don't have as many pediatric beds as one might think. Every hospital does not have a pediatric unit anymore. But there are centers of excellence that have been able to absorb these cases safely. So far, we've been-- it's been very stable I'm happy to say.

CHAIRPERSON NARCISSE: So there's no need for increasing staffing? Because we don't want it to get like COVID timing, like--

SENIOR VICE PRESIDENT RYAN: [interposing] Well, I mean, staffing is a separate, you know.

CHAIRPERSON NARCISSE: Are you-- no, I mean to prepare, because we don't want people-- the shortage we had last time in COVID--

SENIOR VICE PRESIDENT RYAN: [interposing] Right, right, right.

CHAIRPERSON NARCISSE: Anything that we have to be alert. We have to learn from what took place with that height of the pandemic.

SENIOR VICE PRESIDENT RYAN: Right.

CHAIRPERSON NARCISSE: Yeah. So, I'm going to say thank you for your time. I appreciate your time, and I'm very optimistic so--

SENIOR VICE PRESIDENT RYAN: [interposing] Again, hear-- pleased to hear you close with optimism, and I thank you very much for the opportunity to appear before you--

CHAIRPERSON NARCISSE: [interposing] Thank you.

SENIOR VICE PRESIDENT RYAN: and your Council today.

CHAIRPERSON NARCISSE: Thank you so much. Turn over to the Counsel.

COMMITTEE COUNSEL: Thank you, Chair and thank you very much Vice President Ryan. We will now hear from the public. I would like to remind everyone that I will call up individuals in panels, and all testimony will be limited to two minutes. So thank you. Oh, yeah. Please wait for the Sergeant at Arms to announce that you may begin, and before that I will call on our first panel. That is Julia Quantz, Craig Berke, Ari Moma, and Lorena Vivas. Apologies if I mispronounce anyone's name. Thank

you. We can begin with Ms. Julia Quantz. Please wait until the Sergeant announce that you may begin.

JULIA QUANTZ: Are we on? Okay. Alright. Good afternoon. Thank you for scheduling this hearing so that my colleagues and I can share our experience with you. I appreciate your concern for the sustainability of healthcare in our wonderful city, and I know you know that nurses are the heartbeat of healthcare delivery. Now let me tell you, we're in a pickle. My name is Julia Quantz. I'm an open heart surgery Operating Room nurse at New York Presbyterian Hospital at Columbia in Council Member Carmen De La Rosa's district. I have been a nurse for 15 years, and I love what I do. Following the dark, terrible, gruesome overnight shifts I worked during COVID in a pop-up intensive care unit built into my operating room, I was diagnosed with a serious degenerative conditions which is heavily influenced by heat, fatigue, and stress. Guess what's common in my job? Heat, fatigue, and stress, of course. Trouble is, this heat, fatigue and stress provides me and my family healthcare. So in order to have medical oversight for my conditions, I have to risk aggravating it every day. I rely on my employer

to fulfill its duty to me the same way I care for my patient. Since before, but especially since the pandemic began, I've watched my nursing colleagues leave in droves. The consequences of being perpetually short-staffed and under resourced have taken a deep toll on us. Such conditions are shameful. One of my colleagues submitted suicide by jumping off the top floor of our parking garage three weeks ago, and the hospital has yet to acknowledge the incident. Is it any wonder why we can't take it anymore? We are broken. We're drained, and we're limping ahead one dreary day at a time. In this context, my employer had the audacity to attempt to slash my healthcare benefits and more. It's as if they chewed me up and spit me out, and my broken body is worthless to them now because I'm too expensive to maintain. I want to care for my patients, and I want to care for myself but I need affordable healthcare first. I look at my hospital executives who endorsed these cuts and find they collected bonuses on top of salaries so excessive they've shocked even the jaded business publications. The cart isn't just ahead of the horse, it's getting paid 10.7 million dollars to tell the horse it should get by with one leg. In

order to do well by New Yorkers, nurses and healthcare workers need justice. Please make it possible for us to keep caring for our patients the way you would want us to do, which is also what we want to do. Please give us workplaces that keep us healthy instead of treating us as disposable. Thank you.

COMMITTEE COUNSEL: Craig Berke?

CRAIG BERKE: Good afternoon. Thank you for holding this hearing today and taking the time to listen to the experience of nurses. My name is Craig Berke. I've been a Registered Nurse for 12 years and currently work in the Emergency Room at Flushing Hospital. I would classify our current situation as a healthcare crisis. Because of the short staffing and unsafe working conditions, nurses are fed up and exhausted. Many nurses have made the decision to work for a travel nursing agency in search of higher pay and easier working conditions with less responsibility. Hospitals have pushed nurses beyond our limit and we need radical change. They have created a staffing crisis by failing to hire and retain enough staff nurses, leaving the rest of us to work our shifts short-staffed. Hospitals haven't done

enough to keep nurses at the bedside. Now instead of rewarding us for our hard work during the pandemic, they're fighting against us. Our patients are suffering because of short staffing, too. In the Emergency Department, each nurse should be assigned at-most six patients. There are times when nurses are charged with caring for more than 15. This is unacceptable. As a result of deficits in staffing, nurses do not call out and work overtime. Nurses end up working a 16-hour shift, which can become exhausting for the nurses and unsafe for the patients. Flushing Hospital used to hold its commitment and service to the community in the highest regard. Unfortunately, this commitment has been lost, but we want to help recommit itself to the community. We need the safe staffing to do just that. Thank you for the opportunity to highlight what must be changed to provide New York City with the care it deserves.

COMMITTEE COUNSEL: Thank you. Ari Moma?

ARI MOMA: Good afternoon. Thank you for giving us this opportunity to express how we feel when we walk into the hospital. My name is Ari Moma. I'm a Psych Nurse at Interfaith Medical Center which

is a branch of One Brooklyn Health. Every day I feel the strain of our working condition, of our current staffing level. It seems impossible to deliver the care that every person deserves. I'm worried about how bad it could get this winter. I used to work as a nurse at New York Presbyterian Methodist Hospital, before hospital used COVID-19 as an excuse to close down the in-patient mental health units. From the beginning of-- from the big academic medical centers to the safety-net hospitals, New York City cannot afford to ignore the nurse staffing crisis any longer. New York City hospitals hasn't just been ignoring the crisis, they've encouraging it. Hospitals has been making excuses to maximize their profits. After the height of the pandemic, for example, New York Presbyterian froze hiring. Nurses left in droves and were never replaced. [inaudible] creating retention incentives for nurses. NYP executives paid them millions of dollars. As the pandemic raged in 2020, NYP received federal-- the CARES Act money and turned around and paid the CEO nearly 12 million dollars in salary, bonus and [inaudible]. They closed down the least profitable healthcare services like mental health that are

committed to serve desperately because they put their profits over the health and safety of their nurses, patients and communities. It's outrageous. Too many nurses got sick on the job. Non-hospital trustees of NYSNA benefit from jacking up fees for healthcare services and looking to pile the cost onto their nurses and cut our benefits. Nurses are demanding better for our patients ourselves. The future of quality care is at stake. New York City nurses are united, are fighting for their fair contracts. We thank your allies in the New York City Council for your solidarity, for understanding that our fight is your fight, and that our working condition are your patient's care conditions. We are ready to do whatever it takes to real respect for nurse and our patients. Thank you.

COMMITTEE COUNSEL: Thank you. Lorena Vivas.

LORENA VIVAS: Good afternoon everyone. My name is Lorena Vivas and I have been a nurse for 27 years. The last 17 years-- the last 19 years being spent as a neurosurgical and an ICU-- Neurosurgical ICU and ER Nurse at Mount Sinai Hospital. Currently, our hospital has over 500

vacancies, and let me state to you that this is a problem that is not new. We have been deliberately understaffed for the past five to six years and the COVID pandemic just made it worse. We have rang the alarms. We even agreed to a staffing grid in 2019 which the hospital just basically ignored and then refused to implement. Why? Because profit is more important to them than patient safety. Business men in suits have preyed on the good conscience and dedication of nurses. They know that we will show up even if we're being constantly abused, traumatized and really overworked. And clearly, this is not a sustainable model. We are losing nurses to emotional trauma and burnout, and we need your help right now, and that's why we're here. My nonprofit hospital benefits from generous staff breaks and that money and resource should be trickling down to the community and the workers, but it's not. My hospitals makes billions each year. At one point they made 2.8 billion dollars in endowments. Our CEO got a whopping 12.5 million pay in 2019. In 2020 he took in more humble pay of 7.3 million with 3.1 million in retirement benefits, all while working from the safety of his beach-front Florida mansion

while we were out there battling an unknown deadly virus. The public clap for us every day and we-- while we saw our pay-- our colleagues getting sick, developing PTSD, and what was our bonus? A fake silver dollar that calls us COVID Hero. I keep it every day in my foyer to remind myself this how little and insignificant they see us. I signed up to work at a nonprofit hospital, but in actuality they operate like a fortune 500 company. This is terribly anonymous. While I pay full taxes, they get tax breaks by the millions in order to legally pay the CEOs millions of dollars. Corporate greed is killing my profession. I want to end this with a personal story. I was diagnosed with cancer and they took out a part of my left lung. Within six months, I signed up to go back to that COVID ICU without question, because it's my oath, and I don't even think of it as a sacrifice. I am-- we have an oath to keep as a community, and I can only hope that you who have been elected to make the city safer and better, you who we have put our trust into the same way our patients put their trust in us, that you'll be true and brave like all of us here in front of you. Do your oath. We need your help. You can legislate safe staffing.

You can penalize these hospitals who are ignoring patient grids and you can legislate that we are paid fairly and none of our medical healthcare benefits are slashed. Patients over profits at all times. And I'm extending a personal invite to any one of you to please shadow us at work, see how we suffer, see how we make do in unsafe conditions, how we don't even have time to use the bathroom, before it's too late. Please help us save our profession. Thank you.

[applause]

COUNCIL MEMBER GUTIÉRREZ: thank you so much. You said your name was Lorena, right?

LORENA VIVAS: Yeah.

COUNCIL MEMBER GUTIÉRREZ: thank you, Lorena, and I just-- my mom was a cancer patient at Mount Sinai, had surgery this summer, and I think it's because of the nurses while she was there for two weeks that she is truly here today. So, I want to commend you, because--

LORENA VIVAS: [interposing] Thank you so much.

COUNCIL MEMBER GUTIÉRREZ: I don't think that the level of care that you all provide to

families is compensated enough, and for you to be a patient yourself and still come back-- we're failing you. I just want to make-- in your testimony you said that deliberately for five years that at your hospital, at Mount Sinai, you were understaffed. What-- what are some of the responses that you as a nurse are getting? What is the reason? Because it wasn't just from the pandemic. You said it was five years ago, from longer. What are some of the reasons that they're saying, hey, we can't hire more nurses? What are-- what is it with their-- what is it that they're saying and how do you-- like, how is that translated to you on the floor while you're going in, clocking in for your shifts?

LORENA VIVAS: I can speak for my unit, the Nurse Surgical ICU. Half of our staff has left to become travel agents, have left to join travel agencies. Yeah, before the pandemic even, and a lot more even left during the pandemic. You cannot blame them. They were being paid $150 to $200 per hour while we get $50 per hour. And that's-- it's much less. Because I'm a senior nurse now, the younger nurses get much, much less than that. And we have hired new people, but they are unable-- the hospital

itself is unable to retain its nurses, because of the poor working conditions. In my ICU, for example, we have had-- we're lucky because we had the union, and through the union we've had meetings with them, we've had steps how to-- programs how to prevent understaffing, but all this was largely ignored, and like what I'm referring to you right now, in 2019 our union was able to win a contract for us to get safe staffing grids. It was largely ignored by the hospital. On the daily, in my unit alone, there's at least two nurses that work from 7:00 to 7:00 p.m. They stay 'til 3:00 a.m., because there's no nurse to come after them, and at 3:00 a.m., they're going to be understaffed again. And these are really sick aneurysm patients on ECMO, on CVVH and a nurse will have to have three to four. It just-- it's mind-boggling to me how they have money for travel nurses, but they don't have money to hire regular staff. There's-- and they keep telling us there's a nursing shortage, but there's really not. It's their failure to retain nurses, because we've been abused for a long time, and I mean, I'm thankful that I have a union, but I can only imagine hospitals that don't have unions. I'm sure they see it much, much worse.

And I don't know what else to tell you. But I really appreciate that you guys are here to help, and I'm-- you know, as an aside, I'm happy that I see faces and gender that is like mine hearing problems from people that look like this, because several years ago this is not possible, and I'm so thankful. Just seeing you guys here-- I used to play basketball with Tiffany.

COUNCIL MEMBER GUTIÉRREZ: Oh, really?

LORENA VIVAS: Yeah, so I am very grateful.

COUNCIL MEMBER GUTIÉRREZ: Did she see you?

LORENA VIVAS: Yeah.

COUNCIL MEMBER GUTIÉRREZ: Oh, okay, good.

LORENA VIVAS: I am very grateful that you guys are here to listen to us. If we were all white males in the profession, this would not happen, and I'm speaking very bluntly.

CHAIRPERSON NARCISSE: You're welcome. And I want to say thank you, and I appreciate your testimonies. And that show-- Ms. Vivas, that show your dedication to the profession, and I know that

many of nurses that say what we think, but for you, after surgery in less than about six months, for you to come back that show the dedication and not many profession where people going to put other's lives first before their life, before their own. So I thank you, and I thank you all for the commitment to stay, not hanging your coats yet, because guess what, we need nurses, and we need to do everything we can to address it in New York City. And we'll do our very, very, very best to make sure that this time around, like you said, we have-- we in the space for a reason. So, thank you.

LORENA VIVAS: Thank you.

[applause]

COMMITTEE COUNSEL: Thank you all. Our next panel will be Vivienne Phillips, Nicole Rodriguez [sp?], Lyla Espinala [sp?], Kiera Downes-Vogel. Kiera Downes-Vogel, are you here? Oh, sorry. Who's missing? Vivienne Phillips-- oh, no Nicole? Okay, apologize. Then we can get Vanessa Weldon. Oh, Rodriguez [sp?]. Okay, I will add [inaudible]. Apologies. We can begin with Vivienne whenever you're ready.

VIVIENNE PHILLIPS: Good afternoon. My name is Vivienne Phillips, and I want to thank you for hearing us. I am a registered professional nurse and Kingsbrook Jewish Medical Center, a part of the One Brooklyn Health system, and I've been a nurse for over 30 years. Class of 1976, graduated from Kings County Hospital School of Nursing. First, I worked as an emergency room nurse, ICU nurse. Now I'm a case manager. My job is to coordinate care, educating, discharging patients safely, interacting with insurance companies, coordinating the referrals with social services, basically, making sure my patients are getting the treatment that they need. Case management worker is really important because our patients can be very sick. Many have chronic illnesses. Many have poor health and several diagnosis, and when they're discharged, we need to make sure that they have the support to continue with their care at home. We also are understaffed. The understaffing of nurses at my hospital-- when it comes to the hospital, you want a nurse who is not overwhelmed and stressed out, who doesn't have several a lot of patients down the hall that they're trying to look after at the same time. In a hospital,

you need timely and accurate observation and care. It is very upsetting to constantly feel like you're falling short as a nurse. It makes it hard to repay nurses. Our pre-pandemic conditions were not ideal, but COVID-19 magnified our problems 10-fold. Our patients are sicker than ever, and we are more understaffed than ever. there was this idea that hospitals in Brooklyn, basically our safety-net hospitals, could reduce acute care beds and essential health services and primary care services would expand to serve our community's needs, but it's not going to plan. There are not enough primary and preventative care services available. Patients have not been educated and empowered on how to access these services, and now there are fewer and fewer hospital-based services to serve their needs. I feel like we're failing our community, because I can see patients suffering. I can see the negative outcomes. The people at the top making the decisions are so far removed from reality that nurses see every day that they wouldn't even adjust the plan to meet the needs of our patients. But that's what we're asking for, for the hospital executives to listen to the nurses. We understand that we are caring for human beings.

They need to be treated with dignity. They need equitable quality care. Nurses look at the evidence, read the studies and see firsthand with our patients that safe staffing save lives. I saw that very personally, recently from a different perspective. I became a patient at a hospital that was not a safety-net hospital. I was so terrified as a patient. I had a nurse at my bedside who saw the change in my condition and was able to react quickly. I felt so grateful that there was enough nursing staff that day in that hospital because my outcome could have been different. I want my patients to experience that level of care, quality care always. I want a fair contract that guarantees safe staffing, that helps and recruits and retains nurses for quality care, and for health equity. I want a fair contract that includes community input about the services our hospital and our patients want. I want to do everything that we can to improve the health of our community. The safety-net hospitals have been functioning for too long in survival mode. We need them to thrive, not just survive. The safety nets help COVID, help New York City during the pandemic. We need them now more than ever. We want the same

for our patients. We want them to do more for us than just survive. We want them to really thrive. It's time for our safety-net hospitals to invest in patient care and the front line nurses who deliver it so we can all thrive.

CHAIRPERSON NARCISSE: Thank you. You know, because you graduate in 1976--

VIVIENNE PHILLIPS: [interposing] Yeah.

CHAIRPERSON NARCISSE: So I could not stop you, but if everyone please to try to keep it within two minutes. Thank you.

VIVIENNE PHILLIPS: Thank you.

COMMITTEE COUNSEL: [interposing] You, Nicole [sic]-- oh, sorry. Kiera Downes-Vogel?

KIERA DOWNES-VOGEL: good afternoon, my name is Kiera Downes-Vogel, and I have been a Labor and Delivery Nurse at Mount Sinai West for four years. When you are short-staffed, you have to make sacrifices. Your assignment is just too heavy. But what do you sacrifice? You can't sacrifice the orders and duties that you-- you have to administer your medications and monitor your patient's status. You cannot sacrifice your documentation because this is a legal record showing what you do. But time is

not infinite, and we cannot be in two places at once. Nurses are not just there to check temperatures and give meds and report to doctors. We are educators, supporters, and fierce patient advocates. So we sacrifice the relationship with our patients and their support people. We sacrifice teaching, building trust and getting to know them. When staffing is short, management sacrifices our breaks. We have been called heroes, but we are not super-human. We need to eat. We need to rest. We need to decompress. When we don't, we are at risk for making mistakes, and when we make mistakes people get hurt. When staffing gets even shorter and it does, we run the risk of actual harm. Medications and assessments have to be prioritized, and sometimes a medical complication is worsened because we were unable to catch it in a timely manner. Why? Because we simply cannot be in two places at once. Because we are drowning. Our job feels unsafe for both us and our patients. In Labor and Delivery, sometimes this means that in a birth when there should be two nurses present, one for the birthing person and one for the baby being born, there is only one nurse. Sometimes in that single room we need to be in two places at

once, but we cannot. There is truth in our chant, "safe staffing saves lives." And we, the citizens of New York can say that in our hospitals, we will provide staffing that is supported by evidence to protect patients and nurses, and this may mean that a change has to come to how our hospitals are managed and our nonprofit executives are paid. As an example, the state of California has safe staffing legislation and somehow still manages to keep their hospitals open and running.

COMMITTEE COUNSEL: Thank you. Lylia Espinosa [sp?].

LYLIA ESPINOSA: Good afternoon. My name is Lylia Espinosa, and I want to thank the Committee for holding this hearing today. I have been a nurse in a medical Surgical Unit at Mount Sinai Main Hospital in Manhattan for almost six years. I'm speaking out now because the hospital has no plan to retain nurses or improve staffing levels. This has furthered the crisis of nursing in the City. On top of this, hospital executives are proposing cuts to our healthcare and benefits. This is unacceptable. We are proud of the work we do on a daily basis and proud of the work we did during the height of the

COVID pandemic. Nurses were applauded as heroes. We put our own lives and the health of our families on the line. Someone needed to step up, and we did. Now we're asking hospitals to step up with a real plan to address the staffing crisis they created even before COVID. At the height of the Omicron wave a year ago, many nurses got sick, so our patient ratios increased. Prior to this wave, there were only a few days where we would have critically high patient loads, but we were able to push ourselves and provide the care our patients needed. Now, every day we face unsafe conditions. Frequently, there's a one-to-seven ratio which used to be an emergency situation. This is now the norm. It creates a hectic and exhausting environment. We cannot provide adequate care. Nurses are getting increasingly more burned out and patient care is suffering. We're fed up with the lack of support from hospital administrators and upper management. Like many of my colleagues, I'm speaking out today because we know hospitals have the means to address our concerns. They pay executives millions of dollars. They spend millions more on public relations campaigns, yet they've done nothing to address the hiring, recruitment, and retention of

nurses. Now they want to cut our healthcare benefits. This will only lead to more challenges in retaining nurses. My colleagues and I wonder why Mount Sinai, one of the nation's flagship hospitals, has no plan to hire and retain nurses and make their hospitals safe and desirable places to work. I call on the hospital to commit to a fair contract will a real plan to retain nurses that includes a just increase in wages and benefits and a real staffing plan that puts patients over profits. Nurses and patients cannot wait any longer. Lastly, I say to the hospital trustees who want to cut our healthcare, please remember when you recognize us as heroes, and stop any planned cuts. Thank you for your time.

COMMITTEE COUNSEL: Thank you. You may begin. Apologies. Can you repeat your names?

VANESSA WELDON: Vanessa Weldon.

COMMITTEE COUNSEL: Oh, Vanessa, thank you.

VANESSA WELDON: Good afternoon and thank you for taking this meeting with us. My name is Vanessa Weldon, and I'm a Home Care Nurse at Montefiore Home Health Agency, and I was born and raised in the Bronx, and I still live in the Bronx,

and I have been taking care of the Bronx community as a home care nurse at Montefiore for the past 22 years. I'm here to talk about Montefiore's care for my community. Montefiore says on their website that it is a distinguished among-- it's distinguished among premier academic medical centers for its deep commitment to the community, and our community desperately needs their care. In terms of overall health outcomes, the Bronx is the unhealthiest county in New York State. We also come in dead-last in healthcare access with the least access to primary care physicians, dentists, and mental health providers. Montefiore is failing our community. At the Home Health Agency, we have seen a significant cut in the staffing. Three years ago we had about 100 nurses and we had two Mother Child health programs to take care of our high-risk pregnant mothers and their babies. Montefiore filled a small but important gap in this community, one that provided preventive care in the face of the highest infant mortality rate and the highest maternal death rates in the City. Now, we only have about 50 nurses and one of the Mother Child programs has been cut, and this was due to lack of reimbursement, not enough

reimbursement for the program they said. And the other one is being quietly closed out due to lack of grant funding. At first, Montefiore said that they would suspend the closure of the program after nurses spoke out about how the closure would harm mothers and babies in the Bronx and Yonkers. Then they went back on their word and continued to slowly cut the program out of existence by not taking on new referrals and discharging current clients off of the program. Overall, our patient's census went from about 1,000 patients at any given time to about 650, and the home care nurses are spending less time with the patients that they do see because of constantly new guidelines and ever-increasing complex documentation to justify funding. We still cover the same geographic area. So the travel time between patients has increased, thereby decreasing the time spent with patients and the care of patients. There are fewer intake nurses, so the processing time for referrals has also increased. All this means is that our community members are recovering-- our community-- I'm sorry. All this means is that our community members who are recovering from surgery, the elderly, or needing mother/baby support, many of whom have

comorbidities are getting less care. To add insult to injury, we have to choose between patients we can accept onto the program and those we can't. We are told to prioritize Westchester patients, and this makes me so angry. I hear from patients, including my own family members, my neighbors, that they feel that Montefiore has abandoned them. Young pregnant mothers with preeclampsia are ending up in emergency care with strokes. Community members who can travel will go to Montefiore Westchester facilities because those ER's have waiting rooms and their waiting times are so much shorter. It seems like Montefiore really prefers patients with money, and we know that racial disparities in the healthcare have deadly health outcomes for communities of color. The system has broken down all the way into healthcare and shouldn't be that way. I want the public to know that nurses are fighting for quality care for the community. Hospitals must listen and respond to the community's input with the healthcare services that people need. We want to be able to say that Montefiore has improved the health outcomes of our community. To do that, Montefiore needs to stop putting profits before patients. They can do more and they need to take

care of the community that they say that they are committed to, and we're asking the Council to help us assist to make sure Montefiore takes care of the community that they say that they are committed to.

CHAIRPERSON NARCISSE: Yes, ma'am. We're doing our best, and thank you for being here, and I appreciate you. And this young lady, since 1976, you look like you were born yesterday. [inaudible] So thank you for your commitment to nursing, and thank you all. Thank you, appreciate your time. And for the next panel, when you hear that sound, that means your time is up. Try to summarize because we have a lot more coming. Thank you.

COMMITTEE COUNSEL: Should I repeat it? Okay, so the next panel will be a remote panel. I have to repeat it because I did not turn on my mic. If you are testifying remotely, once your name is called, a member of our staff will unmute you and you may begin once the Sergeant at Arms sets the clock and cues you. So, our remote panel would be Doctor Libby Wetterer first, and then Doctor Colleen Achong, and Doctor Shane Solger, followed by William Smith, Carmen De Leon. Whenever you're ready, Doctor Wetterer.

SERGEANT AT ARMS: Starting time.

LIBBY WETTERER: Hi there. Just give me one moment as I pull up my remarks. It's wonderful to be here today, thank you.

COMMITTEE COUNSEL: We could hear you.

LIBBY WETTERER: Okay, great. Just give me one moment.

CHAIRPERSON NARCISSE: Can you start?

LIBBY WETTERER: I'm so sorry, just pulling up my remarks. But yeah, my name is Doctor Libby Wetterer. I use she/her pronouns. I am a third-year Family Medicine Resident at Montefiore Medical Center in the Bronx. I am here as a part of Montefiore's newly formed union with the Committee of Interns and Residents on SEIU. I thank you for the opportunity to testify today in support of my nursing colleagues and about an important public health matter, the chronic understaffing and unsustainable working conditions experienced by our city's healthcare workers. It's been honor to listen to testimony over the last few hours, and I'm just here to add my support as a fellow worker in the hospital system of New York City. Like my nursing colleagues, I've spent the past few years on the front lines of

the pandemic, and every day I see-- I see up close how the understaffing and under-resourcing is harming healthcare workers, both residents and nurses alike. I want to be very clear, addressing understaffing and the working conditions of healthcare workers is an urgent matter of public health. Nurses and physicians are responsible for the health and wellbeing of every patient that walks through our doors, and we do everything possible to make sure they receive the best possible care. Nurses in the hospital I work in have told me that they are so overburdened with tasks they are often split between administering medications and taking patient's vital signs. I've had some nurses show me their patient load in the ED as an explanation of why they couldn't administer medications on time. I became a doctor to accompany patients and communities towards health, and I'm fortunate to work with so many nurses, physicians, and other caregivers who are dedicated to and passionate about providing exceptional care for the diverse and historically underserved communities of the Bronx. I am so grateful for the opportunity to testify among them. Nurses and residents are absolutely essential and without us, Montefiore's

hospitals and clinics could not function. We take care of patients from admission to discharge, and because Montefiore as aforementioned is the dominant healthcare system in the Bronx, that mean we're responsible for a large portion of the entire borough. While we love our jobs, our working conditions are pushing us to breaking points. Due to understaffing, our patient loads, both resident and nursing patient loads alike continue to increase.

SERGEANT AT ARMS: Time has expired.

CHAIRPERSON NARCISSE: You can continue. You almost done? Try to wrap it up?

LIBBY WETTERER: [inaudible]

CHAIRPERSON NARCISSE: Thank you. Now we can hear you. We can hear you now.

LIBBY WETTERER: Because our patient loads are continuing to increase, we as residents are forming a union in order to fight along with NYSNA to get Montefiore and other for-profit or not-for-profit healthcare systems to work with a non-capitalistic moral compass so that we can be better treating the residents of the Bronx and New York City at-large.

CHAIRPERSON NARCISSE: thank you.

COMMITTEE COUNSEL: Thank you. Doctor Colleen Asha [sp?].

SERGEANT AT ARMS: Starting time.

: But I can try, yeah.

COMMITTEE COUNSEL: Okay, whenever you're ready.

: Sure one second. I just need to take a quick call.

COMMITTEE COUNSEL: Should we come back to you if you're not ready yet? Okay, Doctor Colleen [sp?], we will come back to you. If Doctor Shane Solger if you're here?

SHANE SOLGER: Oh, sorry, there we go. Sorry, I reflexively hit unmute which muted myself, but thank you. Good afternoon. My name is Doctor Shane Solger. I'm an Internal Medicine and Emergency Medicine Resident Physician in Brooklyn and a delegate of my union, the Committee of Interns and Residents, SEIU, I really appreciate the opportunity to testify today so that I can support my nursing colleagues and to talk about our chronic understaffing and unstable working conditions that are-- that we experience as the City's healthcare workers. I-- it's really hard for us to try to work

in this environment where we're always kind of trying to juggle with our nursing colleagues the care of our patients, especially when we know that we could always-- you know, go one step further. We just don't have the resources to do so. I remember one occasion working in the Cardiac Care Unit. I actually to leave to draw time-sensitive labs on a patient that was just awaiting a bed in our Cardiac Care Unit because the nurse in the Emergency Department was tasked with taking care of my patient that was having a heart attack as well as three other critically-ill patients and six or seven other less sick patients. I worked in the Pediatric Emergency Department for the last two weeks, and we've had one nurse to take care of anywhere from 10 to 15 patients, irrespective of how sick they've been. And in some instances, the nurses are pleading with us to place IV's or show us-- and they've shown us where to find medications so we can help them with their nursing tasks. In medicine, we work as a team, and when any part of that team is being disrespected or pushed to the breaking point, it impacts all of us. There's not a single resident physician in the City that doesn't have a story to tell on how they've the

lack of nurse's impact their work and the care that we can deliver. I used to be a physician in the Navy, and when I practiced in California, we had mandatory staffing ratios that were expected, an on-call system for the nurses that when nurses called out there was someone to come in to maintain those safe ratios. The nurses had appropriate ancillary staff to support-- staff supports so they could work to the top [sic] their licenses and they weren't using their training to take and document vital signs. The bottom line is this, New York City hospitals must invest in their healthcare workers. We need fair contract and safe staffing so we could improve our healthcare system--

SERGEANT AT ARMS: [interposing] Time expired.

SHANE SOLGER: and ensure New York City is the healthiest it can be.

CHAIRPERSON NARCISSE: Thank you. And one of my questions for you-- it's not really a question, a statement more. I appreciate the fact that you step out to testify in support of understanding the staffing ratio how important it is in the delivering in the best quality healthcare I

would say. So I thank you for giving the testimony to support--

SHANE SOLGER: [interposing] Thank you.

CHAIRPERSON NARCISSE: the nurses. Thank you.

COMMITTEE COUNSEL: Thank you. We can go back to Doctor Colleen Achong

COLLEEN ACHONG: [inaudible]

COMMITTEE COUNSEL: You're-- we can't hear you properly.

CHAIRPERSON NARCISSE: We cannot hear you, Doc.

COMMITTEE COUNSEL: Okay, we will have to move on to William Smith. We can come back to Doctor Colleen.

WILLIAM SMITH: Thank you.

COMMITTEE COUNSEL: You may begin.

WILLIAM SMITH: thank you, Madam Chair, for the opportunity to deliver testimony Metropolitan-- on behalf of Metropolitan Hospitals Community Advisory Board. Metropolitan Hospital continues to be a resource for the East Harlem community in response to the ongoing COVID-19 pandemic. We're incredibly proud of the efforts made

by hospital administration and staff in patient care, testing and vaccine delivery. Our hospital has shown an ability to respond quickly in times of crisis to meet the ongoing needs of our community and we thank the tireless commitment of our nursing staff, and obviously thank the support of the City Council in hosting this open dialogue. Just some key stats. Our hospital has had eight percent growth in operating room volume for the Fiscal Year. We've also seen 30 percent growth in Emergency Department volume for this year. As we continue our mission serving the need, the growing needs of our East Harlem and Upper East Side community, the ability to recruit nurses remains a struggle. While the recent Local Law or salary transparency for posted positions may level the playing field, we have discovered that our municipal hospital system needs more resources to better compete for nursing talent. Salary levels of our hospital system must continue to remain competitive. Rising inflation has significantly increased the cost of living in our city, making it difficult financially and less attractive for nursing professionals to accept roles in our municipality. City-- the ability for the system to recruit

seasoned, strong nurse leaders will continue to present challenges unless we work collaboratively on creating enhanced work environments and cultivate impactful solutions. We must think further about innovative ways to better incentivize the teaching experience of current prisoners. It can be more advantageous in certain instances financially for an adjunct to serve in a part-time role versus teaching full-time. So we want to figure out ways to reduce that gap. And furthermore, nurse professor requirements may need to be reassessed given that there's significant barriers for the ability to serve and support, that as a PHD is preferred in many instances. There's a need for more training programs and expanded recruitment for nurse clinical and administrative support roles such as patient care associates. While we anticipate nursing shortages to continue to present challenges to the entire hospital system, we need think creatively, and our CAB would like to congratulate Hunter College Nursing School on its recent Nurse Practitioner Program and its generous donation from Estee Lauder. This presents an example of how public/private partnerships can present opportunities for our city to work together

with private industry to advance our joint mission which is advancing our communities in serving our needs from a health perspective. We call on the-- we strongly encourage the Council to support a resolution encouraging congressional budgetary and legislative support to support nurse recruitment, education, and financial assistance. Currently, the City does not provide tuition reimbursement for nurses in terms of their student loans. We recommend that the Council and Mayoral Administration develop more innovative educational programs and educational initiatives to incentivize current and prospective nurses to remain in the field and remain in our hospital system. It is evident that collaboration on all levels is necessary to tangibly alleviate the student loan burden for nurses as that is a barrier to gaining entry into this critical field. We thank Health + Hospitals central office for working with Metropolitan Hospital in making sure we have institutional support and resources for effective recruitment. Nursing staff have praised our Chief Executive Officer Christina Contreras [sp?] for her commitment--

SERGEANT AT ARMS: [interposing] Time expired.

WILLIAM SMITH: to respecting the nursing practice as its own core function. Our Community Advisory Board is fully committed to expanding the dialogue and engagement with our municipal and state legislators to better support our hospital in the broader Health + Hospitals system. Our CAB is committed to continuing this critical dialogue in conjunction with local community partners and healthcare policy and labor advocates further enrich the nurse recruitment process. Safety is a major concern in the community as crime, especially major traumas like shootings have been increasing over the past year. Recruitment will continue to be a challenge not only for our hospital, but for other hospitals in community health clinics who serve our community and are in need of nurses and nurse practitioners, and we share the concerns of our larger community around these high crime levels and the impact that will have on the ability for our hospitals to recruit critical talent for their facilities. We thank the members of the committee and the broader City Council for your continued

support of our hospitals. We need better resources to recruit and retain the next generation of nurses, and we call on the Council to initiate substantive dialogues with our congressional delegation to reassess the minimum number of years for student loan forgiveness for nurses and think about ways to support broader the healthcare workers as a whole. Thank you so much for your time and your service.

CHAIRPERSON NARCISSE: Thank you, Mr. Smith, and we going to follow up with you, because I was looking at some of your testimony as well and your recommendation. So, we take recommendations very seriously, and I'm very much interested. Alright? Thank you.

COMMITTEE COUNSEL: Carmen De Leon?

SERGEANT AT ARMS: Starting time.

COMMITTEE COUNSEL: You may begin.

CARMEN DE LEON: Okay, I'm sorry. Oh, hi. Good afternoon everyone. My name is Carmen De Leon. I am the President of Local 768 and I represent many of the titles within H+H who are support staff to nursing. I'm going to talk to you not as the President alone, but also as a Respiratory Therapist, Associate Respiratory Therapist Level One, and the

hospital that I worked in was Harlem Hospital. I'm here today to advocate for the ancillary staff. There's not enough of us. I can tell you personally during COVID I could have handled 12 patients on a ventilator or anywhere from six to 10 patients on a ventilator plus 12 or 14 patients that needed respiratory treatments, because that was the line of defense at that time for COVID before we understood the disease. It becomes difficult to be able to support our nursing staff and our doctors if I cannot be at the bedside to adequately service the patients to give quality patient care, as well being a respiratory therapist. We have physician's assistants and licensed creative arts therapists, social workers. These are all physical therapists. These are all of these ancillary staff that is working as part of a team. We help to move the patients along to have them discharged either to a long-term care facility and moving, but if I cannot be at the bedside to help a nurse with a critically-ill patient because I'm stuck somewhere else with another patient because we are short-staffed, that becomes an issue. And I've heard everything today and I sympathize, because it boggles my own mind as

to the level of salaries that are appropriated towards the municipal workers in H+H. The top end of the salary for a respiratory therapist is $89,000. The top end of the salary--

SERGEANT AT ARMS: [interposing] time expired.

CARMEN DE LEON: for social-- thank you. I'm just going to say this, we need more help and we need a raise in our salaries across the board within H+H. You will not be able to recruit. And like nurses, those people are leaving to take travel jobs in other states, not only because of the money, but because they don't have to be vaccinated as well. Thank you for this time, and I appreciate you listening.

CHAIRPERSON NARCISSE: Thank you.

COMMITTEE COUNSEL: Thank you. Now, Doctor Colleen Achong.

COLLEEN ACHONG: Give me one second. This is the third time. Good day--

SERGEANT AT ARMS: [interposing] Starting time.

COLLEEN ACHONG: Good day, this is Doctor Colleen Achong. I am an Internal Medicine Resident at

One Brooklyn Health, and I am so grateful. Also the VP for our-- one of the longest resident unions that has been here. I am so grateful this opportunity to speak today. Is everyone hearing me?

CHAIRPERSON NARCISSE: Yes, we can.

COLLEEN ACHONG: Oh, okay, sorry. I'm so grateful for this opportunity. I am currently at work as you can see, and this is why there was so much technical difficulty having-- getting myself on, because I'm currently in the ICU. And OBH is in the-- I don't know if many people know, but has been in the news because of some technical issues. so, has been a strain on our nursing staff, and I mean, many of them having to manage multiple patients with so much IT issues that's going on, many times using paper form. So it is a-- we need our nursing staff, our clinical staff to expand by so much because many times residents tend to-- because it's about patient care, we do our best to ensure that-- ensure that we do what is best for our patients. So we will run down to pharmacy for nurses. We will sit on a one-to-one sometimes so that the nurse can just leave to go to the restroom for a minute. I mean, there are so many times that the nurse is overwhelmed with so

many other duties, or draw bloods because the nurse is-- has to treat another patient that is more critical. And it's not that it is beneath us in any means necessary, but the burden, the strain that--

SERGEANT AT ARMS: [interposing] Time has expired.

COLLEEN ACHONG: our colleagues, the nurses within the New York City healthcare system have to endure is intense, and COVID exacerbated that. Many other health concerns within New York City has worsened that. And now, we just plead with you to consider helping us ally with different nursing organizations to expand efforts to bring in more nurses within the hospitals in New York City. espec-- one of our hospitals also-- not only in the medical aspect, but also in our mental health facilities, when there is down-time, for instance, in the facilities sometimes the nurses may have to see or monitor several patients so that the medical attendee will come and have to clear multiple patients one-by-one, and there's no way that one nurse can manage four to six patients all at once and provide the appropriate care that's needed.

CHAIRPERSON NARCISSE: Thank you so much for taking the time to testify today. Thank you. I appreciate it.

COMMITTEE COUNSEL: Thank you. And now we will go back to our in-person panel. I will be calling on the next panel. Matt Allen? Flandersia Jones, Joel Magateris [sp?], Deborah [inaudible]. We got Flandersia Jones, Matt, Deborah [inaudible]. Oh, apologies. Matt Allen, you may begin.

MATT ALLEN: Wonderful. Thank you so much for this opportunity. I have a written testimony that I believe has been submitted to you. In the sake of time I'm going to keep things short and to the point. So, I think, you know, there's not much more to say that what we heard earlier from that representative here who was here from the Hospital Association of New York. I mean, you didn't even have to read between the lines of what she said. They prioritize CEO salaries more than they do the nurses. They prioritize retaining their CEO more than they do the nurses. That's the problem here, right? We're here today to blow the whistle on the corporate greed of a supposed nonprofit hospitals. They need to stop getting these exceptions. We need

New Yorkers and we need our elected officials like you to realize the truth of this matter. Because that's what's getting at the heart of this. We do not have staffing because they don't think we're important enough. We do not have staffing because what's more important to them is the bottom line versus what's happening at the bedside with the patients. So thank you much for this opportunity and we're glad that his finally getting the attention it needs. Thank you.

CHAIRPERSON NARCISSE: Thank you, Matt. Thank you.

COMMITTEE COUNSEL: Thank you. Flandersia Jones? You may begin.

FLANDERSIA JONES: Good afternoon. Thanks again for having us this afternoon. My name is Flandersia Jones. I'm a nurse and I work at Bronx Care Health System. I've been a nurse in the Telemetry Unit for the past 18 years, and I've been a nurse for over 38 years. I'm here with my colleagues to share my concerns about staffing and retention. In the Telemetry Unit where I work, we do electronic monitoring and these are patients who have experienced heart attacks or strokes and have been

kept under close observation. On a good day, each nurse is responsible for six patients, and the staffing ratio should be one to four. On a bad day, which we have more days than often, we take care of up to 10 patients. Nurses are stretched thin and we have been-- we have more patients than we can manage. Patients are not receiving the care they need because we simply cannot get to them on time. More patients are at risk of dying when there aren't enough nurses at a bedside, and more nurses leave the bedside because they are tired of working short-staffed. This is why we are fighting so hard for safe staffing ratios in our contracts. Beyond the telemetry unit there's a high turnover rate at Bronx Care that exacerbates the staffing ratios. Competition is high. Younger nurses are leaving for better wages. More experienced nurses are left to carry an increasing heavy workload which leads to burnout, and burnout causes sickness. Sick nurses call out which leads to less staffing which creates more burnout. This becomes a vicious cycle. We are calling on our bosses to invest in hiring and retaining enough nurses to keep patients safe. Nurses like me

continue to care because we care about the Bronx community that we call our home. Thank you.

CHAIRPERSON NARCISSE: Thank you.

COMMITTEE COUNSEL: Thank you. Uma Gutierrez? You may begin.

? GUTIERREZ: My name is Uma Gutierrez. I've been a nurse for 15 years, currently working in the Neuro [sic] ICU for the last four weeks, one of our newest units at the hospital. The Neuro Science ICU acuity has been very busy post-COVID. We are chronically understaffed. As you can imagine, our Neuro ICU is a very complicated specialty where travel nurses and floating nurses are unable to transfer skills. Our patients are often confused and need fulltime monitoring. We do not use sedation in many cases because we need to monitor the mental status of our patients and be able to detect any potentially fatal changes quickly. Working short-staffed is hazardous for patients as well as staff on our unit. We only have two senior nurses working the night shift, when we should have at least six. Both nurses are in constant demand causing mental and physical fatigue due to overwhelming workload and excessive responsibilities. While we should be

caring for only one, at the most two patients, our patient load can be tripled, even quadrupled at night. Our patients have many needs and we don't have the support the routine life-saving checks and basic care. Most of our post-surgical patients require monitoring every 15 minutes for two hours. These patients are vulnerable to hemorrhage. A nurse floated from another unit or a travel nurse without intensive training will check blood pressure, but may miss checking the pupils or looking for early signs of abnormal bleeding. Simple mistakes can be deadly on our unit. I see the impacts of short staffing on other units. We have had significant number of post-partum patients on my unit, even as Montefiore has cut desperately-needed maternal child health programs. Just recently we had a 31-year-old pregnant patient who was declared brain dead due to preventable complication. No one expects this as a result of pregnancy. She never got to meet her baby, now an orphan. Our nurses are overworked and suffer from mental exhaustion. There's no time for planning. We must hit the floor running and the dais [sic] is thin. The factory-like pressure makes us feel that management doesn't care about the

compassion that comes with nursing. I continue to work at Montefiore because I grew up in the neighborhood. I'm speaking up for the community, my patients, my colleagues, and family members that still live in that neighborhood. Our nurses struggle to afford living on their own. After all we have faced during COVID, we should not have to beg management for a fair contract. It should be understood. Montefiore has money to sponsor events like Mariah Carey, but don't want to support nursing care demands. If we as a society, as a healthcare facility, care for our nurses, our nurses will have the ability and stamina to continue providing care for the people of the Bronx and New York City. Thank you for your time today.

DEBORAH CERAULO: Good afternoon. My name is Deborah Ceraulo, and I am a nurse at Morgan Stanley Children's Hospital and New York Presbyterian, and I can assure you the triple-demic is real and the hospital's unsafe plan to increase beds does not come with a plan to increase staffing, but I'm not here to talk about that specifically. I'm glad to talk to you about what's going on right now. My colleagues and I are fighting for a fair contract

that recognizes that nurses need good healthcare for ourselves and for our families. As we begin our-- bargain our contract, I am becoming exceedingly concerned about the future of our healthcare. I care for a 24-year-old daughter. She has multiple chronic illnesses. Every day she takes 24 different medications, including some very costly injectables. She has multiple doctors' appointments every week, including many treatments. Her medications and medical care are literally keeping her alive. I provide my family's healthcare. The thought that my benefits could be reduced is very stressful. I just-- I wouldn't know what I would do. I know I'm not the only one. There's many people with stories like me, and we count on our healthcare benefits. Good benefits are a major factor in nursing retention, and NYP has done nothing to keep nurses at the bedside. More patients die when there aren't enough nurses, and more nurses leave the bedside when they are forced to work short-staffed. Now instead of rewarding us for our hard work during the pandemic, they're fighting against us. I don't see how they can retain nurses without good benefits. Nurses won't be able to stay healthy or keep our families

healthy without quality healthcare. Hospital executives paid themselves millions during the pandemic in sky-high salaries and bonuses. We're calling on them to invest in keeping nurses healthy and in hiring and retaining enough nurses to keep us and our patients safe. After all we've been through during the pandemic, the risk that we put ourselves in to save lives, it's unconscionable that New York Presbyterian considered cutting our healthcare. I just want to thank you for this opportunity. Thank you.

COMMITTEE COUNSEL: Thank you. And our next panel will Nicole Forturo [sp?], Pauline James, Kelynne Oristel, Iona Folks. [inaudible] Okay, we can hear. So, [inaudible] Nicole? You may begin.

NICOLE FORTURO: [inaudible] room experience. Since 2016 I've worked in the Emergency Department at New York Presbyterian Children's Hospital of New York. During the COVID-19 pandemic, I severed on the front lines while pregnant. I continue to serve today through the RSV epidemic. I'm here to share how comprehensive coverage impacted my healthcare journey. Earlier this year, my husband and I wanted to expand our family. However, a check-

up mammogram revealed an abnormality. My NYP physician wanted to confirm the results with a second test, this time at an NYP facility. Despite the referral and efforts, I was turned away based on my age. Fortunately, my insurance covered a mammogram outside the NYP system. The test confirmed that it was breast cancer. I received surgery, also out of network. My post-surgical care included radiation therapy. I decided to receive that treatment at NYP while I continued to work for two reason. First, I needed to maintain my health insurance. Second, I wanted to support my already under-staffed colleagues as much as I could. Cancer ended my chance at naturally expanding my family, but my health insurance ensured that it didn't end my life. It gave me a path to get diagnosed and treated. Our current coverage will pay for the medication to keep the cancer from reoccurring. I am grateful for this chance, and God willing, I will survive to see my son grow up. Unfortunately, NYP seeks to cut health benefits by decreasing in-network providers, functionally eliminating the option of out-of-network coverage, limiting pharmacy choices, eliminating coverage for high-cost generic medication and manage

conditions ranging from asthma to cancer. The considered changes will worsen the healthcare in the NYP system. Reducing benefits will make it harder to retain or hire nurses. This will increase staffing shortages and diminish patient care. A system that values being number one should similarly value its front line. During the pandemic, we nurses were celebrated as heroes. Now that the focus has shifted we are being cast aside for the bottom line. Personally, while many nurses left, I stayed at NYP. Even when it failed me when I most vulnerable, I supported the NYP system because I believed in their mission. Now, it is considering changes that would make its front line staff choose between receiving life-saving healthcare or financial death. The potential cuts will-- it feels like a personal assault. As a nurse, a mother, and a cancer survivor, I urgently and respectfully ask for your health in protecting our healthcare so that we can continue to care for New York. Thank you.

CHAIRPERSON NARCISSE: Thank you.

[applause]

COMMITTEE COUNSEL: Thank you. Colleen Orto [sp?].

KELYNNE EDMOND-ORISTEL: Good evening everyone, Madam Chair and council. My name is Kelynne Edmond-Oristel. I'm the President of the Haitian American Nurses Association. I am a nurse by training and profession and a nurse educator. I just want to offer quickly some possible solutions to the issues at-hand. One of the huge problems in the staffing issues and nursing retention is the educational component of it as it relates to preparing nurses for tomorrow, not enough nurse educators. Their salaries are a challenge to begin with as well. We must come up with innovative solutions to the problem at-hand. Before COVID there was a problem. COVID further exacerbated this issue. There's not much one can do about the greying of the profession. As we know, that exodus is taking place at the end as well. We ask for educational-- that educational programs need to be conceptualized, new initiatives to draw potential students to the profession. Title Seven funding need to be increased. Grants can draw those not normally able to afford a nursing degree to the profession. Unequal access to education is a well-documented barrier for those students pursuing a nursing degree

in black and brown communities. I call today, I ask Council to look at the state of career and technical education programs in secondary schools, where new generation of nurses can be created through programs that will support the licensed practical nurses and the licensed vocational nurses as well. When we speak about nurses, I'm not just speaking about the registered nurse, but also the LPN and the LVN. Those individuals provide support to nurses at the bedside and that is much needed as well. Thank you.

CHAIRPERSON NARCISSE: Thank you both. Thank you so much. Nicole Forturo, I'm sorry for what you had to go through, and that showed leadership on your part. Even we struggle, like I said, we put our lives second and put others first. So thank you, and I pray that you're going through a good time coming in the future and you can see your son grow and many more good things coming your way. So, I pray for the best. And thank you, your recommendation. I did not get your testimony. Did you send it in?

KELYNNE EDMOND-ORISTEL: Yes, I did. I did, and I also have copies from Council Members as well.

CHAIRPERSON NARCISSE: Yes, I would like to get a copy--

KELYNNE EDMOND-ORISTEL: [interposing] I will.

CHAIRPERSON NARCISSE: of the recommendations, because we take that seriously.

KELYNNE EDMOND-ORISTEL: Thank you. Thank you so much.

CHAIRPERSON NARCISSE: Thank you.

COMMITTEE COUNSEL: Alright, thank you. And our next panel will be Scheena Tannis, Pauline James, Iona Folks. Do you have your written testimony with you, copies?

UNIDENTIFIED: [inaudible]

COMMITTEE COUNSEL: I'm sorry?

UNIDENTIFIED: it was submitted.

COMMITTEE COUNSEL: It was submitted? Oh, okay. Anyhow, let's begin with Scheena Tannis.

SCHEENA TANNIS: Good afternoon everyone. I would like to thank the Committee on Hospitals for holding this hearing so that we can discuss this extremely important issue. My name is Scheena Tannis and I am the Assistant Head Nurse in the Coronary Care Unit at Brookdale Hospital, and I have been a

nurse for 17 years. The staffing retention of nurses is an extremely important issue in hospitals. The understaffing and increased turnover of nurses has been an issue for many years. In my unit, we have always faced staffing issues. However, COVID came and exacerbated the problem. Currently, we are less than ideally staffed which is a major concern because it places greater responsibilities on nurses that are already dealing with difficulties in their own duties. These types of additional responsibilities leave the potential for mistakes to be made, which unfortunately place patients at greater risk. No nurse wants to place a patient at-risk. We never want to make a decision that turns out to be a poor situation or a poor outcome for a patient because of the lack of care or because the lack of the ability to give care, because a nurse just wasn't able to attend to the patient on time. But until the staffing crisis is addressed, this will unfortunately be the reality in many hospitals. There are many things that have been contributing to the growing staffing shortage post-COVID. We have seen an increasing number of intermediate to newer nurses deciding not to remain on staff, and others opt-in

for travel contracts where the money is more lucrative or working for agencies that are giving them higher wages than staff nurses. Because of this, we are now seeing a rise in the travel nurse and agency nurses in the hospitals. Sometimes, they outnumber the number of staff nurses on the unit. Many of these nurses are new to the profession and with limited experience and no commitment to the institution. They're placing our patients at risk, and it shows in their performance on the floors. Unfortunately, they place a heavier burden on the staff nurses. We are seeing many nurses make the decision to leave the industry because of the wages and the work conditions. New nurses coming into the industry are extremely concerned about their salaries and how they will manage student loan debt, saving, buying a home, and starting a family. In an industry as demanding as nursing, we must continue to prevent the high turnover because of the abuses that we're facing and the lack of administrative support that comes along with low wages and increased responsibilities. There is a new generation of nurses committed to finding balance between work and home. To address this we need to build more robust

programs that help new nurses transition into practice. We also need programs to aid nurses who are in the sandwiched [sic] generation who are taking care of raising their children while simultaneously caring for aging parents. There are needs for higher salaries commensurate with the hard work that is being done. We should be able to get wages that we may own our own home, we can send our children to college, we can take care of our aging parents, and even have a vacation. Thank you.

COMMITTEE COUNSEL: thank you. Pauline James?

PAULINE JAMES: Good afternoon members of the City Council. My name is Pauline James. I'm a member of the 1199 SEIU and I've been an RN for over 15 years working at Brookdale Hospital OBH, which is a level II trauma hospital. I would like to thank the City Council for taking the time to have this hearing to hear about our staffing issues we're currently facing in the industry. I am a nurse in the Emergency Department, a unit with patients that require emergency life-saving care such as gunshots, stroke and cardiac arrest patients. However, we are a unit experiencing daily extreme staffing shortages. A

typical day shift can leave us short of almost 10 nurses, while night shifts often times are much worse and have half the nurses needed to provide the care that our patients need. The rapid turnover and shortage of nurses on the floor can negatively impact patient care and the quality of our communities. It also negatively impact us as nurses who are pushed to do double and triple the workload, thus causing burnout and fatigue. Our families see us coming home late and extremely tired after working a 12 or even a 24-hour shift doing the double the tasks because enough nurses are not on the staff. Because of the work environment and the hassle that comes from understaffing in the hospital, we are seeing nurses leave the industry at rapid rates. Many are realizing their worth and are moving to industries where they can earn enough to support themselves and their families, especially with the high living costs we face in a city like New York. My hospital was drastically affected by COVID-19, especially the Emergency Department. Many of our nurses retired earlier than initially planned, and there has been a limited number of new nurses coming in, of which many quickly resign. We have grown reliant on agency

nurses who are often under-trained and don't know the necessary protocol to work in the Emergency Department. We need to improve hospital working environment, putting safety and quality first, and ensuring the number of nurses in every unit of the hospital is enough to cover the number of patients who need care. Better wages and hiring incentives are two ways we can begin to attract more nurses to the industry and retain the nurses we already have who are experiencing extreme burnout. We must remember that one day we too shall become sick. We will need experienced registered nurses to care for us. We need them now to provide the care that our current patients need. Thank you.

[applause]

COMMITTEE COUNSEL: Thank you. Iona Folks?

IONA FOLKS: Hi, good afternoon everyone. My name is Iona Folks and I'm a member of 1199 SEIU. I've been a nurse at Saint John's Episcopal Hospital in Far Rockaway for over 31 years, and we care for a very vulnerable population. First, I would like to thank the City Council for allowing us to speak here today. Since the pandemic, the issue in the

healthcare system have become a major story. The cost of healthcare, staffing shortage, and the concerns for equity has been highlighted or magnified by the COVID-19, and I appreciate the growing concern and the new-found interest in providing appropriate staffing level. Chronic under-staffing in hospitals is not a new problem. Nurses have been experiencing under-staffing in the workplace for a very long time, and have been fighting against it for years. The number of nurses on duty is extremely important to the patient care quality and nursing morale. In the hospital we are often overworked because of staffing shortage, doubling our responsibility and patient load which contributes to burnout. The nursing industry has a extremely high turnover rate, and I have seen many people come into the job very excited and quickly disappear. Nurses are here to help their patients, but the naivety and the reality of the unhealthy working environment, the lack of administrative support, and the under-staffing that we face is contributing to the exodus. When there's a nursing shortage on the floor, nurses still have to get the work done. We are working with patients that require care and assistance, and the lack of the

available staff doesn't prevent us from-- doesn't take away the needs of the patient. Instead, the responsibility falls on nurses who are on schedule who already have a designated patient load and responsibilities. By the time COVID came around, the lack of emergency preparedness, PPE equipment, and shortages increased the stress we faced in the hospital, and this has driven nurses out of the profession, many who are committed to patient care and patient quality. Employers need to take the effects of staffing shortage on nurses more seriously. There needs to be enforcement on nurse/patient ratios that requires employers to hire and retain nurses that are needed to run the facility and care for the patient. We also need to explore initiatives that will effectively retain nurses in the profession. We want to be able to work safely in our environment with enough nurses to safely care for patients and keep our community healthy. Thank you for your time today.

CHAIRPERSON NARCISSE: Thank you all ladies, and coming from the hospital near me, so I-- we have to do everything we can for the nursing staff ratio. Thank you.

PAULINE JAMES: Thank you.

IONA FOLKS: Thank you.

UNIDENTIFIED: Thank you for your time.

COMMITTEE COUNSEL: Thank you all. If there is anyone present--

[applause]

COMMITTEE COUNSEL: Thank you all. If there is anyone present in the room or on the Zoom that hasn't had the chance to testify, please raise your hand. Alright, seeing no one else, I would like to note that written testimony which will be reviewed in full by committee staff may be submitted to the record up to 72 hours after the close of the hearing by emailing to testimony@council.nyc.gov. Chair Narcisse, we have concluded the public testimony for this hearing.

CHAIRPERSON NARCISSE: So, I want to say thank you to everyone that stay in the room. It been a long process. You're committed to the cause and so am I, and our team is going to work to do whatever we can to look into it to make sure we address the inequities that we're talking about in healthcare delivery system, which are the backbone which are nurses. So I thank you for your time, and I have to

say thank you to my Policy Analyst that stayed with me, Manu Bud [sp?] and my Chief of Staff Saheed Joseph [sp?], and Deputy Chief of Staff Frank Shea [sp?]. And everyone in the room, thank you so much, and everyone, my colleagues still online with me, thank you. So I appreciate the time of everyone. Let's work and let's get it done. Like I said, I'm very optimistic because health is wealth. Let's do it. Thank you.

[applause]

[gavel]

C E R T I F I C A T E

World Wide Dictation certifies that the foregoing transcript is a true and accurate record of the proceedings. We further certify that there is no relation to any of the parties to this action by blood or marriage, and that there is interest in the outcome of this matter.

Date November 11, 2022