NYC Health + Hospitals: Nurse Staffing Trends Update

Highlights

- H+H experienced Registered Nurse (RN) hiring growth in Fiscal Year (FY) 2024, faster than initially planned, and reduced RN temporary staff by 880 systemwide.
- The delay in reducing contracted RN Full Time Equivalents (FTEs) contributed to H+H exceeding its FY 2024 temporary personnel budget by $168 million. As newly hired RNs complete training, contracted temporary RN staffing should continue to decline to 330 by December 2024.
- H+H saw declines in RN staffing that persisted through the pandemic and through June 2023 at which point RN employment trends shifted as the City and H+H settled its collective bargaining agreement with NYSNA.
- From June 2023 through March 2024, the number of RN FTEs increased by 1,517 or 18 percent. RN FTEs now exceed pre-pandemic levels.
- Between February 2020 and June 2023, nearly all the H+H hospitals saw a decline in RNs, except for Bellevue, Kings County and Elmhurst Hospitals. Woodhull, Harlem and Lincoln Hospitals saw the largest decline in RNs at rates of 24.1 percent, 22 percent and 14.5 percent, respectively. All hospitals experienced declines in Licensed Practical Nurses.
- Facility nursing vacancy rates vary widely, from 3.3 percent to 18.1 percent; however, these rates may reflect the services provided by facility and not just the desirability of working in these facilities or other factors.

The COVID-19 pandemic greatly amplified existing nurse staffing shortages across the United States, particularly in New York City, the initial epicenter of the pandemic. This resulted in high turnover, increasing reliance on temporary staff to handle demand and a higher cost of labor. New York City Health + Hospitals (H+H) was hard hit by these challenges, with a decline in the number of nurses critical to H+H's mission to provide quality care to City residents. Nurse employment trends have improved since the end of the public health emergency, especially in New York City and particularly at H+H. However, to manage staffing pressures and service demand, H+H has continued to rely on temporary staff, and nurse shortages may continue in the long term.

As an update to the Office of the State Comptroller's (OSC) reports, NYC Health + Hospitals Check-Up: The Impact of COVID-19, and NYC Health + Hospitals: Nurse Staffing Trends, this report analyzes H+H nurse staffing trends, with a particular focus on H+H's progress toward recruiting nurses and reducing its reliance on temporary staff and how these staffing trends differ by facility. The report includes a trend analysis of nurses nationwide, in New York City and in the rest of the State and compares it with progress at H+H. Appropriate staffing levels will be critical for ensuring H+H can continue to deliver quality health care services for all New Yorkers, helping it bring in and retain patients and enhance its revenue mix to achieve its fiscal targets needed to maintain budgetary balance.

Nurse Staffing Trends Nationally, Statewide and Citywide

The COVID-19 pandemic posed challenges to nurse staffing nationally, as registered nurse (RN) employment was mostly flat before rising in recent years (see OSC's initial report on nurse staffing).[1] In contrast, New York State experienced a decline in the number of RNs through 2022, driven mostly by counties outside New York City, though the City also saw a modest decline during the pandemic. The following year, when the federal public health emergency ended, geographical trends shifted (see Figure 1). Between 2022 and 2023, the number of RNs nationally grew by only 3 percent as those citywide grew by 40 percent.

The robust growth locally has not continued through 2024, however. Growth has slowed to 0.8 percent through the first seven months of 2024 compared to the same period last year. Nationally, however, growth during the most recent period reached 6.4 percent, more than during the pandemic (4.3 percent).

The City's RNs are employed mostly by privately-run health care facilities. Between 2022 and 2023, the number of RNs employed in such facilities grew by nearly 49 percent to reach

almost 70,000. Nurses employed by the State and local governments grew by even more (58 percent) between 2022 and 2023. RN growth in health care facilities in the City during that time contrasted with a decline during the pandemic, as fatigued nurses left the industry and others retired early. Nationally, growth in the number of RNs employed in privately-run health care facilities well outpaced that in state and local governments over the same period.

By industry, the City's RNs are employed largely by hospitals, which saw an RN shortage during the pandemic. However, between 2022 and 2023, hospital RNs grew by over 57 percent to reach more than 54,000 (see Figure 2, next page). The growth in RNs employed by hospitals did not continue the following year, as with overall RN growth, increasing by only 1 percent through the first seven months of 2024 compared to the same period last year.
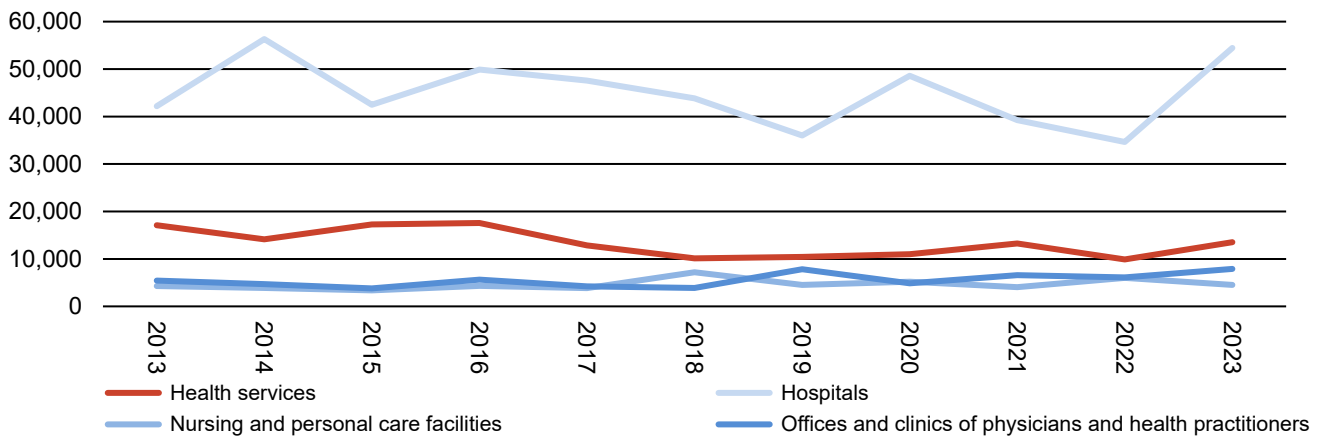
FIGURE 1
Number of RNs by Geography
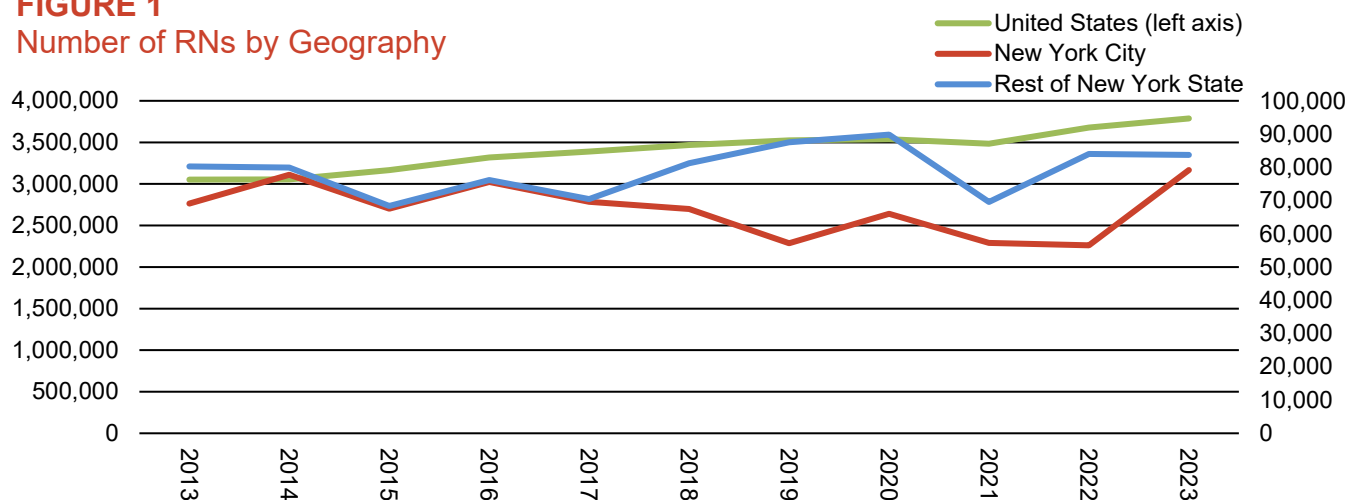
Note: Includes full-time and part-time RNs.
Sources: U.S. Bureau of Labor Statistics, Current Population Survey; IPUMS USA, University of Minnesota; OSC analysis

FIGURE 2
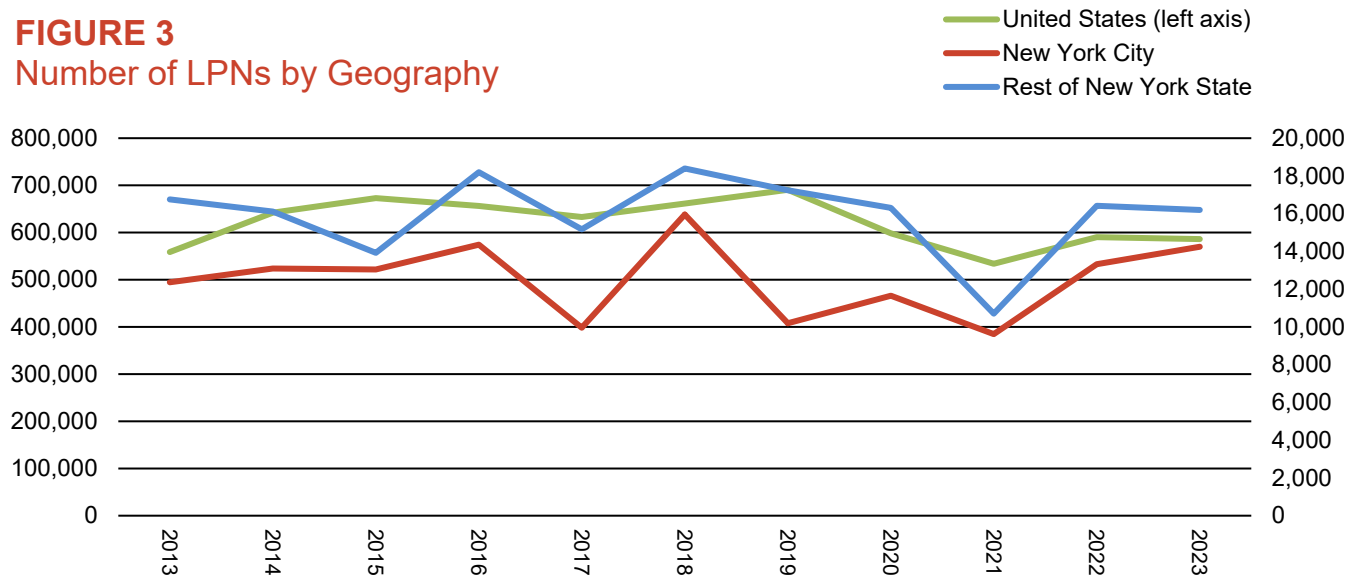RN Employment by Industry in New York City

Sources: U.S. Bureau of Labor Statistics, Current Population Survey; IPUMS USA, University of Minnesota; OSC analysis

Contrastingly, offices and clinics of physicians and health practitioners saw double-digit growth for nearly two years in a row and nursing and personal care facilities saw a significant rebound in 2024 from the year prior. Nationally, the RN workforce is expected to grow by 6 percent between 2023 and 2033, with nearly 195,000 job openings each year throughout the period to account for retirements and RNs exiting the workforce.[2] There is an increasing need for RNs to serve an aging population. However, while

there has been progress, challenges to hire RNs persist nationally.

A 2022 survey found the RN workforce has become younger compared to results from a survey completed in 2020.[3] Nationally, the median age of RNs was 46 in 2022, a decline of six years compared to 2020 but still higher than the median age for the full workforce. The decline is attributed to the loss of older, more experienced nurses that chose to leave the profession and their replacement by nurses with

FIGURE 3
Number of LPNs by Geography

Note: Includes full-time and part-time LPNs.
Sources: U.S. Bureau of Labor Statistics, Current Population Survey; IPUMS USA, University of Minnesota; OSC analysis

fewer years of practice. There are fewer RNs aged 65 and older; however, a large portion of older RNs remain in the workforce. Thirteen percent of the workforce was aged 65 years or older in 2022 compared to 19 percent in 2020.

Further impacting RN hiring is a shortage in nursing school faculty, which impacts the potential number of graduates that will enter the workforce. Nursing schools nationally reported a vacancy rate of 7.8 percent in 2023, an improvement of 1 percentage point compared to 2022. In 2020, the national nursing school vacancy rate was its lowest in at least eight years at 6.5 percent. Still, nursing school enrollment is not growing fast enough to meet the projected demand of RNs. Entry level baccalaureate program enrollment increased by 0.3 percent in 2023 compared to 2022, but enrollment in higher degree programs such as master's degrees and Ph.D.s declined during the same time period.[4]

Hospitals in New York State also employed a larger portion of RNs that are younger, as 43 percent statewide and 47 percent citywide were under the age of 40 in 2023. A large number of older, more experienced RNs retired during the pandemic. RN recruitment has improved but retaining RNs continues to be challenging.[5]

The City University of New York (CUNY) contributes to the RN workforce in New York City by collaborating with local health care systems to create employment opportunities for its nurse graduates. H+H estimates it provides clinical training to 1,800 CUNY nursing graduates annually. CUNY has more than 50 nursing degree and credit-bearing certificate programs and in 2021, launched the Academic Practice Partnership program, which attempts to link educational programs, practice and scholarly efforts to inform leadership curriculum and research and training opportunities.

In 2024, CUNY launched a Nurse Educator Fellowship that trains and supports RNs for educator and leadership roles in New York City health care settings, and when completed leads to a Nurse Educator Residency program which will mentor fellows entering faculty roles in CUNY nursing programs. In 2025, CUNY will offer two credentialing programs in Proficient Nurse Leader and Advanced Nurse Leader through a Nurse Leader Fellowship. In February 2024, CUNY unveiled the new Nursing Education, Research and Practice Center at Lehman College, tripling its capacity to help address a statewide nursing shortage.

Graduation levels in CUNY's nursing programs peaked in 2021 with 1,979 graduates declining to 1,656 in 2023, with graduates in bachelor and associate degree programs driving the decline. Despite that, annual new student enrollment increased by almost 9 percent between 2022 and 2023 after several years of declining new student enrollment in nursing programs. The majority of CUNY nursing degree graduates are non-white and with an average age of 32.3 years in 2023, a slight increase from 31.9 years in 2022.

It is also worth noting the different pandemic trajectory of employment for Licensed Practical Nurses (LPNs), which comprise a smaller group than RNs. RNs can provide a higher level of patient care and require more education toward their licenses than LPNs. Nationally, the number of LPNs declined throughout the pandemic, as did those in counties outside New York City (see Figure 3). LPNs in the City, however, grew significantly during that time, and through the first seven months of 2024, are up by over 22 percent compared to the same period last year.

Staffing Overview

Since FY 2015, H+H has used what is known as the global Full-Time Equivalent (FTE) to report staffing trends. Global FTE is an H+H term that captures all types of work performed by its employees, affiliate personnel and temporary service workers. The model aims to utilize staff more efficiently and reduce overtime costs. Categories of FTEs include H+H salaried staff, hourly and per diem staff, overtime converted to

FTEs based on the number of hours worked, affiliate staff, nursing agency staff and other temporary staff converted to a full-time equivalent. The FTE does not include temporary agency staff used during the hospital surges early in the pandemic or contracted staff brought on to assist in the City's response to the recent influx of asylum seekers (of which the costs are fully covered under a memorandum of understanding with the City).[6] It does include a small number of provisional staff that participated in these efforts largely within the managers and supervisors employment category.

Most of the staff are full-time or part-time equivalent employees of H+H including all registered and licensed practical nurses, aides and orderlies, technical specialists, environmental services (housekeeping and janitorial), clerical and most medical residents. Other than technical specialists, which includes a wide array of titles such as behavioral health associates, lab

technicians, accountants, billers and coders, RNs are the largest employment category. The system also has contractual arrangements with affiliates such as physician groups and private hospitals to provide clinical staff throughout its hospitals which includes most of the physicians and technical specialists, physician assistants, residents and nurse specialists.

Staffing Trends

In 2015, H+H instituted a staffing plan to reduce FTEs and achieve savings that also resulted in clinical staffing shortages in some facilities. In 2018, H+H revised its staffing initiative to add clinical positions such as nurses and primary doctors that expanded access to primary and preventative care. As noted in OSC's September 2021 report, early in the pandemic H+H experienced declines among RNs, LPNs, aides and orderlies. There was growth in technical

FIGURE 4
Staffing Variances February 2020 through March 2024
by Employment Category

	February 2020	June 2023	Feb 20-Jun 23 Variance	Percent Change	March 2024	Jun 23-Mar 24 Variance	Percent Change
Patient Care Temporary Staff	1,038	2,472	1,434	138.2%	2,306	(166)	-6.7%
Environmental Services	4,918	5,581	663	13.5%	5,644	63	1.1%
Clerical	5,840	6,158	318	5.4%	6,215	57	0.9%
Technical Specialists	9,455	10,311	856	9.1%	10,870	559	5.4%
Physicians	3,173	3,249	76	2.4%	3,403	154	4.7%
Aides and Orderlies	5,061	5,387	326	6.4%	5,778	391	7.3%
Physician Assistants	517	652	135	26.1%	680	28	4.3%
Residents	2,663	2,750	87	3.3%	2,771	21	0.8%
Nurse Specialists	226	265	39	17.3%	322	57	21.5%
General Temporary Staff	969	891	(78)	-8.0%	608	(283)	-31.8%
Licensed Practical Nurses	710	446	(264)	-37.2%	419	(27)	-6.1%
Managers and Supervisors	2,861	2,760	(101)	-3.5%	2,894	134	4.9%
Registered Nurses	8,939	8,376	(563)	-6.3%	9,893	1,517	18.1%
Total	**46,370**	**49,298**	**2,928**	**6.3%**	**51,802**	**2,504**	**5.1%**

Note: During the initial surge of the COVID-19 pandemic H+H also contracted with more than 30 staffing agencies to bring on an additional 4,000 nurses, 500 medical providers and more than 450 other temporary staff that is not included in its global FTE staffing model. The OSC May 2023 report reflects staffing data through September 2022; this report provides updates through March 2024.
Sources: NYC Health + Hospitals; OSC analysis

specialist positions largely for staffing the NYC Test & Trace Corps.

During the pandemic, H+H increased total FTEs but saw further declines in RN and LPN staffing. This continued through June 2023 at which point RN employment trends shifted as the City and H+H settled its collective bargaining agreement with the New York State Nurses Association (NYSNA), and H+H increased efforts to recruit RNs as noted below. Between February 2020 and June 2023, total staffing increased by 2,928 FTEs or 6.3 percent (see Figure 4). However, RNs declined by 563 FTEs or 6.3 percent and LPNs declined by 264 FTEs or 37.2 percent, trends that were not unique to H+H. The most notable increases were patient care temporary staffing, which is largely registered nurses, that increased by 1,434 FTEs or 138.2 percent to offset the decline in H+H staff nurses.[7]

Hospitals, including those within the H+H system, regularly utilize temporary agencies to fulfill their staffing needs and manage service demand. During the pandemic, as hospital employment declined and demand for care increased, the reliance on temporary agency staffing grew, as did the additional associated costs because the temporary workers were paid about 20 percent more than nurses on staff. H+H reported that it wanted to hire its own nurses, but it had difficulty hiring the number of nurses required to ensure a safe patient care environment. See OSC's May 2023 report for a discussion on travel nurse pay trends nationally, in New York State and the impact on H+H. H+H worked toward reversing the trend in order to reduce costs, retain its existing RNs and hire additional RNs to support clinical staffing models and program expansions.

The trajectory of nurse staffing trends started to change when the City reached a contract with NYSNA on July 31, 2023, that provided two years of wage increases to achieve parity with private sector nurses in the region and salary increases of 3 percent, 3 percent and 3.25 percent in the

last three years of the contract. When combined the contract awards a total increase of at least 37 percent over the life of the contract for full-time members and improved staffing ratios for about 8,000 registered nurses at H+H. During this time, H+H ramped up its efforts to recruit new RNs. From June 2023 through March 2024, the number of RN FTEs increased by 1,517 or 18 percent. RN FTEs now exceed pre-pandemic levels.

H+H attributes the growth to pay parity and retroactive salary payments awarded with the NYSNA agreement, which has contributed to the success of recruiting new and retaining existing RNs. Additionally, recent program expansions such as the opening of three COVID-19 Centers of Excellence, inpatient psychiatric bed expansions and new divisions in areas such as maternal health require hiring more RNs. Further policy changes, such as improved nurse staffing ratios required by the State and H+H's newly implemented nurse staffing models that necessitate the hiring of RNs in positions previously filled by LPNs, have resulted in a continuing decline in LPN FTEs.

In October 2023, H+H indicated that they expected to reduce contracted temporary RN FTEs by nearly 1,000 or 58 percent by June 2024 (the end of FY 2024) as H+H began hiring RNs.[8] H+H had already spent $326 million more than budgeted in FY 2023 (FY 2023 spending as of April 2023) and targeted lower costs for temporary nurses in FY 2024. The stated goal is not to eliminate all use of temporary RNs but to reach a managed level that is used to provide support when staffed RNs require limited coverage for vacations and sick leave. On October 22, 2024, H+H reported that as of June 2024, H+H has hired over 1,660 RNs, particularly for in-patient and emergency department care and reduced RN temporary staff by 880, just short of its initial target. H+H has noted that the last quarter of FY 2024 saw declines of approximately 43 percent in spending for

temporary RNs when compared to the first half of the fiscal year.

While H+H was able to hire RNs quicker than expected as noted above, the process of onboarding RNs resulted in a delay in the planned reduction of patient care temporary FTEs due to the time it takes to train new RNs which can be up to six months. The delay in reducing contracted RN FTEs resulted in H+H exceeding its FY 2024 temporary personnel budget by $168 million, although the difference between target and actual spending has narrowed and improved as full-time hiring has continued. As newly hired RNs complete training and H+H continues to bring on additional RNs, contracted temporary RN staffing should continue to decline, and at a faster rate than planned during FY 2025, to 330 temporary RNs.

Overall, temporary RN spending, inclusive of COVID-19, remains elevated when compared to $55 million in FY 2019, but well below the peak of $660 million in 2020. Spending on temporary RNs was $410 million in FY 2023 and had declined to $298 million in FY 2024.

Nurse Staffing Trends by Facility

With this update to the May 2023 report, OSC looked at the staffing variances across H+H facilities. This section assesses H+H's efforts to directly hire full-time/part-time (FT/PT) nurses and reduce its reliance on contracted patient care temporary staff. FT/PT RNs are largely employed in H+H's hospitals and work in its Gotham Health community-based clinics, post-acute care facilities and to a smaller extent in its central office and home health agency.[9]

Nurse staffing will vary by facility based on size, volume of patients served, and the types of clinical services offered which will impact the number and categories of clinical staff required. The recruitment of RNs will also be impacted by the hospital location and selection of nurse specialties. In FY 2023, Bellevue Hospital Center

had the largest number of hospital beds of all H+H hospital facilities and the highest number of inpatient discharges while Elmhurst Hospital Center provided the largest number of ambulatory care visits. In calendar year 2022 (the most recent data available), Lincoln Medical and Mental Health Center had the second highest number of emergency department visits of all hospitals across the State.

Between February 2020 and June 2023, nearly all the H+H hospitals saw a decline in RNs, except for Bellevue Hospital, Kings County Hospital and Elmhurst Hospital (see Appendix A). Woodhull Hospital, Harlem Hospital and Lincoln Hospital saw the largest decline in RNs at rates of 24.1 percent, 22 percent and 14.5 percent, respectively. All hospitals experienced declines in LPNs.

During the same time period, H+H increased its use of contracted patient care temporary FTEs at all hospitals except for Lincoln Hospital which experienced a decline in patient care temps as well as RNs and LPNs. Harlem Hospital had the largest increase in number of patient care temporary staff (204 FTEs) and Woodhull saw the largest rate increase (541.7 percent).

Between June 2023 and March 2024, the time period that coincides with a reversal in RN staffing trends, all the hospital facilities saw increases in RN staffing (see Appendix B). Kings County Hospital experienced the largest increase in RN staffing (246 RNs or 27 percent). RN vacancy rates provided in response to a City Council hearing in March 2024 show a wide range of RN vacancy rates, from 3.3 percent at South Brooklyn Health to 18.1 percent at Woodhull. Three of eleven facilities had RN vacancy rates below 5 percent, while another three had rates that exceeded 10 percent.

Most facilities saw further declines or no change in LPN staffing due to new nurse staffing models designed by H+H, as noted in the Staffing Trends section of this report.

City Financial Support

The City has a history of providing financial support to H+H. The City funds the non-federal share of supplemental Medicaid payments that H+H receives for providing care to a large share of the City's uninsured and Medicaid patients. Additionally, the City reimburses H+H for the delivery of health and mental health services on behalf of City agencies and contributes to the funding of the NYC Care program, which provides health care services to uninsured residents. Starting in FY 2015, the City began providing additional financial support to the New York City Housing Authority and H+H by covering the costs for collective bargaining arrangements. By FY 2023, the cumulative support to H+H reached over $2 billion which does not include the financial support the City provides to H+H for most of its capital needs.

The City, which has a long history of pattern bargaining, assumed that the terms of the collective bargaining agreement with District Council 37 (DC 37) would set the wage pattern for all other unions, including those employees covered by H+H. The collective bargaining agreement with NYSNA went beyond that pattern and the amount set aside in the City's labor reserve. The City's FY 2024 Executive Budget reflected the transfer of $163 million in FY 2023 rising to $209 million in FY 2027 to H+H to cover the increased costs related to the pattern established by the DC 37 collective bargaining agreement for NYSNA-represented RNs at H+H. The City estimates the financial impact of the NYSNA agreement, above the pattern set by DC 37, will be approximately $744 million through FY 2028 with the additional costs funded by H+H.

In a series of subsequent budget modifications, the City has provided H+H with financial support to cover the DC 37 pattern increases for other eligible H+H employees. The City has taken on the full costs of the NYSNA collective bargaining agreement for nurses employed at the H+H

Correctional Health Services (CHS). In January 2016, H+H assumed responsibility for CHS for the inmates of correctional facilities maintained and operated by the City in a memorandum of understanding with the City's Department of Health and Mental Hygiene. Since then, the City has reimbursed H+H for all costs associated with CHS.

Conclusion

The recent NYSNA collective bargaining agreement appears to have boosted H+H's ability to retain and hire additional RNs, although hiring still varies by facility. While H+H continues to reduce its use of patient care temporary staff as full-time staff rises, the levels remain elevated. H+H still relies on a larger number of temporary staff to manage patient care demands than it did prior to the pandemic, even as utilization has returned to pre-pandemic levels.

H+H will need to have sufficient resources to train and retain newly hired RNs to ensure the delivery of quality consistent care and patient satisfaction. Doing so may also help support future demand and additional revenue. Potential hospital closures, approved or under discussion in New York City, could apply further pressure on the system to hire additional RNs in response to increased service demand.

H+H offers programs that support newly graduated RNs such as its Nurse Residency program and an Emergency Department Nurse Fellowship program and developed a RN clinical ladder program in cooperation with NYSNA that promotes career advancement. H+H also partners with CUNY nursing schools, which is a critical resource in its efforts to recruit and retain RNs. H+H employs more nursing graduates than any other health system in New York City, and CUNY provides professional development training and advanced degrees to its existing workforce, ensuring H+H has a well-trained workforce and improves the care delivered to its patients.

H+H will have to balance additional labor costs with the added costs from temporary staffing and still be able to execute on its revenue generating initiatives, which require being able to service patients with complex care needs. Recruiting and retaining quality staff continues to be a health concern and potential cost driver as H+H continues its plan to reduce its temporary staffing budget. Nurses are critical contributors to the provision of care at H+H, whose role as a provider of health care services to all New Yorkers, regardless of their ability to pay, is more critical than ever in the current economic and health environment.

Appendix A: February 2020 to June 2023 Staffing Variance

Full-Time/Part-Time RNs and LPNs vs Patient Care Temporary Staffing by Facility

FACILITIES	February 2020			June 2023			Feb 20-Jun 23 Variance			Feb 20-Jun 23 Percent Change		
	RN	LPN	Pt Care Temp	RN	LPN	Pt Care Temp	RN	LPN	Pt Care Temp	RN	LPN	Pt Care Temp
Hospitals												
Bellevue	1,242	59	120	1,304	27	557	62	(32)	437	5.0%	-54.2%	364.2%
Coney Island/ South Bklyn Health	626	35	17	595	24	161	(31)	(11)	144	-5.0%	-31.4%	847.1%
Elmhurst	1,046	64	44	1,048	37	131	2	(27)	87	0.2%	-42.2%	197.7%
Harlem	528	39	83	412	21	287	(116)	(18)	204	-22.0%	-46.2%	245.8%
Jacobi	787	22	113	770	13	230	(17)	(9)	117	-2.2%	-40.9%	103.5%
Kings County	885	62	152	912	40	339	27	(22)	187	3.1%	-35.5%	123.0%
Lincoln	840	25	184	718	11	129	(122)	(14)	(55)	-14.5%	-56.0%	-29.9%
Metropolitan	443	22	77	396	14	92	(47)	(8)	15	-10.6%	-36.4%	19.5%
NC Bronx	332	13	62	310	2	81	(22)	(11)	19	-6.6%	-84.6%	30.6%
Queens	564	49	91	548	28	136	(16)	(21)	45	-2.8%	-42.9%	49.5%
Woodhull	564	34	12	428	21	77	(136)	(13)	65	-24.1%	-38.2%	541.7%
Gotham Clinics												
Cumberland	64	8	2	48	1	6	(16)	(7)	4	-25.0%	-87.5%	200.0%
East New York	38	4	1	33	0	17	(5)	(4)	16	-13.2%	-100.0%	1600.0%
Gouverneur*	98	33	8	81	22	49	(17)	(11)	41	-17.3%	-33.3%	512.5%
Morrisania	31	2	0	24	1	4	(7)	(1)	4	-22.6%	-50.0%	N/A
Renaissance	16	6	0	5	6	5	(11)	0	5	-68.8%	0.0%	N/A
Belvis	12	3	0	10	2	2	(2)	(1)	2	-16.7%	-33.3%	N/A
Post Acute Care												
Coler	104	55	0	73	49	41	(31)	(6)	41	-29.8%	-10.9%	N/A
Carter	137	46	2	118	38	53	(19)	(8)	51	-13.9%	-17.4%	2550.0%
Seaview	52	29	0	62	24	11	10	(5)	11	19.2%	-17.2%	N/A
McKinney	37	38	11	37	26	48	0	(12)	37	0.0%	-31.6%	336.4%
All Other	62	0	60	33	0	17	(29)	0	(43)	-46.8%	NA	-71.7%
Total	8506	647	1038	7961	407	2472	(545)	(240)	1434	-6.4%	-37.1%	138.2%

Notes: In order to be consistent with prior reporting months, staff from Gouverneur Skilled Nursing Facility is included in Gouverneur Gotham. Carter Skilled Nursing Facility and Long-Term Care Facility have been combined. Coney Island Hospital was rebranded as South Brooklyn Health in 2023.
Sources: NYC Health + Hospitals; OSC analysis

Appendix B: June 2023 to March 2024 Staffing Variance

Full-Time/Part-Time RNs and LPNs vs Patient Care Temporary Staffing by Facility

FACILITIES	June 2023			March 2024			Jun 23-Mar 24 Variance			Jun 23-Mar 24 Percent Change		
	RN	LPN	PT Care Temp	RN	LPN	PT Care Temp	RN	LPN	PT Care Temp	RN	LPN	PT Care Temp
Hospitals												
Bellevue	1,304	27	557	1,609	23	480	305	(4)	(77)	23.4%	-14.8%	-13.8%
Coney Island/ South Brooklyn Health	595	24	161	671	23	108	76	(1)	(53)	12.8%	-4.2%	-32.9%
Elmhurst	1,048	37	131	1,205	35	110	157	(2)	(21)	15.0%	-5.4%	-16.0%
Harlem	412	21	287	481	21	241	69	0	(46)	16.7%	0.0%	-16.0%
Jacobi	770	13	230	935	18	261	165	5	31	21.4%	38.5%	13.5%
Kings County	912	40	339	1,158	34	359	246	(6)	20	27.0%	-15.0%	5.9%
Lincoln	718	11	129	783	11	161	65	0	32	9.1%	0.0%	24.8%
Metropolitan	396	14	92	482	14	68	86	0	(24)	21.7%	0.0%	-26.1%
North Central Bronx	310	2	81	364	2	72	54	0	(9)	17.4%	0.0%	-11.1%
Queens	548	28	136	648	25	121	100	(3)	(15)	18.2%	-10.7%	-11.0%
Woodhull	428	21	77	508	17	91	80	(4)	14	18.7%	-19.0%	18.2%
Gotham Clinics												
Cumberland	48	1	6	52	1	5	4	0	(1)	8.3%	0.0%	-16.7%
East New York	33	0	17	38	0	9	5	0	(8)	15.2%	N/A	-47.1%
Gouverneur	81	22	49	85	23	52	4	1	3	4.9%	4.5%	6.1%
Morrisania	24	1	4	26	1	3	2	0	(1)	8.3%	0.0%	-25.0%
Renaissance	5	6	5	9	6	3	4	0	(2)	80.0%	0.0%	-40.0%
Belvis	10	2	2	10	2	1	0	0	(1)	0.0%	0.0%	-50.0%
Post Acute Care												
Coler	73	49	41	89	42	41	16	(7)	0	21.9%	-14.3%	0.0%
Carter	118	38	53	119	36	53	1	(2)	0	0.8%	-5.3%	0.0%
Seaview	62	24	11	72	24	10	10	0	(1)	16.1%	0.0%	-9.1%
McKinney	37	26	48	61	22	46	24	(4)	(2)	64.9%	-15.4%	-4.2%
All Other	33	0	17	36	0	10	3	0	(7)	9.1%	NA	-41.2%
Total	7961	407	2472	9437	379	2306	1476	(28)	(166)	18.5%	-6.9%	-6.7%

Notes: In order to be consistent with prior reporting months, staff from Gouverneur Skilled Nursing Facility is included in Gouverneur Gotham. Carter Skilled Nursing Facility and Long-Term Care Facility have been combined. Coney Island Hospital was rebranded as South Brooklyn Health in 2023.
Sources: NYC Health + Hospitals; OSC analysis

ENDNOTES

1 Office of the New York State Comptroller, *NYC Health + Hospitals: Nurse Staffing Trends*, Report 2-2024, May 2023, https://www.osc.ny.gov/files/reports/osdc/pdf/report-2-2024.pdf.

2 Bureau of Labor Statistics, U.S. Department of Labor, *Occupational Outlook Handbook*, Registered Nurses, www.bls.gov/ooh/healthcare/registered-nurses.htm#tab-6.

3 "The 2022 National Nursing Workforce Survey," *Journal of Nursing Regulation,* vol. 14, supplement, April 2023, pp. s4-s5, s13.

4 American Association of Colleges of Nursing, Nursing Faculty Shortage Fact Sheet, Updated May 2024, https://www.aacnnursing.org/Portals/0/PDFs/Fact-Sheets/Nursing-Shortage-Factsheet.pdf

5 Robert Martiniano, Sage Shirey and Jean Moore, "Understanding and Responding to Registered Nursing Shortages in Acute Care Hospitals in New York," Rensselaer, NY: Center for Health Workforce Studies, University at Albany, School of Public Health, July 2024.

6 Headcount reported to the City will differ from the FTE analysis because it includes staffing at H+H programs that are not included in its budget such as MetroPlus, contracted employees and employees in programs that are reimbursed by the City like Correctional Health.

7 During the October 2023 H+H finance committee board presentation, H+H indicated it contracted with 1,812 full-time equivalent contracted temporary nurses during the first quarter of FY 2024. The Patient Care Temporary employment category includes other patient care staff such as LPNs and patient care associates, however it is largely RNs and therefore used as a proxy to determine declining use of contracted temporary RN staff.

8 The contract RN staffing plan reduction does not include the reduction of other patient care temporary staff.

9 Appendix A and B do not include use of overtime or hourly staff. RN, LPN and patient care temporary staff employed at the central office, Enterprise Information Technology, EPIC Electronic Medicaid Records and Home Health Agency are included in "All Other," however, employment categories for employees in these divisions are largely management/supervisors and technical specialists.