As part of the New York State Fiscal Year 2019-20 Budget, Governor Cuomo and the Legislature authorized a provision in the Health and Mental Hygiene Article VII legislation (A.207-C/S.1507-C, Part KK) that set forth a directive to the Department of Health to study how staffing enhancements and other initiatives could be used to improve patient safety and the quality of healthcare service delivery in hospitals and nursing homes. As result of legislation sponsored by Assemblywoman Gunther and Senator Rivera (A.2954/S.1032) in 2019, known as the Safe Staffing for Quality Care Act, the Legislature and Governor agreed to study staffing ratios as a step in assessing the potential impact of implementing such ratios in New York State. Items to be considered as part of the study, included minimum staffing levels, other staffing enhancement strategies, and other patient quality improvement initiatives for RNs, LPNs and CNAs to improve quality of care and patient safety.

The long-awaited study results were released on Friday, August 14, 2020 and reached no conclusion on the value of mandated nurse staffing ratios that would be imposed with the passage of the Safe Staffing for Quality Care Act. The study results are available [here](https://health.ny.gov/press/reports/docs/2020-08_staffing_report.pdf).

As the professionals ultimately responsible for safe patient care, members of The New York Organization of Nurse Executives and Leaders believe that such well-intended, but inappropriate requirements would have negative unintended consequences. Because of the variation among patients, departments, hospitals and nurse preparation and experience, incorporating specific ratios into New York State regulations would impose arbitrary and inflexible parameters on the care of patients and clinical management. This lack of flexibility could result in an adverse effect on patient care. In a dynamic hospital setting, the healthcare professional must maintain the ability to tend to all patients in the manner that is required to produce the best healthcare outcomes. Arbitrary ratios do not provide the ability for personnel to make quick decisions on staffing to best meet the needs of the patients. The static nature of set ratios fosters the contrary in a hospital and, instead, would limit care at the bedside. No two patients and no two institutions are the same and therefore a regulatory construct should not treat them as such. It is in the best interest of all healthcare agencies to have the care needs of all patients met or exceeded to ensure safe environments and optimal patient outcomes.

Further, there are no evidence-based best practices, standards, or research that support the use of set ratios. In this time of fiscal uncertainty in our healthcare system, only worsened by the COVID-19 pandemic, implementation of an unfunded mandate and duplicative reporting included in this legislation should not be approved. Cash strapped hospitals around the state must be able to use their limited resources on evidence-based strategies that support improved patient outcomes. This is especially important because the State has embarked on transforming the healthcare system delivery of services and payment structure.  The “pay for performance” model requires the team to focus on optimizing patient and population outcomes, delivering high value care, and improving long-term financial sustainability.

The strategies that are most relevant to achieve safe staffing are well known: ANA Principles for Nurse Staffing, (2019). For these strategies to have an impact, nursing leaders in clinical care must have the authority endorsed by the entire agency leadership team to empower registered nurses (RN) to implement safe staffing plans. All members of the agency leadership bear this responsibility for patient safety and quality outcomes.