

**Northeast New York Professional Nurses Organization, Inc., ANA-NY,
& Albany Medical Center**
Invite you to:

**Through a Different Lens: Seeing Health Care and Nursing Education
Through the Eyes of the Historically Underserved Community**

Panel discussion by:

Coretta Killikelly DNP, MSN, RN; owner and founder of CEK RN Consulting
Tina Omorogbe DNP, FNP-BC, founder of Chasing Health, Inc
Brenda Robinson DNP, DPS, MSN, FNP-BC, founder of the Black Nurses Coalition

Facilitated by:

Maxine M. Smalling, MS, BS(N), RN, Chief Executive Nursing Officer of State Operations and Community Health at the NYS Office of Mental Health

Thursday February 2, 2023

Online via Zoom

Program 6:30 – 7:30 PM

Panelists will share their knowledge and experience as health care providers and health care consumers of color. Topics of discussion will include the needs of minorities and people of color as health care consumers, how language can create barriers to care and education, and opportunities for educators to meet the needs of historically underrepresented students.

Target audience: Registered Nurses, Nurse educators, and nursing students.

The agenda for the evening is as follows:

6:00 PM – 6:15 PM Zoom Demonstration, Tips and Networking

6:15 PM – 6:30 PM General Membership Meeting & Updates

6:30 PM – 7:30 PM Program

7:30 PM – 7:45 PM Wrap Up

Albany Medical Center is accredited as a provider of nursing continuing professional development by the American Nurses Credentialing Center's Commission on Accreditation.

This learning activity will be awarded a maximum of 1.0 Continuing Nursing Education contact hour.



This educational offering is \$10 for members (use discount code—Member), \$10 for students (use discount code—Student), and \$15 for non-members. [Registration is not complete until full payment is received.](#)

Register by clicking this [LINK](#) or by accessing <https://nnypno.nursingnetwork.com/nursing-events>
The link to Zoom will be sent within 24 hours of the presentation.
Reservations will be accepted up to the 5 PM on February 2, 2023.

Cancellations/Refunds: Cancellations within 24 hours of the start of the webinar will be accepted; the refund will be less the fees for nursing network and PayPal.

**Northeast New
York Professional
Nurses
Organization, Inc.**

Reminders

- > Join us for the February General Meeting, Thursday, February 2, 2023
- > Encourage your nursing colleagues to join NNYPNO

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Board's Message

Dear NNYPNO Members,

I recently had the opportunity to attend a regional conference hosted on behalf of Sigma Theta Tau International Honor Society (Sigma) and heard a presentation by Dr. Ken Dion, current president of Sigma.

Dr. Dion focused his comments on three themes – economics, technology, and conservation. As we all know, our economy here in the States and globally is uncertain at best, but Dr. Dion believes we can make continued strides by fully using technology to address health disparities. Also, we must be mindful of trying to leave the world a better place to live by engaging in conservation of our limited resources.

What can nurses do? Nurses are all leaders and leadership put into action can address problems or issues. What challenges do we face? The anticipated 13 million nursing shortage globally, and this trend is due to nurse burnout, retirements, resignations, and migration. Hand in hand with these shortages is the need to develop a robust pipeline for future healthcare providers.

Dr. Dion recommends that nurses need to be at the table for important policy conversations, more invested in the education (such as serving as mentors to novice nurses) and nursing leaders developing better models of care in the workplace and in the community, and nurses taking on a more prominent role in political spheres with a strong emphasis on advocacy.

There is a lot of hard work ahead but if we organize and engage with each other, nurses can offer solutions just as nursing has done throughout history. A characteristic that I believe nurses share is the ability to be courageous and resilient in the face of adversity, so please join us at NNYPNO as we are engaged in providing high quality care to individuals, families, and communities. We need all of us to make a difference.

Happy New Year – let's make 2023 great!

Bridget Nettleton, Secretary

2022-2023 Board



Executive Committee:

President: Kim Hedley

1st Vice President: Kathleen Capone

2nd Vice President: Marie Kaye

Treasurer: Deborah Smithers

Secretary: Bridget Nettleton

President Elect: Vacant

Directors At Large:

Ann Bentzen

Trudy Hutchinson

Diana O'Brien

Jennifer Pettis

Amy Speanburg

Sarah Tacy

Call for Nominations

Interested in getting more involved in your professional organization? Now is the time for you to consider running for office!! The following board positions are up for election this year. You may indicate your interest to any member of the nominating committee – names and email addresses provided below.

- **President** - For this upcoming year, 3 years - 2 as President and 1 as Past President
Serves as chief spokesperson, submits annual report, updates board contact and planning calendar, contact with meeting venues
- **1st Vice President** 2-year term
Serves in absence of President preside, serves as liaison to committees as assigned by the president, Chairs the Membership Committee
- **Secretary** 2-year term
The Secretary shall be responsible for all minutes, records, correspondence, and notifications
- **Board** 3 openings. 2-year terms
The Board meets quarterly to transact business of the organization, establish policies, adopt an annual budget, appoints chairs of all committees, and more
- **Nominating** 2 openings. 2-year terms
Members of the nominating committee develop ballots for elections and administer voting processes

Chair, Mary Therriault (2023), mtherria@nycap.rr.com,

Diane Bartos (2024, chairs 2023-2024) dianebartos@gmail.com,

Elizabeth Weaver (2024) elbirkhead@gmail.com

Brittany Barton (2024) Brittany.condon@yahoo.com,

David Theobald (2023) dtheobald@davinhealthcare.com



BIG NEWS: Staffing Plan Law Goes Into Effect— January 1, 2023

NYS passed a law on 6/18/21. This law requires hospitals to form staffing committees to develop a staffing plan for each unit based on patient acuity, staff skill mix, and other considerations. It also requires hospitals to publicly report nursing quality indicators. This has been a long battle for nurses in NYS. Some nursing organizations wanted a mandatory staffing bill while others wanted patient acuity and nurse's educational level and experience to be taken into consideration with staffing. This law is a result of compromise and was a huge win for the nursing community. Other states are now looking at how NYS's bill was written and hoping to duplicate it.

Clinical Staffing Committees and Disclosure of Nursing Quality Indicators
(A00108B/S01168-A)

Public Health Law §2805-T (see page 21-29 for the whole content of the bill)

To access the bill online see:

https://assembly.state.ny.us/leg/?default_fld=&leg_video=&bn=A00108&term=2021&Summary=Y&Actions=Y&Text=Y

To see your own facility's staffing plan, check out this website at the NYS
Department of Health:

https://www.health.ny.gov/facilities/hospital/staffing_plans/

The law is a combination of mandatory ratios and acuity-based staffing models. Legislators will probably want to wait and see how successful the staffing committees are with safe staffing. What is good about the current bill is that there is an enforcement section. In addition, hospitals must publicly report their staffing plans and any complaints. If the current bill is not successful, then mandatory ratios may need to be considered again. Time will tell. Basically, all nurses want safe staffing. How we go about developing a plan, enforcing it, and making it cost effective is our end goal. The sponsor of the bill in the NYS Assembly was Aileen Gunther, who is a nurse. She understood the complexity of the situation and was key in bringing the nursing organizations together to create a bill that everyone was pleased with. Kudos to her!! Unfortunately, the Covid pandemic put a slight hold on when this bill would be put in place. Now that we are no longer in the pandemic state, new dates were posted for when hospitals need to comply with the legislation. Check out this pdf from HANYS on the law:

[2021_clinical_staffing_committee_legislation_what_hospitals_need_to_know.pdf \(hanys.org\)](https://www.hanys.org/2021_clinical_staffing_committee_legislation_what_hospitals_need_to_know.pdf)



<https://nnypno.nursingnetwork--nnypno@gmail.com>

PO Box 16066 Albany, NY 12212

January 2023

Dear Nurse Colleague,

We are delighted to announce the opportunity to honor outstanding nurses through the ***Excellence in Nursing Awards*** and to offer ***Scholarships*** for individuals entering an RN program and current members continuing their education in nursing.

We have all worked with nurses whose actions and caring attributes stand out above others. Now is the time to recognize your colleagues for their great work! Maybe they stand out as a leader/visionary who inspire others to greatness, or maybe they have begun a new process that has resulted in exemplary outcomes, or maybe they simply are a standout because of their compassionate, caring empathy for patients under their care. Whatever it is, please consider recognizing your nurse colleagues in this way. We want to support one another in our professional journey!

Excellence for Nursing Awards are awarded in the following categories:

[Clinical Bedside Practice Excellence](#)

[Nurse Innovator Award](#)

[Nurse Leader Award](#)

[Helen Vartigian Mentoring Award](#)

[Teamwork Award](#)

[Distinguished Member Award](#)

Eligibility for nomination includes the following criteria:

Actively employed or practicing in clinical nursing practice, nursing administration, or nursing education

Demonstrates vision and commitment to the profession and serves in a change agent role that exceeds what is expected in the scope of his/her role

Nominees for the Distinguished Member and Nurse Innovator are required to be members of NNYPNO (Distinguished Member may be retired).

Nominees for the Clinical Bedside Practice, Helen Vartigian Mentoring, and Nurse Leader awards need not be members, however, must live or practice in the counties served by NNYPNO (Albany, Columbia, Rensselaer, Saratoga, Schenectady, Schoharie, Warren, or Washington County).

In order for the awards committee to make an informed choice, please provide detailed nomination forms.

Click on the Google Form for the corresponding nominee award, complete the form, and hit the submit button (Google forms may be blocked by institutional firewalls. If this occurs, please move to option 2 or try to submit the form from home)

Awards & Scholarship Information (continued)

Scholarships

In keeping with NNYPNO's mission of supporting the highest ideals of nursing education and practice, we are also delighted to announce the opportunity to award Scholarships to RN students and those RNs who are pursuing additional degrees, such as BS, MS, and beyond.

Scholarships available:

Please use the nomination forms to nominate deserving colleagues.

Please print application and submit as directed on the form.

- (1) RN Student Scholarship: may be non-members with proof of enrollment in a nursing program
- (2) Susan J. Fraley, MS, RN Scholarship: RNs continuing their education in pursuit of an advanced degree (MS or Doctorate) in nursing and a NNYPNO member for one year.
- (3) Claire Murray, MS RN Scholarship in honor of the NYS BS in 10 law. This scholarship will be awarded to an RN with proof of enrollment in an RN to BS in nursing program and a NNYPNO member for one year.

Please submit all nominations by April 20nd, 2023 to nnypno@gmail.com . This address may also be found on the application forms.

All awardees and nominees will be honored at our Annual Awards Dinner on **Thursday, June 1, 2023**.

Thank You! We look forward to a fun and uplifting evening with you all as we honor outstanding nurses in the Capital Region!

NNYPNO Education & Practice Committee

Ann Bentzen (Board Liaison), Bernadine Claus (Education Committee Chair), Sarah Tacy, Diana O'Brien, and Anne Marie Tomaski





5 Southside Drive
Ste 11 -326
Clifton Park, NY 12065
nnypno@gmail.com

RN Student Scholarship Application

Eligibility:

- Students enrolled in licensure qualifying accredited nursing programs (Registered Nurse Program).
- Do not currently hold an RN license/registration
- Live in a county served by NNYPNO (Albany, Columbia, Rensselaer, Saratoga, Schenectady, Schoharie, Warren, or Washington County).

Name: _____

Address: _____

Telephone # (home): _____ Business: _____

E-Mail: _____

College of Matriculation: _____

Degree and Course of Study: _____

Anticipated Date for Completion of Degree: _____

Applicant's Signature: _____

Also submit the following with this completed application:

- Resume
- One page essay addressing how your educational program will enhance your contribution to the nursing profession
- Proof of current enrollment in the nursing program

All applications must be submitted by **April 14, 2023** to email address: NNYPNO@gmail.com



5 Southside Drive
Ste 11 -326
Clifton Park, NY 12065
nnypno@gmail.com

Claire Murray, MS, RN, Scholarship (RN to BS Nursing Student) Application

Eligibility:

- Current NNYPNO members (for at least one year)
- Current NYS RN License/Registration
- Current enrollment in an accredited RN to BS nursing program
- Live or practice in a county served by NNYPNO (Albany, Columbia, Rensselaer, Saratoga, Schenectady, Schoharie, Warren, or Washington County)

Name: _____

Address: _____

Telephone # (home): _____ Business: _____

E-Mail: _____

College of Matriculation: _____

Degree and Course of Study: _____

Anticipated Date for Completion of Degree: _____

Years as a NNYPNO member: _____

Applicant's Signature: _____

Also submit the following with this completed application:

- Resume
- One page essay addressing how your educational program will enhance your contribution to the nursing profession
- Proof of matriculation

All applications must be submitted by **April 14, 2023** to email address: NNYPNO@gmail.com

Revised: 2/2018; 1/20/2020; 3/2022



5 Southside Drive
Ste 11 -326
Clifton Park, NY 12065
nnypno@gmail.com

Susan J. Fraley, MS, RN, Scholarship (MS or Doctoral Nursing Students) Application

Eligibility:

- Current NNYPNO members (for at least one year)
- Current NYS RN License/Registration
- Current enrollment in an accredited MS or Doctoral nursing program
- Live or practice in a county served by NNYPNO (Albany, Columbia, Rensselaer, Saratoga, Schenectady, Schoharie, Warren, or Washington County)

Name: _____

Address: _____

Telephone # (home): _____ Business: _____

E-Mail: _____

College of Matriculation: _____

Degree and Course of Study: _____

Anticipated Date for Completion of Degree: _____

Applicant's Signature: _____

Also submit the following with this completed application:

- Resume
- One page essay addressing how your educational program will enhance your contribution to the nursing profession
- Proof of matriculation

All applications must be submitted by **April 14, 2023** to email address: NNYPNO@gmail.com

Revised: 2/2018; 1/20/2020; 3/2022



1. Which two famous women volunteered as nurses during WWI?

- A. Edith Wharton
- B. Marie Curie
- C. Agatha Christie
- D. Eleanor Roosevelt

2. Which two famous individuals volunteered as nurses during the Civil War?

- A. Herman Melville
- B. Walt Whitman
- C. Louisa May Alcott
- D. Harriet Beecher Stowe
- E. Mark Twain

See answers on page 20



Kesiena Olíker



Congrats to Bernadine Claus on her recent publication:

Claus, B. (2022). Alcohol Withdrawal Syndrome: Early Screening Equals Early Intervention. *Medsurg Nursing*, 31(6).

Abstract: Identifying hospitalized patients at risk of developing moderate-to-severe alcohol withdrawal and initiating an early intervention protocol positively impacts the quality of care delivered to this population. Using the plan, do, study, act model of continuous quality improvement; an interdisciplinary team revised the organization's protocol. The team began with early screening, using the Prediction of Alcohol Withdrawal Severity Scale (PAWSS) (Maldonado et al., 2014; Maldonado et al., 2015). Project outcomes demonstrated a reduction in lorazepam usage and unplanned transfers to the intensive care unit. Additionally, patients identified for admission that were screened and treated in the emergency department experienced a shortened length of stay.

References:

Maldonado, J.R., Sher, Y., Ashouri, J.F., Hills-Evans, K., Swendsen, H., Lolak, S., & Miller, A.C. (2014). The "Prediction of Alcohol Withdrawal Severity Scale" (PAWSS): Systematic literature review and pilot study of a new scale for the prediction of complicated alcohol withdrawal syndrome. *Alcohol*, 48(4), 375-390. <https://doi.org/10.1016/j.alcohol.2014.01.004>

Maldonado, J.R., Sher, Y., Das, S., Hills-Evans, K., Frenklach, A., Lolak, S., ...Neri, E. (2015). Prospective validation study of the Prediction of Alcohol Withdrawal Severity Scale (PAWSS) in medically ill inpatients: A new scale for the prediction of complicated al-

Other recent publications from NNYPNO members:

Bartone, A., & Van Patten, R. (2022). Mindfulness-based relapse prevention as a health promotion tool for substance use disorders in adults. *Journal of the American Nurses Association - New York* 2(1), 58-64. <https://doi.org/10.47988/janany.23103123.2.1>

Del Prato, D., Klimek-Yingling, J., Worral, P., Levin, R., Elliott, D., & Record, V. (2022). Challenges to educating nurses about evidence-based nursing practice in NY State: A delphi study. *Journal of the American Nurses Association - New York* 2(1), 19-28. <https://doi.org/10.47988/janany.58235864.2.1>

Hutchinson, G. B. & Wolff, D. A. (2022, July). Make dreams come true with goal setting. [2022-2023 education and career guide]. *American Nurse Journal*. <https://www.myamericannurse.com/make-dreams-come-true-with-goal-setting-professional-competency/>

Stanley, A. K., Maneval, R. E., Millenbach, L., Nettleton, M. B., Elliott, D., Hutchinson, G. B., Stapleton, M., & Johnston, Y. (2022). Tracking the New York State faculty shortage: Report on the Schools and Faculty Survey 2013 and 2017. *Journal of the American Nurses Association - New York* 2(1), 65-75. <https://doi.org/10.47988/janany.23587684.2.1>

Wolff, D. A. (2022, July). Your résumé: The essential document for career advancement. [2022-2023 education and career guide]. *American Nurse Journal*. <https://www.myamericannurse.com/your-resume-the-essential-document-for-career-advancement/>

CARING & SHARING IN MEMORIAM



by Debra Wolff

John Alexander Batsios

11/6/22

**Died in auto accident
(age 29)**

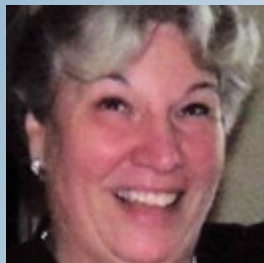
Traveling RN



Jo Ann Bennison

11/16/22

Public health nurse in
several area counties,
Executive Director for the
New York State Association of County Health
Officials



Mary Ellen Mooradian Brady

11/26/22

Samaritan Hospital School
of Nursing, class of 1954
Van Rensselaer Manor, La
Salle Institute, Hudson
Valley Community College,
and Russell Sage College



Patricia Mudge Britton

12/14/22

Maria College
St. Peter's Hospital,
substitute school nurse at
Ravena Coeymans Selkirk Schools



Lenora Marie Caffrey

12/3/22

Junior College of Albany,
Nursing



Anna M. Carbonneau

12/9/22

OR nurse at the Catskill
Hospital



Nancy Mead Carlson

10/29/22

Jr. College of Albany and
Russell Sage
Albany Medical Center,
St. Clare's Hospital, the Cataract
Care Center, and Living
Resources of Albany.



Suzann E. Carrigan

11/24/22

Hahnemann Hospital School of
Nursing in Worcester, MA
Albany County Nursing Home



Sara R. "Sally" Cole

11/9/22

Schoolhouse Road Pediatrics



CARING & SHARING IN MEMORIAM



by Debra Wolff

Elizabeth "Betty" (Eigner) Day

12/10/22

St. Vincent's Nursing School
in New York City

60-year nursing career,
school nurse at Farnsworth

Middle School and a

private duty nurse at the age of 80



Frances Fay

11/15/22

Adirondack Community
College – 2001

Hospice Care, Certified

Fertility Care Practitioner with Gianna of Albany



Marion L. Foster

12/8/22

Amsterdam City School
of Nursing



Deborah Lee (Evans) Graham

11/30/22

Ellis Hospital School of Nsg,
Howard College in
San Angelo, TX



Mary "Sue" Hart

12/16/22

Awarded the **Johanna**

Carpenter Memorial Award

for Compassionate Nursing,

worked at Samaritan Hospital for

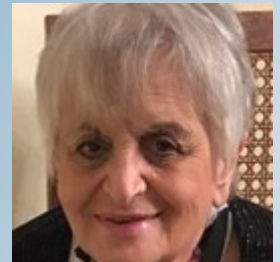
over 25 years, Capital District Surgical Associates



Anita L. Hickey

12/11/22

Samaritan Nursing School



Patricia M. Hobbs

11/13/22

Maria College School of Nursing.

She was very proud to have been
one of eight nurse practitioners

in New York State's first

graduating class through the Albany Medical College.

Worked for several healthcare providers, most recently
Community Care Physicians

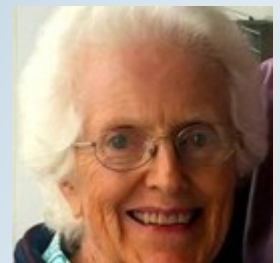


Margaret Ann "Peggy" Corcoran Holohan

11/16/22

St. Peter's School of Nursing
(1957)

St. Mary's Hospital in Troy



CARING & SHARING IN MEMORIAM



by Debra Wolff

Jeannette Hucko

11/29/22

Ellis Hospital School of Nursing – 1956
Ellis Hospital, Visiting Nurses for Schenectady County and North East Baptist Hospital



Edyth Amy (Donatelli) Jarett

10/19/22 – **age 100**

Rhode Island Hospital School of Nursing (1943)
OR nurse throughout her career. Served with the United States Army Nursing Corp during WWII, where she was a first lieutenant in the Philippines

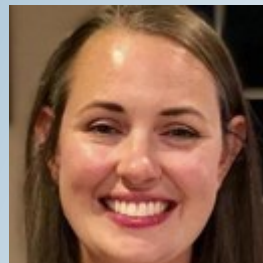


Kate Szuberla Jauch

12/14/22 – complications from leukemia

Frances Payne Bolton School of Nursing at Case Western Reserve University in Cleveland, Ohio - 2000

Worked in labor and delivery at the MetroHealth Medical Center in Cleveland; Georgetown University Hospital in Washington, D.C.; and Beth Israel Deaconess Medical Center in Boston.



As a nurse, she taught women and mothers. As a patient, she used her illness to educate the next generation of healthcare providers. She was one of the first advocacy ambassadors for "Be the Match," a program managed by the National Marrow Donor Program. She carefully and often humorously chronicled her own illness (including her own bone marrow transplants), always with the hope of helping others who might face the same challenge.

Linda M. Johnston

12/1/22

Mary McClellan Nursing School in Cambridge
LPN – Maplewood Manor, Ballston Spa



Marlene Ann Kellogg

12/4/22

I.C.U. nurse at Ellis Hospital and St. Clare's Hospital



Karen J. McMillen

11/9/22

Worked as a private duty nurse



Marie Louise Millspaugh

12/10/22

Lutheran Hospital School of Nursing in Cleveland and Ohio State University in Columbus, OH

Worked part-time in several Cleveland hospitals; 20 year

career with the Employee Health Service in the New York State Department of Civil Service. She was certified as an occupational health nurse and rose through the ranks from staff nurse, to supervisor, to director of Health Service Nursing. In that capacity, she managed a network of nursing stations located in state office buildings throughout the state from Buffalo to Long Island.



CARING & SHARING IN MEMORIAM



by Debra Wolff

Elizabeth "Beth" Miuccio-Merritt

11/7/22

Maria College



Marianne F. Monroe

12/11/22

Ellis Hospital School of
Nursing – 1956

Rome State Hospital,
St. Clare's Hospital,
Capital District Hospice



Diane Munier

10/10/22 – age 99

**Enrolled in nursing
school at the age of 16**

Worked in Jacksonville,
N.C



Sheila Ann Otto

11/13/22

Maria College, also earned
a bioethics and medical
humanities certificate from
Columbia University

29-year career at Albany Medical Center – critical
care nurse, The Center for Medical Ethics Director
of Consultation Services and an assistant professor
of Medicine at Albany Medical College



Maria Papandrea

11/11/22

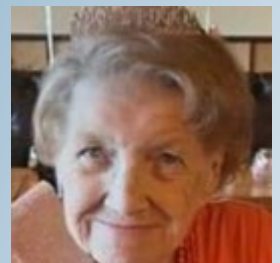
St. Peter's School of Nursing
Worked in the operating room
and labor and delivery at
Cohoes Hospital, retired from
Albany County Nursing Home



Elaine Janet Preissler

11/29/22

Flushing Hospital & Medical
Center School of Nursing
Albany County Nursing Home



Donna L. Read

11/18/22

After retiring from the family
business after 25 years, Donna
chose to enter the nursing
profession, a goal she nurtured
since childhood. As a result, **at
the age of 60**, she

became a certified hospice and palliative care RN and
lovingly practiced her profession for over 10 years caring
for patients at the Hospice Inn at St. Peter's Hospital.



Kathryn Ann Gilkeson Refice

9/29/22

Saint Mary's Hospital School of
Nursing in Huntington, WV
She practiced as an RN in
Greenwich, Connecticut and,
after raising her son, in Scranton, PA.



CARING & SHARING IN MEMORIAM



by Debra Wolff

Kelly A. Riley

11/8/22

ADN

Sunnyview Rehabilitation
Hospital in Schenectady



Carolee Joan Russell

11/19/22

Worked at Albany County
Nursing Home as an LPN



Randall "Randy" Schryver

11/9/22

ADN

Worked for Albany Medical
Center, for over 25 years.

He worked in various
capacities, most recently as a phlebotomist for the
AMC Internal Medicine Group.



Aileen Smith-Caruso

10/25/22

ADN from Russell Sage
Junior College, BS in
Business Administration
from St. Rose.



She was an American managed care consultant, certified case manager, administrator Physician Practice Management (CAPP); and an RN. Aileen was the recipient of the United States Oncology Excellence award (2004), Outstanding Leadership and Advocacy award for the National Patient Advocate Foundation, (2004, 05, 06)

Barbara Colfax Talasco

11/1/22

St. Joseph's School of Nursing
Worked as an operating room
and emergency room R.N.



Kathy "Millie" Tillson

11/26/22

ADN Highland Memorial

Hospital in Rochester,

BS—St. Joseph's College

Worked in emergency room

nursing, and then transitioned

to catastrophic case management. She opened Tillson

Case Management Services where she specialized in

spinal cord injury patient care, including multiple cases

from the 9/11 attacks. Kathy was one of the first

nationally certified nurse case managers in the country,

paving the road for future generations of nurses. Prior to

retirement, she worked in case management at

Saratoga Hospital.



Joanne Seconde Wormuth

11/8/22 – born in England

Dedicated nurse



IN MEMORIAM

Treasurer's Report

Volume 36, Issue

November 1, 2022 – November 30, 2022

Checking Account Balance – 11.1.2022	\$5800.86
Revenue	
Membership Dues	
Full (PayPal): 1 @ \$45.00	\$45.00
Retiree: 0	\$0.00
Student: 0	\$0.00
Dec. Conference Registration (PayPal): 9 @ \$10.00	\$90.00
?	\$5.59
Total Revenue:	\$140.59
Expenses	
PayPal Fees	\$15.21
Stripe Fees	\$0.00
Nursing Network Assn Fees	\$49.00
Zoom Subscription	\$149.90
Total Expenses	\$214.11
Net Income (Revenue – Expenses)	(\$73.52)
Checking Account Balance – 11.30.22	\$5727.34
Money Market	
Opening Balance (11.1.2022)	\$25,607.04
Interest	<u>\$1.05</u>
Closing Balance (11.30.2022)	\$25,608.09
Total Assets as of 11.30.2022	
Checking Account	\$5,727.34
Money Market	<u>\$25,608.09</u>
Total Assets	\$31,335.43

Treasurer's Report

Volume 36, Issue 1

December 1, 2022 - December 31, 2022

<u>Checking Account Balance – 12.1.2022</u>	\$5727.34
Revenue	
Membership Dues	
Full (Cash): 3 @ \$45.00	\$135.00
Retiree: 1 @ 22.50	\$22.50
Student: 0	
Dec. Conference Registration (PayPal) : 4 @ \$10.00	\$40.00
Dec. Conference Registration (PayPal): 2 @ 15.00	\$30.00
Total Revenue:	\$227.50
Expenses	
PayPal Fees	\$7.42
Stripe Fees	\$0.00
Nursing Network Assn Fees	\$49.00
Nursing Network Event Ticket Fees (December CE offering)	\$75.00
Albany Medical Center for CNE	\$100.00
Deb Wolfe (domain name)	\$12.95
Total Expenses:	<u>\$244.37</u>
Net Income (Revenue – Expenses)	(<u>\$16.87</u>)
Checking Account Balance – 12.31.22	\$5709.88
Money Market	
Opening Balance (12.1.2022)	\$25,608.09
Interest	<u>\$1.09</u>
Closing Balance (12.31.2022)	<u>\$25,609.18</u>
Total Assets as of 12.31.2022	
Checking Account	\$5,709.88
Money Market	<u>\$25,609.18</u>
Total Assets	\$31,319.06

NATIONAL ACADEMIES

Sciences
Engineering
Medicine

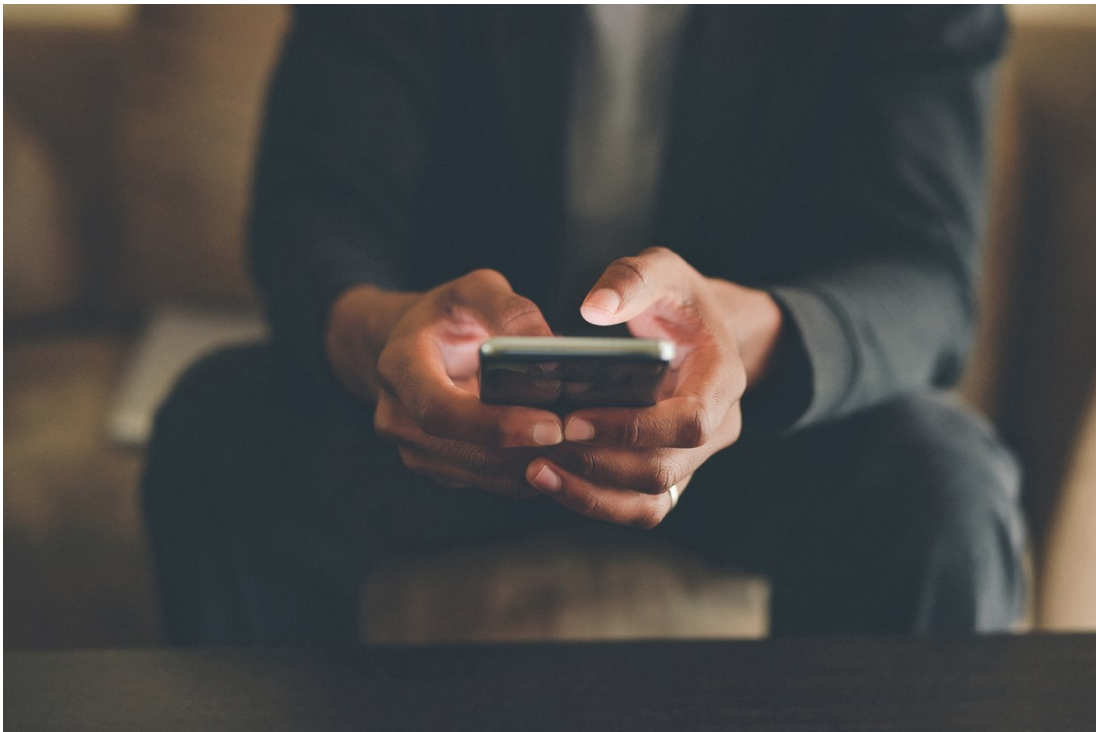
Health and Medicine

UPCOMING WEBINARS

9-8-8: It is NOT just a number

January 20, 2023 | 12:30 PM - 2:30 PM ET

January 23, 2023 | 12:30 PM - 2:30 PM ET



The National Academies' [Forum on Mental Health and Substance Use Disorders](#) will convene two virtual webinars focusing on challenges and opportunities around state and local implementation of 9-8-8, the new three-digit number to the National Suicide Prevention Lifeline. Discussions will

provide an overview of the 988-implementation landscape, discuss best practices, challenges, sustainability, and more.

The event will be accessible via live webcast. Find more information about these events and the forum's activities at the [here](#)

EVENT DETAILS

The [first webinar](#) will present an overview of the 9-8-8 implementation landscape, financing and sustainability, decriminalization of mental health, and building cultural competency.

REGISTER NOW FOR
WEBINAR 1

The [second webinar](#) will feature 9-8-8 implementation examples at the state and local level. Speakers will also address working with 9-1-1 and law enforcement, state insurance coverage, and other social determinants of health.

REGISTER NOW
FOR WEBINAR 2

Answers to Trivia questions on page 10:

- 1. Edith Wharton, Agatha Christie**
- 2. Walt Whitman, Louisa May Alcott**

Clinical Staffing Committees and Disclosure of Nursing Quality Indicators (A00108B/S01168-A) Public Health Law §2805-T

AN ACT to amend the public health law, in relation to establishing clinical staffing committees

The People of the State of New York, represented in Senate and Assembly, do enact as follows:

Section 1. Section 2805-t of the public health law, as added by chapter 422 of the laws of 2009, is amended to read as follows:

§ 2805-t. **[Disclosure]** **Clinical staffing committees and disclosure** of nursing quality indicators.

EXPLANATION--Matter in **italics** (underscored) is new; matter in brackets [] is old law to be omitted.

LBD02466-12-1

A. 108--B

1. Legislative intent. The legislature hereby finds and declares:

(a) Research demonstrates that nurses play a critical role in improving patient safety and quality of care;

(b) Appropriate staffing of general hospital personnel, including registered nurses available for patient care, assists in reducing errors, complications and adverse patient care events, improves staff safety and satisfaction, and reduces incidences of workplace injuries;

(c) Health care professional, technical, and support staff comprise vital components of the patient care team, bringing their particular skills and services to ensuring quality patient care;

(d) Ensuring sufficient staffing of general hospital personnel, including registered nurses, is an urgent public policy priority in order to protect patients and support greater retention of registered nurses and safer working conditions; and It is the public policy of the state to promote evidence-based nurse staffing standards and increase transparency of health care data and decision making based on the data.

2. Clinical staffing committee.

(a) Each general hospital licensed pursuant to this article shall establish and maintain a clinical staffing committee, either by creating a new committee or assigning the of the clinical staffing committee to an existing committee, no later than January first, two thousand twenty-two.

(b) Where a collective bargaining agreement provides for a staffing committee, the required functions of the clinical staffing committee established pursuant to this section shall be incorporated into that committee. Any staffing or non-staffing committees established by a collective bargaining agreement, shall continue to function in accordance with the terms of the agreement, and the clinical staffing committee established by this section shall not limit or otherwise supplant the collective bargaining agreement.

(c) At least one-half of the members of the clinical staffing committee shall be registered nurses, licensed practical nurses, and ancillary members of the frontline team currently providing or supporting direct patient care and up to one-half of the members shall be selected by the general hospital administration and shall include but not be limited to the chief financial officer, the chief nursing officer, and patient care unit directors or managers or their designees. The selection of the registered nurses, licensed practical nurses, and ancillary frontline team members of the committee shall be according to their respective collective bargaining agreements if there is one in effect at the general hospital for their bargaining unit. If there is no applicable collective bargaining agreement, the members of the clinical staffing committee who are registered nurses, licensed practical nurses, and ancillary members providing direct patient care shall be selected by their peers. Ancillary members of the frontline team on the committee shall include but are not limited to patient care technicians, certified nursing assistants, other non-licensed staff assisting with nursing or clerical tasks, and unit clerks.

Clinical Staffing Committees and Disclosure of Nursing Quality Indicators (A00108B/S01168-A) Public Health Law §2805-T

3. Employee participation. Participation in the clinical staffing committee by a general hospital employee shall be on scheduled work time and compensated at the appropriate rate of pay. Clinical staffing committee members shall be fully relieved of all other work duties during meetings of the committee and shall not have work duties added or displaced to other times as a result of their committee responsibilities.

4. Primary responsibilities. Primary responsibilities of the clinical staffing committee shall include the following functions:

(a) Development and oversight of implementation of an annual clinical staffing plan. The clinical staffing plan shall include specific staffing for each patient care unit and work shift and shall be based on the needs of patients. Staffing plans shall include specific guidelines or ratios, matrices, or grids indicating how many patients are assigned to each registered nurse and the number of nurses and ancillary staff to be present on each unit and shift and shall be used as the primary component of the general hospital staffing budget.

(b) Factors to be considered and incorporated in the development of the plan shall include, but are not limited to:

(i) Census, including total numbers of patients on the unit on each shift and activity such as patient discharges, admissions, and transfers;

(ii) Measures of acuity and intensity of all patients and nature of the care to be delivered on each unit and shift;

(iii) Skill mix;

(iv) The availability, level of experience, and specialty certification or training of nursing personnel providing patient care, including charge nurses, on each unit and shift;

(v) The need for specialized or intensive equipment;

(vi) The architecture and geography of the patient care unit, including but not limited to placement of patient rooms, treatment areas, nursing stations, medication preparation areas, and equipment;

(vii) Mechanisms and procedures to provide for one-to-one patient observation, when needed, for patients on psychiatric or other units as appropriate;

(viii) Other special characteristics of the unit or community patient population, including age, cultural and linguistic diversity and needs, functional ability, communication skills, and other relevant social or socioeconomic factors;

(ix) Measures to increase worker and patient safety, which could include measures to improve patient throughput;

(x) Staffing guidelines adopted or published by other states or local jurisdictions, national nursing professional associations, specialty nursing organizations, and other health professional organizations;

(xi) Availability of other personnel supporting nursing services on the unit;

(xii) Waiver of plan requirements in the case of unforeseeable emergency circumstances as defined in subdivision fourteen of this section;

**Clinical Staffing Committees and Disclosure of
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(xiii) Coverage to enable registered nurses, licensed practical nurses, and ancillary staff to take meal and rest breaks, planned time off, and unplanned absences that are reasonably foreseeable as required by law or the terms of an applicable collective bargaining agreement, if any, between the general hospital and a representative of the nursing or ancillary staff;

(xiv) The nursing quality indicators required under subdivision seventeen of this section;

(xv) General hospital finances and resources; and

(xvi) Provisions for limited short-term adjustments made by appropriate general hospital personnel overseeing patient care operations to the staffing levels required by the plan, necessary to account for unexpected changes in circumstances that are to be of limited duration.

(c) Semiannual review of the staffing plan against patient needs and known evidence-based staffing information, including the nursing sensitive quality indicators collected by the general hospital.

(d) Review, assessment, and response to complaints regarding potential violations of the adopted staffing plan, staffing variations, or other concerns regarding the implementation of the staffing plan and within the purview of the committee.

5. Compliance provisions.

(a) The clinical staffing plan shall comply with all federal and state laws and regulations and shall not diminish other standards contained in state or federal law and regulations, or the terms of an applicable collective bargaining agreement, if any.

(b) The clinical staffing plan shall comply with applicable laws and regulations, including, but not limited to:

(i) Regulations made by the department on burn unit staffing, liver transplant staffing, and operating room circulating nurse staffing;

(ii) Staffing regulations to be promulgated by the commissioner relating to staffing in intensive care and critical care units no later than January first, two thousand twenty-two. Such regulations shall consider the factors set forth in paragraph (b) of subdivision four of this section, standards in place in neighboring states, and a minimum standard of twelve hours of registered nurse care per patient per day;

(iii) Such other staffing standards or regulations as are currently in effect or may hereafter be established by the department or enacted by the legislature; and

(iv) The provisions of section one hundred sixty-seven of the labor law and any related regulations.

(c) The clinical staffing plan shall comply with and incorporate any minimum staffing levels provided for in any applicable collective bargaining agreement, including but not limited to nurse-to-patient ratios, caregiver-to-patient ratios, staffing grids, staffing matrices, or other staffing provisions.

6. Process for adoption of clinical staffing plans.

(a) The clinical staffing committee shall produce the general hospital's annual clinical staffing plan by July first of each year.

**Clinical Staffing Committees and Disclosure of
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Public Health Law §2805-T**

(b) Clinical staffing plans shall be developed and adopted by consensus of the clinical staffing committee. For the purposes of determining whether there is a consensus, the management members of the committee shall have one vote and the employee members of the committee shall have one vote, regardless of the actual number of members of the committee. Each side may determine its own method of casting its vote to adopt all or part of the clinical staffing plan.

(c) The general hospital shall adopt any clinical staffing plan that is wholly or partially recommended by a consensus of the clinical staffing committee. If there is no consensus on the recommended staffing plan or any of its parts, the chief executive officer of the general hospital shall use the officer's discretion to adopt a plan or partial plan for which there is no consensus. In this case, the chief executive officer shall provide a written explanation of the elements of the clinical staffing plan that the committee was unable to agree on, including the final written proposals from the two parties and their rationales. In no event may a chief executive officer fail to include in the adopted plan any staffing related terms and conditions of the plan that has previously been adopted through any applicable collective bargaining agreement.

(d) Each general hospital shall adopt and submit its first hospital clinical staffing plan under this section to the department no later than July first, two thousand twenty-two and annually thereafter. The plan submitted to the department shall, where applicable, include the written explanation from the chief executive officer and written proposals from the two parties regarding elements that the committee did not agree on as required in paragraph (c) of this subdivision. The submitted clinical staffing plan shall include data, from at least the previous year, on the frequency and duration of variations from the adopted clinical staffing plan, the number of complaints relating to the clinical staffing plan and their disposition, as well as descriptions of unresolved complaints submitted pursuant to paragraph (b) of subdivision seven of this section. The department shall post the plan as part of each individual general hospital's health profile on the website of the department no later than July thirty-first of each year. If the adopted clinical staffing plan is subsequently amended, the amended plan shall be submitted to the department within thirty days of adoption. Adopted staffing plans shall be amended to include newly created units and existing units that undergo clinical or programmatic changes that fundamentally alter their character or nature. The department shall post amended staffing plans upon receipt.

7. Implementation of clinical staffing plans.

(a) Beginning January first, two thousand twenty-three, and annually thereafter, each general hospital shall implement the clinical staffing plan adopted by July first of the prior calendar year, and any subsequent amendments, and assign personnel to each patient care unit in accordance with the plan.

(b) A registered nurse, licensed practical nurse, ancillary member of the frontline team, or collective bargaining representative may report to the clinical staffing committee any variations where the personnel assignment in a patient care unit is not in accordance with the adopted staffing plan and may make a complaint to the committee based on the variations.

(c) The clinical staffing committee shall develop a process to examine, respond to, and track data submitted under paragraph (b) of this subdivision. The clinical staffing committee may by consensus, as described in paragraph (b) of subdivision six of this section, determine a complaint resolved or dismissed. The clinical staffing committee shall also establish agreed upon rules and criteria to provide for confidentiality of complaints that are in the process of being examined or are found to be unsubstantiated. This subdivision does not infringe upon or limit the rights of any collective bargaining representative of employees, or of any employee or group of employees pursuant to applicable law, including without limitation any applicable state or federal labor laws.

**Clinical Staffing Committees and Disclosure of
Nursing Quality Indicators (A00108B/S01168-A)
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8. Posting of staffing information. Each general hospital shall post, in a publicly conspicuous area on each patient care unit, the clinical staffing plan for that unit and the actual daily staffing for that shift on that unit as well as the relevant clinical staffing.

9. Retaliation and intimidation prohibited. A general hospital shall not retaliate against or engage in any form of intimidation of:

(a) An employee for performing any duties or responsibilities in connection with the clinical staffing committee; or

(b) An employee, patient, or other individual who notifies the clinical staffing committee or the hospital administration of the individual's staffing concerns.

10. Special considerations. Nothing in this section is intended to create unreasonable burdens on critical access hospitals under 42 U.S.C. Sec. 1395i-4 and sole community hospitals under 42 U.S.C. Sec. 1395ww(d)(5) related to the operation of their clinical staffing committees. Critical access and sole community hospitals may develop flexible approaches to accomplish the requirements of this section. Clinical staffing plans from such entities submitted to the department shall contain a description of any ways in which the general hospital's approach to creating the plan differed from the process outlined in this section. This subdivision does not relieve such entities from compliance with other provisions of this section related to the adoption, implementation and adherence to an adopted clinical staffing plan, reporting and disclosure, or other requirements of this section.

11. Investigations.

(a) The department shall investigate potential violations of this section following receipt of a complaint with supporting evidence, of failure to:

(i) Form or establish a clinical staffing committee;

(ii) Comply with the requirements of this section in creating a clinical staffing plan;

(iii) Adopt all or part of a clinical staffing plan that is approved by consensus of the clinical staffing committee and submitted to the department;

(iv) Conduct a semiannual review of a clinical staffing plan; or

(v) Submit to the department a clinical staffing plan on an annual basis and any updates.

(b) The department shall initiate an investigation of unresolved complaints, that have first been submitted to the clinical staffing committee, regarding compliance with the clinical staffing plan, personnel assignments in a patient care unit or staffing levels, or any other requirement of the adopted clinical staffing plan, excluding complaints determined by the clinical staffing committee to be resolved or dismissed as determined by consensus of the clinical staffing committee as described in paragraph (b) of subdivision six of this section.

(c) The department shall initiate an investigation after making an assessment that there is a pattern of failure to resolve complaints submitted to the clinical staffing committee or a pattern of failure to reach consensus on the adoption of all or part of a clinical staffing plan. In the case of a pattern of failure to resolve complaints or to reach consensus on the adoption of all or part of a clinical staffing plan, the department shall determine if the pattern was due to one of the parties routinely refusing to resolve complaints or reach consensus.

Clinical Staffing Committees and Disclosure of Nursing Quality Indicators (A00108B/S01168-A) Public Health Law §2805-T

(d) Any department investigation of a complaint under this subdivision shall consider whether unforeseeable emergency circumstances as defined in subdivision fourteen of this section contributed to the failure of the general hospital to comply with this section.

(e) After an investigation conducted under paragraph (a) or (b) of this subdivision, if the department determines that there has been a violation, the department shall require the general hospital to submit a corrective plan of action within forty-five days of the presentation of findings from the department to the hospital. If the department determines after investigation under paragraph (c) of this subdivision that the general hospital representatives on the clinical staffing committee were responsible for a pattern of not resolving complaints or for a pattern of not reaching consensus, the department shall require the general hospital to submit a corrective action plan within forty-five days of the presentation of findings to the general hospital. If the department finds that the frontline staff representatives on the clinical staffing committee were responsible for a pattern of not resolving complaints or for a pattern of not reaching consensus, the department shall not require the general hospital to submit a corrective action plan or impose a civil penalty on the general hospital pursuant to subdivision twelve of this section.

12. Civil penalties. In the event that a general hospital fails to submit or submits but fails to implement a corrective action plan in response to a violation or violations found by the department based on a complaint filed pursuant to paragraph (a), (b) or (c) of subdivision eleven of this section, the department may impose a civil penalty as authorized by section twelve of this chapter for all violations asserted against the general hospital, until the general hospital submits or implements a corrective action plan or takes other action directed by the department.

13. Posting of penalties and related information. The department shall maintain for public inspection, including posting on the general hospital profile on the department website, records of any civil penalties, administrative actions, or license suspensions or revocations imposed on general hospitals under this section.

14. Unforeseeable emergency circumstances.

(a) For purposes of this section, "unforeseeable emergency circumstance" means:

- (i) Any officially declared national, state, or municipal emergency;
- (ii) When a general hospital disaster plan is activated; or
- (iii) Any unforeseen disaster or other catastrophic event that immediately affects or increases the need for health care services.

(b) In determining whether a general hospital has violated its obligations under this section to comply with the general hospital's clinical staffing plan, it shall not be a defense that it was unable to secure sufficient staff if the lack of staffing was foreseeable and could be prudently planned for or involved routine nurse staffing needs that arose due to typical staffing patterns, typical levels of absenteeism, and time off typically approved by the employer for vacation, holidays, sick leave, and personal leave.

15. Complaints. Nothing in this section shall be construed to preclude the ability to submit a complaint to the department as provided for under this chapter. Nothing in this section shall be construed as supplanting other complaint mechanisms established by a general hospital, including mechanisms designed to aid in compliance with other federal, state or local laws. Nothing in this section shall be construed as limiting or supplanting the rights of employees and their collective bargaining representatives to fully enforce any and all rights under the terms of a collective bargaining agreement. An employer shall not assert or attempt to assert a claim that enforcement of the collective bargaining agreement is barred or limited by any provisions of this section.

**Clinical Staffing Committees and Disclosure of
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16. Annual report.

(a) The department shall submit an annual report to the speaker of the assembly, the temporary president of the senate, and the chairs of the health committees of the assembly and senate and the governor on or before December thirty-first of each year. This report shall include the number of complaints submitted to the department, the disposition of these complaints, the number of investigations conducted, and the associated costs for complaint investigations, if any.

(b) Prior to the submission of the report, the commissioner shall convene a stakeholder workgroup consisting of hospital associations and unions representing nurses and other ancillary members of the frontline team. The stakeholder workgroup shall review the report prior to its submission to the speaker of the assembly, the temporary president of the senate, and the chairs of the health committees of the assembly and senate.

17. Disclosure of nursing quality indicators.

(a) Every facility with an operating certificate pursuant to the requirements of this article shall make available to the public information regarding nurse staffing and patient outcomes as specified by the commissioner by rule and regulation. The commissioner shall promulgate rules and regulations on the disclosure of nursing quality indicators providing for the disclosure of information including at least the following, as appropriate to the reporting facility:

[(a)] (i) The number of registered nurses providing direct care and the ratio of patients per registered nurse, full-time equivalent, providing direct care. This information shall be expressed in actual numbers, in terms of total hours of nursing care per patient, including adjustment for case mix and acuity, and as a percentage of patient care staff, and shall be broken down in terms of the total patient care staff, each unit, and each shift.

[(b)] (ii) The number of licensed practical nurses providing direct care. This information shall be expressed in actual numbers, in terms of total hours of nursing care per patient including adjustment for case mix and acuity, and as a percentage of patient care staff, and shall be broken down in terms of the total patient care staff, each unit, and each shift.

[(c)] (iii) The number of unlicensed personnel utilized to provide direct patient care, including adjustment for case mix and acuity. This information shall be expressed both in actual numbers and as a percentage of patient care staff and shall be broken down in terms of the total patient care staff, each unit, and each shift.

[(d)] (iv) Incidence of adverse patient care, including incidents such as medication errors, patient injury, decubitus ulcers, nosocomial infections, and nosocomial urinary tract infections.

[(e)] (v) Methods used for determining and adjusting staffing levels and patient care needs and the facility's compliance with these methods.

[(f)] (vi) Data regarding complaints filed with any state or federal regulatory agency, or an accrediting agency, and data regarding investigations and findings as a result of those complaints, degree of compliance with acceptable standards, and the findings of scheduled inspection visits.

[2.] (b) Such information shall be provided to the commissioner of any state agency responsible for licensing or accrediting the facility, or responsible for overseeing the delivery of services either directly or indirectly, **to any employee of a general hospital or the employee's collective bargaining agent, if any,** and to any member of the public who requests such information directly from the facility. Written statements containing such information shall state the source and date thereof.

**Clinical Staffing Committees and Disclosure of
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(c) The commissioner shall make regulations to provide a uniform format or form for complying with the reporting requirements of subparagraphs (i), (ii) and (iii) of paragraph (a) of this subdivision, allowing patients and the public to clearly understand and compare staffing patterns and actual levels of staffing across facilities. Such uniform format or form shall allow facilities to include a description of additional resources available to support unit level patient care and a description of the general hospital. The information required by subparagraphs (i), (ii) and (iii) of paragraph (a) of this subdivision, reported in a manner determined by the commissioner, shall be filed with the department electronically on a quarterly basis and shall be available to the public on the department's website. The regulations shall take effect no later than December thirty-first, two thousand twenty-two. Information required to be provided pursuant to subparagraphs (i), (ii) and (iii) of paragraph (a) of this subdivision shall be made available to the public no later than July first, two thousand twenty-three.

18. Advisory commission.

(a) There is hereby established an independent advisory commission, composed of nine experts in staffing standards and quality of patient care, including: three experts in nursing practice, quality of nursing care or patient care standards, one of whom shall be appointed by the governor, one of whom shall be appointed by the speaker of the assembly and one of whom shall be appointed by the temporary president of the senate; three representatives of unions representing nurses, one of whom shall be appointed by the governor, one of whom shall be appointed by the speaker of the assembly and one of whom shall be appointed by the temporary president of the senate; and three members representing general hospitals, one of whom shall be appointed by the governor, one of whom shall be appointed by the speaker of the assembly and one of whom shall be appointed by the temporary president of the senate. The members of the commission shall serve at the pleasure of the appointing official. Members of the commission shall keep confidential any information received in the course of their duties and may only use such information in the course of carrying out their duties on the commission, except those reports required to be issued by the commission under this section, which may only include de-identified information.

(b) The advisory commission shall convene from time to time in order to evaluate the effectiveness of the clinical staffing committees required by this section. Such review shall evaluate the following metrics, including but not limited to quantitative and qualitative data on whether staffing levels were improved and maintained, patient satisfaction, employee satisfaction, patient quality of care metrics, work-place safety, and any other metrics the commission deems relevant. The commission shall also review the annual report submitted by the department and make recommendations to the speaker of the assembly, the temporary president of the senate, and the chairs of the health committees of the assembly and senate as set forth in paragraph (d) of this subdivision.

(c) The advisory commission may collect and shall be provided all relevant information, necessary to carry out its functions, from the department and other state agencies. The commission may also invite testimony by experts in the field and from the public. In making its recommendations to the speaker of the assembly, the temporary president of the senate, and the chairs of the health committees of the assembly and senate, the commission shall analyze relevant data, including data and factors set forth in paragraph (b) of subdivision four of this section related to clinical staffing plans. The commission may also make recommendations for additional or enhanced enforcement mechanisms or powers to address general hospital failure to comply with this section and recommend the appropriation of funding for the department to enforce this section or to assist general hospitals in hiring additional staff to comply with this section.

**Clinical Staffing Committees and Disclosure of
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(d) The advisory commission shall submit to the speaker of the assembly, the temporary president of the senate and the chairs of the health committees of the assembly and senate, and make available to the public a report that makes recommendations to the speaker of the assembly, the temporary president of the senate, and the chairs of the health committees of the assembly and senate for further legislative action, if any, in order to improve working conditions and quality of care in general hospitals pursuant to this section and its intent.

(e) The commission shall submit its report and recommendations to the speaker of the assembly, the temporary president of the senate, and the chairs of the health committees of the assembly and senate no later than October thirty-first, two thousand twenty-four, once three years of staffing plans have been submitted to the department pursuant to this section.

(f) Members of the commission shall receive no compensation for their services, but shall be allowed their actual and necessary expenses incurred in the performance of their duties hereunder.

(g) The legislature may appropriate funding for the commission to hire staff or consultants and provide for the operation of the commission as reasonably necessary to fulfill its functions.

13 § 2. If any provision of this act, or any application of any provision of this act, is held to be invalid, or to violate or be inconsistent with any federal law or regulation, that shall not affect the validity or effectiveness of any other provision of this act, or of any other application of any provision of this act, which can be given effect without that provision or application; and to that end, the provisions and applications of this act are severable.

20 § 3. This act shall take effect immediately.



General Membership Meeting Dates for 2023

February 2, 2023

April 6, 2023

June 1, 2023

October 5, 2023

December 7, 2023



Contact Information

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Humor Corner—Murphy's Laws for Nurses

As soon as you finish a thirty minute dressing change, the doctor will come in and take a look at the wound.

It's your first shift floating to the ER and it's a full moon.

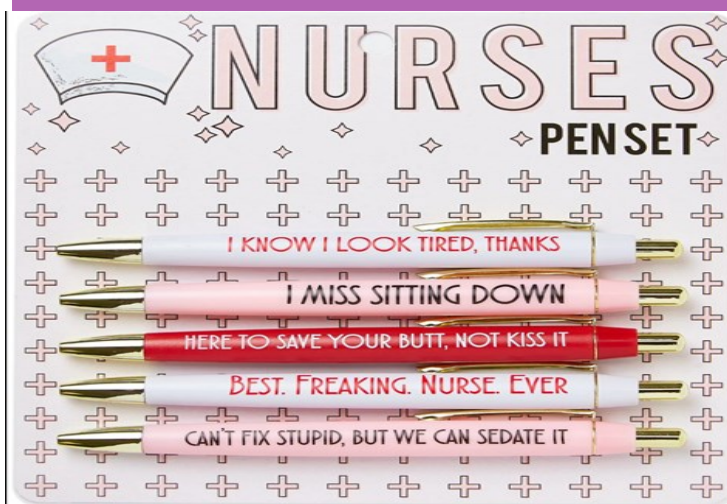
The perfect nurse for the job will apply the day after the post is filled by some semi-qualified idiot.

The amount of clean linen available is inversely proportional to your immediate needs.



Our mission is to promote collegial support and enhance the practice of the professional nurse in Northeast New York.

GIFT IDEA FOR NURSES



Our purpose is to uphold nursing standards of practice, excellence in leadership, education and research, legislation, and community health. We strive to promote an awareness of the benefit and influence of the professional nurse on the well-being of our community.