New York State of Safe Staffing

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Agenda

- Politics
- Focus Groups
- Advocacy & Education Campaign
Development & Introduction of legislation

Committee Action

Consideration by Senate & Assembly

Governor’s Action
STATEMENT FROM GOVERNOR ANDREW M. CUOMO

"One of the issues that has not been addressed this year is the level of care provided in our hospitals and nursing homes and the staffing levels of nurses and health professionals. We know that quality of care is directly linked to appropriate staffing levels.

"Next session I will introduce legislation allowing the Department of Health to set safe staffing levels by regulation as legislative solutions have not been forthcoming.

"In the meantime, I have directed the Department of Labor to vigorously enforce workforce protections. Reports of nurses being forced to work through lunch breaks, additional hours and without fair compensation, are not only unwise, as it diminishes the quality of care, but they violate state law which will result in penalty-pay to each nurse, and which I am directing the Department of Labor to aggressively pursue."

Statement By Bea Grause, R.N., J.D., President of HANYS Regarding Hospital Staffing

HANYS strongly opposes the Governor’s plan for the Department of Health to set staffing levels in hospitals and other healthcare settings.

It is precisely what we have warned against – having government officials make decisions best left to expert medical professionals.

The latest evidence-based research underscores the importance of having highly-skilled teams for providing care. Nurses are vital members of these teams, but so are doctors, technicians and aides. Prioritizing one member of the team over another, either through regulation or legislation, would take New York backward on patient safe
State Politics:
NYS Senate

63 Seats

32 Needed for a majority

31 Democrats

31 Republicans

1 Simcha Felder
Government Interference

Hiring quotas and other mandates from Albany interfere with normal functioning of hospitals.
More Nurses = Fewer Nurse Aides?

Hiring quotas for nurses could force hospitals to cut-back in other areas — like nurse aides, who perform most of the direct care.
Diversion

Mandatory nurse staffing requirements might force some hospitals to refuse emergency patients.
Special Treatment?

Why single-out nurses?
Why not staffing ratios for doctors, cops, firefighters?
The Big Squeeze

Nurse staffing mandates would add $2 billion in costs.
Dear New York State Legislator:

The members of the Coalition for Safe and Affordable Care would like to express our strong opposition to legislation imposing forced nurse staffing ratios on all hospitals and nursing homes in New York State. We urge you to not only refrain from cosponsoring the bill (A.10520/S.3353), but to join us in opposing them.

Members of our Coalition have the deepest respect and admiration for nurses. They are essential members of the healthcare team. Providers rely on to provide high-quality, comprehensive care for all New Yorkers. By working with nurses and interprofessional teams—including, for example, physicians, pharmacists, physical therapists, dieticians, social workers, nursing assistants, lab technicians, transporters, and many others—hospitals and nursing homes are improving quality of care and patient outcomes. New York’s providers are also working with all members of these teams to reduce hospitalizations, one of the key goals of State and Federal health care reforms, and the State’s Medicaid waivers.

Legislative mandating specific numbers of one member of the team would undermine real-time patient care decisions. Only hospitals and nursing homes are the workforce flexibility they need to improve care, and achieve the best outcomes for the healthcare team. In California, the only state to mandate hospital-wide nurse staffing ratios, there has been significant tension between unions representing nurses and those representing other types of health care workers because of the impact of the ratios. Workers who are not nurses have tended the loss of jobs. The last thing we need amid the constant hostility from Washington, DC toward New York’s health care system is tension among the caregivers who we need to work together for the good of their patients to improve quality and to reduce costs.

National experts oppose mandatory, forced ratios. The American Nurses Association opposes them, instead supporting flexible staffing plans that are tailored to the needs of specific types of units and patient populations. The American Organization of Nurse Executives also opposes them, stating that “[t]heir inclusion as mandatory minimums must have the flexibility to determine the appropriate level of nurse staffing for patient care needs while retaining a consideration of important variables.” The nurses who were appointed to chair former President Obama’s National Health Care Workforce Commission are adamantly opposed to ratios because “no two patients are alike, just like no two nursing units are alike...So applying standards to nurse staffing doesn’t make sense...It’s a bankrupt idea.”

Experts also oppose mandatory ratios because there is no reliable evidence that they improve care. According to a 2013 study, California’s minimum nurse-to-patient staffing regulations were intended to improve the quality of patient care, but to date there is only mixed evidence that they have achieved that...
## Ground Game

- Legislative engagement

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Messaging

*Ratios take healthcare backwards*

*Ratios put hospitals in jeopardy*

HANYS is engaging the Administration & key members of the Senate to advocate & educate on the ramifications of mandated ratios.
Why would mandating nurse staffing ratios takes us backwards?

- Rigid, fixed nurse staffing ratios are a very rudimentary, antiquated staffing model that is not evidence-based.

- NSRs are not a generally accepted, evidence-based approach to staffing.

- Staffing is a complex clinical decision, not a simple mathematical equation.
Why would mandating nurse staffing ratios put hospitals in jeopardy?

- Largest unfunded mandate on healthcare in New York State, estimated to cost nearly $2.0 B annually.

- The need to hire additional nurses to meet ratios and meet the “at all times” requirement would create a shortage of nurses.

- Dismantle & stall innovations that are transforming the way we provide care in NYS.
Next steps

• Continue education “ground game” thru the fall.
• Post-election – re-evaluate need to pivot strategies depending on election results.
• Early 2019 – prepare for conversations with Administration & Legislature about potential solutions.
  • No Mandated Ratios
  • Must be evidence based approach that improves the quality of care
Thank you

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The Statewide Voice for New York’s Hospitals and Health Systems