Memo of Opposition
A2954 (Gunther)/S1032 (Rivera) Safe Staffing for Quality Care Act

The members of NYONEL: Chief Nursing Officers (CNO), Nursing Administrators, managers, educators and leaders of nursing across New York State, support the need for safe staffing in all healthcare settings. The mandate for nurse staffing ratios and the reporting of these in hospitals and healthcare agencies as required by the “Safe Staffing for Quality Care Act” (A2954/S1032) are not the relevant strategies to use to achieve this. As the individuals ultimately responsible for safe patient care, nursing leaders believe that these well-intended but inappropriate requirements have negative consequences. Incorporating specific ratios into New York State regulations would impose arbitrary and inflexible parameters on the care of patients and clinical management. 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, the 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.

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.

Team Approach

The entire hospital leadership team must be accountable for providing the staffing necessary to assure positive patient outcomes. The CNO of a hospital has the expertise to understand all facets of patient care. However, the allocation of resources is not – and should not be – the sole responsibility of the CNO. No two patients are the same and therefore the judgment of professional bedside nurses is essential to safe staffing implementation and must be incorporated in the development of individual agency staffing patterns. Hospital administrative and financial leaders also are responsible and accountable for appropriate staffing to provide consistent, reliable, safe patient care and optimal patient outcomes.

As with all patient care, a team approach renders the best results. Therefore, NYONEL recommends that every agency be required to establish staffing committees that include at least 50% direct care nurses and the CNO. These nurses are familiar with the variables that affect standards of care and the care needs of specific patient populations that must be included in staffing plans. This multi-disciplinary team must be led by the professional nurse. The two most important metrics should be the total nursing hours per patient day (not solely RN hours of care per patient) and the staff skill mix.

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. 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. In addition, the literature suggests that increased nurse staffing levels have a direct impact on increased nurse satisfaction and decreased patient mortality.

Members of the Care Team and Patient Needs

The likely outcome of mandated RN ratios proposed by this bill will be reduction of other members of the care team to offset the cost of higher numbers of RNs. When other members of the care team such as unit secretaries, transporters, dietary assistants, LPNs and patient care technicians are cut, the resulting ancillary functions are the responsibility of the RN. This will not result in the anticipated additional nursing care hours per patient day from mandated RN ratios.
We urge legislators to think critically about more effective and data-driven approaches to achieve the goal that all healthcare providers share: appropriate staffing that results in safe, high quality patient care. A coalition of professional nursing organizations stands ready to collaborate with all stakeholders to determine optimal strategies. The following points are important to consider:

**International research** by Dr. Linda Aiken and colleagues compared institutional established staffing standards and controlled for compounding variables other than a discrete mandatory staffing ratio. The studies compared the number of shifts at or below the agency staffing plan. Results indicated that when two consecutive shifts were below the standards, outcomes were negatively affected. Agency standards are determined by obtaining the mean or median staff numbers over a lengthy period of time and that provides an average. The result: As expected, additional RN staff improves outcomes but the research did not generate a recommendation for a set number or ratio. Agency standards should be developed that allow for flexibility to staff patient care units based on the real time needs including variations in patient populations across hospitals and departments; variations in individual patient needs; the work environment; and staff competence or experience.

**Conclusions:**

If the proposed legislation is signed into law, New York will experience the same increases in cost and lack of corresponding improvements in patient outcomes experienced in studies in California, the only state with mandated ratios (Donaldson et al., 2005; Lin, Lee, Juraschek & Jones, 2006; Serrat, 2013).

**NYONEL opposes A2954 (Gunther)/S1032 (Rivera) Safe Staffing for Quality Care Act.**

**References**


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