



**Safe Staffing Talking Points  
A.6119/S.1551**

**Safe Nurse Staffing Saves Lives**

- The number and mix of nurses in hospitals makes a difference in the quality of care (2001 Health and Human Services). Increasing RN staffing lowers mortality rates, and reduces risk of infection. Patients with post surgical complications are more likely to die (by up to 10%) in hospitals with low nurse staffing.
- The primary contributing factors to medication errors were distraction and workload increases (The US Pharmacopeia report). These factors are related to insufficient staffing.
- A 2002 study published in the Journal of the American Medical Association examined the impact of nurse-to-patient ratios related to surgical case outcomes. The results were indisputable: poor nurse staffing puts patients at risk. In comparing staffing ratios used in Pennsylvania (4:1 vs. 8:1), researchers found that implementing the lower ratio could save 1,000 lives.

**Increasing RN to patient ratios is cost effective**

- Higher numbers of RNs were associated with decrease in rate of negative patient outcomes. Reduction in patient complications lowers costs to healthcare facilities and society.
- Facilities with Magnet Status have a greater percentage of RNs in the staffing mix. The result is fewer negative patient outcomes and increased patient satisfaction. These facilities have lower incidence of nurse injuries, resulting in lower costs related to workers compensation and sick leave. They have better RN retention rates, resulting in lower costs related to recruitment and orientation. The average length of employment among RNs who work at a Magnet hospital is 8.35 years, roughly twice that of non-Magnet hospitals. Magnet hospitals also report an average nurse vacancy rate of 8.19%, well below the national average of 10.2%.

**The state must hold healthcare employers accountable for the provision of effective nurse staffing.**

- Facilities must be required to improve staffing when poor outcomes result from insufficient nursing care. Nursing indicators of inadequate staffing include: high rates of nosocomial infections (obtained during stay rather than a cause for admission), post surgical complications, mortality rates, pressure ulcers (bed sores), medication errors, patient falls and above average lengths of stay.
- Current state laws defining adequacy in staffing don't work because complaints about quality of care only result in a finding when there is profound patient harm. State regulations require that facilities "have available at all times personnel sufficient to meet patient care needs" NYCRR 405.3(7). State regulations require hospitals to provide for "the immediate availability of a registered professional nurse for bedside care of any patient." NYCRR 405.

# MEMORANDUM OF SUPPORT

**A6119**

**By Assemblymember Gottfried**

**S1551**

**By Senator Hannon**

## **AN ACT to amend the public health law, in relation to enacting the "safe staffing for quality care act"**

The New York State Nurses Association (NYSNA), representing the interests of registered nurses and the patients they serve, supports the above-referenced bill to establish minimum nurse to patient ratios in healthcare facilities.

Research studies have proven that the number of patients assigned to a Registered Professional Nurse (RN) has a direct impact on the quality of care. The fewer the patients assigned to an RN, the better the health outcomes for those patients. Better health outcomes also mean better financial outcomes for healthcare facilities and insurers, by lowering costs normally associated with errors and injuries, complications such as infection, and longer hospital stays.

Furthermore, there is evidence that decreasing the number of patients per RN improves workforce recruitment and retention. Insufficient staffing has been cited as a primary reason for RN burnout, early retirement, and exodus from the profession. It is essential that the legislature mandate the maximum number of patients that are assigned to each RN in order to reduce stress and injuries, including workplace violence, factors that are caused or aggravated by too many patients assigned to each nurse. Staffing ratios also lower employer costs related to turnover of personnel.

Labor negotiations that have resulted in maximum patient to RN patient ratios have improved recruitment and retention. Hospitals that have instituted staffing policies similar to those required in this bill have overall lower costs and improved retention.

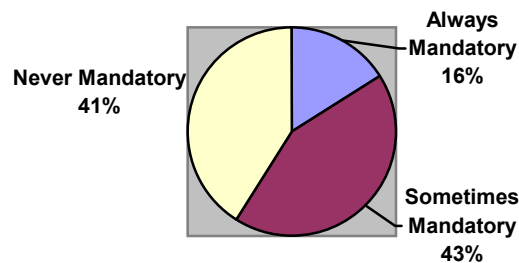
Sufficient staffing improves the health of New York's patients, ensures positive working conditions that will attract and keep New York nurses, and can even lower healthcare costs. For these reasons, NYSNA urges enactment of this legislation.

## Mandatory Overtime for Nurses A.1898/S.125

### Mandatory overtime exacerbates the nursing shortage

- Mandatory overtime has contributed to the nursing shortage in New York State, especially among staff nurses in hospitals.
- The percentage of RNs who work overtime in some capacity, including any extra hours beyond their regularly scheduled workweek, varies substantially by setting – from 46.5% for hospital-based nurses to 13.2% for school health nurses. Among inpatient staff nurses, 52% are routinely involved in overtime work of some type.<sup>1</sup>

### Mandatory Overtime in Primary Nursing Job (RNs Working in NY Who Report Working Overtime)



Source: *New York State Education Department 2002 Survey of NYS Registered Nurses*

- Mandatory overtime has a significant impact on nurses' job satisfaction. RNs who are forced to work overtime are much more likely to be looking for other jobs.

Type of Overtime Work	Nurses Reporting a High Level of Job Search Behavior
Always Mandatory	34.7%
Sometimes Mandatory	25.2%
Never Mandatory	19.8%

Source: *New York State Education Department 2002 Survey of NYS Registered Nurses*

### Mandatory overtime puts nurses and patients at risk

- Overtime and extended working hours contribute to occupational injuries and illnesses that result in time off of work and early departure from the nursing profession. Working in jobs with routine overtime has been associated with a 61% higher injury hazard rate compared to jobs without overtime.<sup>2</sup>

- Researchers have found that the risk of making an error greatly increases when nurses work shifts longer than 12 hours, when they work significant overtime, or when they work more than 40 hours per week.<sup>3</sup>
- Nurses are key to reducing medical errors. A study published in the Journal of the American Medical Association found that nurses intercepted 86% of all medication errors made by physicians, pharmacists, and others involved in providing medications to patients.<sup>4</sup> Exhausted, overworked nurses are less likely to prevent errors by other professionals.

A nurse who worked on average one mandatory double shift (16 hours) every 2 weeks for a 2-month period reported,

***“By 4 a.m., I was so exhausted that I would stop between going from one baby to the next and completely forget why I was going to the other bedside. Another time, again about 4 a.m., I would sometimes stop in the middle of the floor and forget what I was doing.”***

Source: Institute of Medicine. (2003) *Keeping Patients Safe: Transforming the Work Environment of Nurses*. Washington DC: Author.

### **Mandatory overtime is not a cost-effective management strategy**

- According to hospitals surveyed by the Greater New York Hospital Association, 95% of respondents reported using overtime as a supplemental nurse staffing strategy.<sup>5</sup> As mandatory overtime increases job search behavior among RNs, this strategy results in a higher turnover rate.
- The cost of turnover is high for healthcare facilities. Recent research suggests that the cost of replacing a hospital staff nurse is 1.2 to 1.3 times the nurse's average annual salary. It was estimated that the annual cost of RN turnover at one medium-sized hospital was \$6.4 million for three service lines.<sup>6</sup>
- The American Nurses Credentialing Center awards healthcare facilities with Magnet Recognition for excellence in patient care, management philosophy, and nursing services. As a criterion for attaining Magnet Recognition, healthcare facilities cannot use mandatory overtime as a staffing strategy. As a result, there are higher levels of recruitment and retention among Magnet facilities.<sup>7</sup>

1. New York State Education Department. (2003) *2002 survey of New York State Registered Nurses*. Albany, NY: Author

2. Dembe, A.E., Erickson, J.B., Delbos, R.G., Banks, S.M. (2005). The impact of overtime and long work hours on occupational injuries and illnesses: New evidence from the United States. *Occupational and Environmental Medicine*, 62, 588-597.

3. Rogers, A.E., Hwang, W., Scott, L., Aiken, L., & Dinges, D.F. (2004). The working hours of hospital staff nurses and patient safety. *Health Affairs*, 23(4), 202-212.

4. Leape, L., et al. (1995). Systems analysis of adverse drug events. *JAMA*, 274(1), 35-43.

5. Greater New York Hospital Association. (2004). *Survey of nurse staffing in GNYHA member hospitals, 2003*. New York: Author.

6. Jones, C.B. (2005). The costs of nurse turnover, part 2: Application of the nursing turnover cost calculation methodology. *Journal of Nursing Administration*, 35(1), 41-49.

7. Scott, J.G., Sochalski, J., Aiken, L. (1999). Review of Magnet hospital research: Findings and implications for professional nursing practice. *Journal of Nursing Administration*, 29(1), 9-19.

# MEMORANDUM OF SUPPORT

**A1898**

**By Assemblymember Gunther**

**S125**

**By Senator Morahan**

## **AN ACT to amend the labor law, in relation to limiting consecutive hours of work by nurses**

The New York State Nurses Association supports the above-referenced legislation, which would prohibit healthcare employers from requiring registered professional nurses or licensed practical nurses to remain on duty beyond their usually scheduled shift. This bill calls for a "zero tolerance" policy - unless there is an emergency, as defined in the bill, no RN or LPN can be required to work past a normally scheduled shift. This bill does not prohibit nurses from using their professional judgment to volunteer for additional hours based on their capabilities to provide care safely and competently.

Registered nurses are the caregivers who are responsible for continuously overseeing the condition of their patients. They must be properly rested to capably perform their vital role. Reliance on overtime increases the risk for injuries and accidents due to greater fatigue and stress, which ultimately diminish the quality of care and endangers patients. Abuses of mandatory overtime have escalated as facilities use this measure as a way to deal with the nursing shortage and fill holes in their nurse staffing. Management must take responsibility for filling staff vacancies within their institution, regardless of the reason they occur. Vacancies can be due to planned time off such as scheduled breaks and vacations, or unplanned events such as staff sick calls. Management must be held accountable for recruiting and retaining sufficient staff to ensure that vacant positions can be filled without a reliance on mandated overtime.

Employer reliance on mandatory overtime to fill staff gaps creates unsafe and unsatisfying working conditions. Such conditions are a contributing factor to the worsening nursing shortage. Registered nurses who voluntarily leave the profession cite mandatory overtime as a significant reason for their decision. Eliminating an employer's ability to utilize mandatory overtime will promote quality patient care and encourage nurses to remain or return to practice in a direct patient care role.

Mandatory overtime creates a tremendous burden on those nurses who are also primary care providers for family members. Working overtime without notice leaves little opportunity to make arrangements to care for children or other dependents. Nurses face the impossible decision of choosing between abandoning their patients and neglecting their children and other family members.

Nurses are licensed professionals who are personally held accountable for determining whether they are competent to render care. When nurses are forced to work past the point where they are competent, the employer restricts their legally mandated responsibility to exercise that professional judgment. Ultimately, it should be nurses' exercise of professional judgment that decides whether or not they are able to work extra hours and continue to provide care safely and competently.

To promote quality care, NYSNA strongly urges the prohibition on employer use of mandatory overtime, as outlined in this bill.



## **Violence Against Nurses A6186/S3441**

### **Violence against nurses in the workplace occurs at an alarming, unacceptable rate.**

- Nearly 500,000 nurses per year are victims of violent crimes in the workplace according to the U.S. Department of Justice.
- In 2000, 48% of all nonfatal injuries from violent acts against workers occurred in the health care sector; nurses, nurse's aides and orderlies suffer the highest proportion of these injuries, according to the U.S. Department of Labor.
- A recent study by the University of Alberta in Canada surveyed 9,000 nurses and found many nurses experienced some type of violent act during the past 5 shifts they had worked. Researchers reported that 24% of medical-surgical nurses had reported an assault, as did 22% of emergency nurses and 20% of nurses working on psychiatric units. Patients accounted for 95% of physical assaults and 70% of verbal assaults against nurses in emergency, psychiatric, critical care and medical-surgical wards.

### **Violence against nurses in the workplace impedes delivery of health care.**

- When nurses are assaulted, they are taken away from direct patient care. They may require immediate and/or ongoing physical and psychological treatment. They may be out of work for periods of time as a result of the incident, on official or unofficial leave. Upon return, they may experience ongoing problems that hinder their ability to provide care as effectively as before. Some may quit the profession entirely.
- The gap created in staffing when one nurse is assaulted places a heavier burden on the remaining nurses. As fewer nurses are left struggling to care for more patients, an exacerbated environment of delays, errors, poorer quality care and frustrations may further the potential for additional assaults, completing a "vicious cycle."

### **Nurses deserve the same protection afforded other professionals who are exposed to greater risk of violence in their service to the public.**

- Nursing is a female-dominated profession that has not been considered as dangerous as traditionally male-dominated professions, such as police and firefighters. This perception has led to the establishment of more rigorous safety procedures for police and firefighters than for nurses. There are also legal consequences in New York State law that apply specifically to assault of police and firefighters, but not for nurses.
- Nurses often serve in roles where they are the first to interact with individuals or groups in injured and excited states, which may include gang members, drug or alcohol abusers, trauma patients, mentally ill patients, and distraught family members, and are exposed to greater risk of violence than many in other professions.
- Nurses deserve the same protections afforded other professionals who are vulnerable to workplace violence because of the probability that they will confront potentially or actually dangerous conditions and people in the course of their service to the public.

# MEMORANDUM OF SUPPORT

**A6186**  
**By Assemblyman Koon**

**S3441**  
**By Senator Golden**

## **AN ACT to amend the penal law, in relation to assault on registered nurses**

The New York State Nurses Association supports the above referenced bill, introduced at our request, which would add attacks on Registered Nurses (RNs) or Licensed Practical Nurses (LPNs) to the same class of assault as attacks on police officers, firefighters, and Emergency Medical Technicians (EMTs). Current law recognizes the importance of the work of police officers, firefighters, and EMTs by punishing assaults on them more harshly than assaults on the general public. While RNs and LPNs are also vital to the public welfare, the law does not protect nurses as it protects other first responders. This bill would provide RNs and LPNs with protections recognizing their important contribution to protecting the public.

According to the U.S. Department of Justice, nearly 500,000 nurses per year are victims of violent crimes in the workplace. There is more than 1 assault per 1,000 healthcare workers. In 2000, 48% of all nonfatal injuries from violent acts against workers occurred in the healthcare sector. RNs and LPNs suffer the highest proportion of these injuries. In a recent study of staff nurses, 46% experienced one or more types of violence in the last five shifts worked and nearly 20% of the staff reported experiencing a physical assault, defined as being spit on, bitten, hit or pushed, in the past five shifts. The frequency with which nurses are assaulted has led to an accepted and inappropriate belief that violence is to be expected in a healthcare environment and should be considered "part of the job."

Unfortunately, individual nurses have very little influence over the level of violence or the safeguards in their workplaces. Hospitals have many characteristics that create an unsafe working environment. The general public has unrestricted movement through facilities. Gang members, drug or alcohol abusers, trauma patients, mentally ill patients and distraught family members are often present. Hospitals are often understaffed, which leads to isolated work with patients during exams or treatment. Shift work often requires nurses to arrive and leave hospitals during darkness, increasing the risk of assault. Additionally, nursing is a female-dominated profession that has not been considered as dangerous as traditionally male-dominated professions, such as police and firefighters. This perception has led to the establishment of more rigorous safety procedures and different legal protections for police and firefighters than for nurses.

Because of the inherent dangers that RNs and LPNs face in simply trying to do their jobs, the prevalence of violence against healthcare personnel, and the importance of the services that RNs and LPNs provide, NYSNA strongly urges passage of this legislation to add attacks on Registered Nurses (RNs) or Licensed Practical Nurses (LPNs) to the same class of assault as attacks on police officers, firefighters, and EMTs.

# legislative talking points

NEW YORK STATE NURSES ASSOCIATION

## **Advancement of Nursing Education A2480/S294**

NYSNA supports legislation that would require future professional nurses to earn bachelor's degrees in nursing within ten years of their initial licensure in order to re-register to practice in New York state. This measure is consistent with the state's overall commitment to encouraging professionals to advance their education.

**While seeking to expand the education requirements for registered nurses (RNs) practicing in New York state, this legislation recognizes associate degree and nursing diploma programs as appropriate ways to enter the profession.**

Under the provisions of this bill:

- RNs would continue to be able to enter the profession through associate degree and diploma in nursing programs, which prepare them to take the NCLEX licensing exam and to begin functioning as competent, novice nurses.
- RNs would have ten years following initial licensure to attain bachelor's degrees in nursing. If they did not complete this requirement within ten years, they could request a conditional registration, which permits two additional years to fulfill the requirements.
- This legislation would exempt nurses who are licensed and students who have applied to or are enrolled in nursing school at the time the legislation is enacted.

**An increasingly complex healthcare environment emphasizes the need for advanced nursing education.**

- In a report to the U.S. Department of Health and Human Services, the National Advisory Council on Nurse Education and Practice has recommended that two thirds of the nation's basic nurse workforce should hold bachelor's degrees in nursing (BSN) or higher by 2010. The report cited significant changes in the healthcare environment, including more complex drug therapies and treatment, rapid advances in technology and the growing population of older adults with multiple chronic conditions. The quantity of information related to health and nursing care is expected to increase more than 32 times within the next 10 years. For example, in the 1960s, RNs were expected to be familiar with 600 drugs – there are now more than 13,000 drugs on the market.
- Of the 31,000 New York state registered nurses who completed a 2002 State Education Department survey, 87% responded that they would recommend the Bachelor of Science in Nursing degree for RNs.
- A 2003 study published in the *Journal of the American Medical Association* found that a greater number of staff nurses with bachelor's degrees resulted in a decrease in patient mortality among surgical patients, improved patient outcomes and shorter lengths of stay.



**Bachelor of Science in Nursing programs offer students more knowledge in nursing theory and in the application of evidence-based data, contributing to improved patient outcomes.**

- A strong foundation in the liberal arts and sciences strengthens students' analytical and critical thinking skills. These skills, which are further developed in BSN programs, better prepare RNs to seek process improvements that address medical errors and other challenges in the healthcare delivery system.
- Students in BSN programs are exposed to clinical settings, such as home care, public health and outpatient clinics, that are not generally available in other nursing education programs. BSN programs also teach leadership skills, which are needed by nurses to effectively monitor and evaluate unlicensed healthcare workers and to participate in problem-solving and activities devoted to quality improvement.
- This legislation is not expected to have a negative effect on the nursing workforce. It is similar to the requirement that public school teachers earn master's degrees within five years of initial certification. Statistics compiled by the New York State Education Department indicate that, despite this requirement, the number of students graduating annually from basic teaching education programs in the state has increased from 18,619 to 24,143 over the past five years.
- Healthcare facilities benefit from having more highly educated RNs on staff. The Magnet Recognition Program conducted by the American Nurses Credentialing Center (ANCC) recognizes hospitals and long term care facilities that demonstrate excellence in nursing services and patient outcomes. Hospitals that seek "Magnet" status must document their support for evidence-based practice initiatives, which generally are conducted by nurses with bachelor's or master's degrees. "Magnet" facilities have reported higher job satisfaction and higher retention rates among nursing staff.

**There are many avenues available for RNs who want to earn bachelor's degrees in nursing.**

- Currently, 44 of 47 schools of nursing in New York state offer BSN programs tailored for students who are already RNs. Most schools give RNs the opportunity for advanced placement in bachelor's programs, granting as much as 30 credits for previously taken courses in nursing, liberal arts, science, and humanities.
- RN-to-BSN programs do not require as many faculty members as do programs that provide clinical instruction for generic (non-RN) students. Given the current faculty shortage, this can be viewed as a viable approach to advancing nursing education.
- The issue of greater access to coursework is being addressed. Some employers have brought the classroom to the workplace, contracting with area colleges and universities to conduct many types of programs for their employees on site. In addition, the increased availability of distance learning has made it easier for nurses to take courses from their home computers.

# MEMORANDUM OF SUPPORT

**A2480**

**By Assemblymember Morelle**

**S294**

**By Senator Alesi**

## **AN ACT to amend the Education Law, in relation to the educational preparation for the practice of professional nursing**

The New York State Nurses Association (NYSNA) supports the above-referenced legislation, which would require registered professional nurses (RNs) to attain bachelor's degrees in nursing (BSN) within ten years of their initial licensure as a criterion for re-registration to practice in New York state. This legislation adds an amendment to subsection 6905, subdivision (2) of the Education Law and was modeled after the education requirement for public school teachers in New York State, in which teachers are required to earn master's degrees within five years of initial certification.

The nursing profession's educational history is rich with opportunities for career advancement. Since the introduction of associate degree programs in the 1950s, thousands of nurses have entered the nursing profession through this level of education. Associate degree programs prepare graduate nurses to sit for the NCLEX-RN (national licensing exam) and to begin functioning competently as novice nurses.

Bachelor's degree programs provide additional emphasis on key areas of nursing theory and the use of evidence-based data in nursing practice. Typically, BSN students are exposed to settings and areas of practice that are not part of associate degree programs, such as public health, home care, and other outpatient settings. The BSN curriculum provides students with leadership skills that enable them to better supervise and monitor dependent practitioners such as licensed practical nurses (LPNs) and unlicensed assistive personnel (UAP).

The increasing complexity of technology, medications and treatments, and chronic health conditions (in all age groups) underscores the need for nurses to continue their education. The changing environment and consumer expectations emphasize the need to reevaluate nursing education. A strong foundation in the liberal arts and sciences strengthens the analytical and critical thinking skills needed for safe, culturally competent care. These skills, which are further developed through BSN programs, better prepare RNs to seek process improvements that address medical errors and other challenges in the healthcare delivery system. With the shift toward providing care in home-based settings instead of institutions, bachelor's-prepared RNs will be better equipped to meet this population's needs.

Due to the increasing complexity of patient care, in a report to the U.S. Department of Health and Human Services, the National Advisory Council on Nurse Education and Practice urged that two thirds of the basic nurse workforce hold bachelor's or higher degrees in nursing by 2010. According to the 2002 State Education Department survey, 56% of RNs in New York have BSN degrees or higher.

Language in this legislation will exempt nurses who are already registered in New York State as well as nursing students who are enrolled in associate degree or nursing diploma programs at the time of enactment. It is expected that these RNs will participate in lifelong learning through continuing education courses and certifications, as many nurses do now. Currently, however, continuing education coursework is not a requirement for re-registration in New York State.

For nurses who are affected by this requirement in the future, the increased accessibility of distance learning programs will afford them greater flexibility in furthering their education, despite busy work schedules and other life commitments. Institutions with BSN programs are already making accommodations for associate degree and diploma-prepared RNs by accepting their nursing credits without requiring validating exams. Additionally, the legislation allows nurses to obtain a conditional registration if they fail to complete the bachelor's degree within the ten-year period.

New York State is recognized throughout the nation for its high standards in health care and education. With this in mind, NYSNA supports the enactment of legislation that would expand the education requirement for the profession of nursing.