



**Safe Staffing Talking Points  
A2264/S3843**

**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

**A2264**

**By Assemblymember Gottfried**

**S3843**

**By Senator Duane**

## **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.



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# legislative talking points

NEW YORK STATE NURSES ASSOCIATION

## Violence Against Nurses A3103/S4018

### **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

A3103

By Assemblyman Koon

S4018

By Senator Hassell-Thompson

## 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.



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Political and Legislative Activity: Why Nurses **MUST** Be Involved

# legislative talking points

NEW YORK STATE NURSES ASSOCIATION

## **Advancement of Nursing Education A2079-B/S4051-A**

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

**A2079-B**

**By Assemblymember Morelle**

**S4051-A**

**By Senator Stavisky**

## **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.



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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.



# legislative talking points

NEW YORK STATE NURSES ASSOCIATION

## **Safe Patient Handling Talking Points A2047-A/S3839**

NYSNA supports legislation that would create the New York State Safe Patient Handling Task Force and a statewide safe patient handling policy for all healthcare facilities in New York.

### **Safe patient handling policies and practices create a safe environment for patients and healthcare workers by eliminating the injuries that result from manual lifting.**

- Outdated methods of manual lifting can cause patients fear, anxiety, and discomfort and lead to the development of skin tears and bruising.
- The use of manual lifting also increases the chance of slips, falls, and drops which lead to patient injury.
- With the implementation of safe patient handling, patients will experience lower levels of depression, higher engagement in activities, greater satisfaction with their care, increased dignity, and improved ambulatory status and range of motion.

### **Safe patient handling is proven to create a work environment that supports nurse retention.**

- Injuries related to lifting and positioning patients is a significant contributor to the nursing shortage.
- The top reason (36%) that nurses leave the profession aside from retirement is to seek jobs that are less physically demanding (American Nurses Association).
- It is predicted that unless this issue is resolved the demand for nursing services will exceed the supply by nearly 30% in 2020.

### **A statewide safe patient handling policy would mandate the training and education on safe patient handling that many of the state's nurses need to better protect themselves and their patients.**

- Ongoing training is key in healthcare settings for nurses to achieve proficiency and comfort regarding equipment use (Nelson et al., 2004; NIOSH, 2001).
- An evaluation of current practices reveals that 98% of nurses are using the manual patient lifting technique known as the "Hook and Toss," which has been deemed unsafe since 1981 (Owen et al., 1995).

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- Several studies support the significance of training on equipment related to patient handling for a successful program in injury prevention (Collins, Wolf, Bell & Evanoff, 2004; Lynch & Freund, 2000; Nelson & Fragala, 2004; Owen et al., 2002; Retsas & Pinikahana, 2000).

**Examples of safe patient handling programs in New York State that have resulted in a dramatic decrease in injury rates include:**

- Kaleida Health, two years post-implementation, has experienced a 77% decrease in lost workdays.
- NYS Veterans' Home at Batavia, three years post-implementation, has experienced a 93% reduction in lost workdays.
- Glens Falls Hospital, five years post-implementation, has experienced a 56% decrease in injuries related to patient handling. They have also experienced a 25% decrease in total workers' compensation costs and a 16% decrease in the amount per workers' compensation claim.
- As of November 2007, Geneva Living Center North had gone 387 days without an injury after implementing a safe patient handling program.

(2010)

# MEMORANDUM OF SUPPORT

A2047-A  
By Assemblymember John

S3839  
By Senator Duane

## **An ACT to amend the public health law and the education law, in relation to a safe patient handling policy for health care facilities**

The New York State Nurses Association, representing the interests of Registered Nurses and the patients they serve, supports the above-referenced bill which would create a Statewide Safe Patient Handling Policy for all health care facilities in New York State.

This legislation creates an eleven member New York State Safe Patient Handling Task Force within the Department of Health - identifying the composition of the task force and its powers and duties. The bill requires that a report identifying Safe Patient Handling Program elements and recommendations be submitted to the Commissioner of Health by July 1, 2010. The Commissioner of Health in consultation with the task force shall then promulgate rules and regulations for a statewide safe patient handling policy to be made available to all health care facilities by January 1, 2011. Facilities covered by this act shall file a plan for compliance with the Department of Health by July 1, 2011 that must be accepted by the Department by January 1, 2012.

Safe patient handling is a comprehensive approach to reducing the use of the manual movement of patients when lifting, transferring and re-positioning. The rules and regulations of A11484/S8358 will require that each healthcare facility's Safe Patient Handling Program include: a written policy statement, management commitment and employee involvement, committees, risks assessments, incident investigation, procurement of engineering controls, lifting and transfer aids or assistive devices, employee training and education on safe patient handling, and program evaluation and modification. Each facility will also establish a Safe Patient Handling Committee to assist with implementation and oversight of the Program.

The Nurses Association appreciates and supports the many benefits that can be derived from safe patient handling programs. Patients benefit through improved quality of care and quality of life by reducing risks of falls, being dropped, friction burns, skin tears, and bruises. Healthcare workers benefit from the reduced risk of career ending and debilitating injuries; decreases pain and muscle fatigue; and increases in morale, job satisfaction, and longevity in the profession. Healthcare facilities realize a quick return on their investment through reduced workers' compensation medical and indemnity costs, reduced lost workdays and improved recruitment and retention of health care workers – including R.N.s of which the state is experiencing an ever worsening short supply. Further, these benefits will lead to the fiscal improvement of New York's healthcare system.

New York State's patients and healthcare workers deserve the positive outcomes that result from the adoption of Safe Patient Handling policies and practices. To promote quality patient care and a safer work environment for healthcare workers, the New York State Nurses Association strongly urges enactment of this legislation.



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