Appendix D

Safe Staffing Talking Points
A921/(Senate number TBD)

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

A921 **Senate version pending**

By Assemblymember Gottfried

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 (RNs) and the patients they serve, strongly supports the above-referenced bill, which would authorize the State Department of Health to require all acute care facilities and nursing homes to comply with standards for appropriate staffing of nursing and unlicensed direct care staff; to submit an annual, publicly accessible staffing plan to the Department; would require acute care facilities to maintain staffing records for all shifts; authorizes nurses to refuse work assignments if the minimum staffing is not present; imposes civil penalties on facilities for violating the staffing provisions; and provides protections for nurses discriminated against for refusing illegal work assignments.

Licensed nurses constitute the largest percentage of direct health care staff in acute care facilities and have a central role in health care delivery. Inadequate and poorly monitored nurse staffing practices jeopardize the provision of quality health care services, resulting in dangerous and costly medical errors, sub-optimal patient and resident outcomes, and a higher turnover of nursing staff.

Currently in New York State, many RNs report insufficient staffing and poor utilization of staffing resources at the facilities in which they work. A study of high-performing hospitals identifies the maintenance of patient-to-nurse ratios, even during times of workforce shortages, as a key ingredient for improving quality of care (Meyer, Silow-Carroll, Kutyla, Stepnick, & Rybowski, 2004). Enactment of the "safe staffing for quality care act" would mandate this critical element for success and would help New York's hospitals achieve high-performing status.

In 2004, California became the first state to mandate nurse staffing ratios in hospitals. New analysis reveals that the California mandates are significantly associated with fewer negative outcomes for patients and staff. There is a direct relationship between patient morbidity and mortality, and staffing levels. Research has proven that the number of patients assigned to an RN has a direct impact on the quality of care the RN can provide: A 2002 study published in the Journal of the American Medical Association estimates that acute care hospitals routinely employing an 8:1 patient-to-nurse ratio experience five additional deaths per 1,000 patients – and 18.2 additional deaths of patients as a result of complications - than those employing a 4:1 patient-to-nurse ratio (Aiken, Clarke, Sloane, Sockalski, & Silber, 2002). These numbers translate into annual prevention of over 6,700 patient deaths and 4 million additional hospital days (Needleman, Buerhaus, Stewart, Zelevinsky, & Mattke, 2006). Inadequate nurse staffing is directly related to an increase in urinary tract infections, upper gastrointestinal bleeding, longer hospital stays, shock, and even death (Needleman, Buerhaus, Mattke, Stewart, & Zelevinsky, 2002). Conversely, the U.S. Pharmacopoeia (2000) found that decreasing the number of hours of RN care per patient is a primary contributing factor to medication errors. In addition, research shows that the incidence of pressure ulcers is higher on units where the RNs had fewer hours per patient, to deliver care (Blegen, Goode, & Reed, 1998). The evidence clearly demonstrates that patient and resident outcomes suffer when nurses' work assignments do not allow adequate time to provide care. Enactment of this legislation could result in substantial decreases in morbidity and mortality rates among New York State patients and nursing home residents.

In addition to improving patient and resident outcomes, safe staffing and minimum nursing care hours enhance nursing workforce recruitment and retention efforts. In the absence of this legislation, unsafe nursing workloads in New York are leading to high levels of job dissatisfaction, burnout and subsequent departures from the profession. Research shows that nurses in hospitals with an 8:1 patient-to-nurse ratio are 1.74 times more dissatisfied with their jobs than nurses in a hospital maintaining 4:1 patient-to-nurse ratios (Aiken et al., 2002). Of those studied, 43% of

dissatisfied RNs reported a plan to leave their job within the next 12 months. The cost of replacing a nurse is a significant and often insidious cost for health care facilities.

Employing safe staffing ratios and minimum nursing care hours is a smart, cost-saving strategy. Health care facilities often try to cut costs by reducing staffing levels, and yet savings are actually generated from the shorter hospital stays and lower complication, error, and injury rates that result from safe staffing. Safe staffing reduces employer costs that result from the turnover of personnel. Hospitals with a 20% or more turnover rate experience a 36% increase in costs over hospitals with lower staff turnover rates (VHA Research Series, 2003). In addition to saving lives, enactment of the above legislation would save money and have a positive impact on health care facility finances.

Despite the evidence, staffing levels in New York's health care facilities are often inadequate and interfere with nurses' ability to provide safe and effective care. It is essential that the legislature establish staffing standards for nursing and unlicensed direct care staff in all acute care facilities and nursing homes to help ensure that these facilities operate in a manner that guarantees the public safety and the delivery of quality health care services. Safe staffing will improve the health of New York's patients, will ensure positive working conditions that will attract and retain nurses, and will contribute to lower health care costs. In an ongoing commitment to public policy that improves the health of New York's residents, as well as promoting a safer environment for both nurses and patients, NYSNA strongly urges enactment of the "safe staffing for quality care act."

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legislative talking points
NEW YORK STATE NURSES ASSOCIATION

Healthy Workplace Bill
A4257/(Senate number TBD)

Workplace bullying is a widespread problem.

- Workplace bullying may be defined as the repeated, malicious, health-endangering mistreatment of one employee by one or more employees, by verbal and non-verbal means.
- According to a survey conducted by the Workplace Bullying Institute (WBI, 2007), an estimated 53 million Americans report being bullied at work with an additional 14% witnessing it.
- Workplace bullying is four times more prevalent than sexual harassment.
- According to a 2007 national survey conducted by WBI and Zogby International, 37% of workers have experienced forms of workplace bullying in their working lives; 62% of employers who received complaints about workplace bullying either ignored the problem or made it worse and 73% of workplace bullies are supervisors.
- According to the International Labor Organization (ILO), workplace bullying has become a silent epidemic. Workers say it is "undiscussable" at work because of its career-jeopardizing potential (as cited in WBI & Zogby International, 2007).
- 54% of bullying involves public humiliation of targets while 32% of bullying happens behind closed doors (WBI & Zogby International, 2007).

Workplace bullying can inflict health-impairing physical and psychological harm on targeted employees.

- 45% of bullied targets say stress affected their health (WBI & Zogby International, 2007).
- Surveys and studies have documented that between 16 to 21 percent of employees directly experience health-endangering workplace bullying.
- These symptoms include stress disorders of all types, clinical depression, high blood pressure, cardiovascular disease, impaired immune systems, symptoms consistent with Post Traumatic Stress Disorder, etc. (Namie & Namie, 2009).
- Bullying can come in forms of verbal abuse, abuse of authority, interference with work performance and destruction of workplace relationships.
- 55% of bullied targets endure bullying for more than 6 months while 33% for more than one year (WBI & Zogby International, 2007).

Workplace bullying can cause serious consequences for employers.

- According to a study of 775 targets of workplace incivility and aggression (Pearson, 1998), 28% lost work time avoiding the instigator, 22% decreased their efforts at work and 12% actually changed jobs to avoid the instigator.

- According to human resource expert Emily Bassman, abusive work environment result in "fear and mistrust, resentment, hostility, feelings of humiliation, withdrawal, play-it-safe strategies and hiding mistakes" (Bassman, 1992, p. 141).

- According to Joseph Kinney of the National Safe Workplace Institute, "there have been numerous instances where abusive supervisors have baited angry and frustrated employees, pushing these individuals to unacceptable levels of violence and aggression" (Kinney, 1995, p. 132).

Addressing workplace bullying will not only preserve the quality of life for employees, it will also help to decrease the incidences of workplace violence.

- Current employment law does not protect bullying targets or encourage employer prevention.

- Most instances of severe workplace bullying, especially those unrelated to protected class status (sex, race, disability, etc.) fall between the cracks of existing employment law (Parker-Pope, 2008).

- Since 2003, variations of the Healthy Workplace Bill have been introduced in the state legislatures of nearly 20 states.

- There is a national legislative campaign in support of the Healthy Workplace Bill with grassroots organizations in many states. Organizations such as the national NAACP and locals of leading labor unions and teacher unions are supporting variations of workplace bullying legislation.

- The Healthy Workplace Bill will provide workers with a legal claim for severe bullying behavior but with a high threshold; they must establish that the behavior was abusive, malicious and caused tangible physical and/or psychological harm. It will also impose liability on both individual aggressors and employers, but allows employers to minimize liability by preventing and responding to bullying situations.

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MEMORANDUM OF SUPPORT

A5414-B **Senate version pending**

By Assemblyman Englebright

An ACT to amend the labor law, in relation to establishing a private cause of action for an abusive work environment

The New York State Nurses Association supports the above referenced bill which would establish a civil cause of action for employees who are subjected to an abusive work environment. This legislation will provide legal redress for employees who have been harmed psychologically, physically or economically. It will also provide legal incentives for employers to prevent and respond to mistreatment of employees at work.

Surveys and studies have documented that between 16 to 21 percent of employees directly experience health endangering workplace bullying, harassment and abuse, and this behavior is four times more prevalent than sexual harassment. It has also been documented that abusive work environments have had serious effects on those targeted employees. Reports have included feelings of humiliation and shame, loss of sleep, stress, depression and severe anxiety. Hypertension and pathophysiologic changes that increase the risk of cardiovascular disease and other such effects have also been reported.

Studies have also shown that abusive work environments can also have serious consequences for employers, including reduced employee productivity and morale, higher turnover and absenteeism rates, and significant increases in medical and workers' compensation claims. This negative environment is fostered when employers who were notified by their employees that they were subjected to abusive conduct, and the employer after receiving notice of the claim, fails to eliminate the abusive conduct.

NYSNA strongly urges passage of this legislation that encourages employees to speak out against abusive work environments and empowers employers to address abusive behavior.

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Advancement of Nursing Education
A1977/S1223

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

A1977S **S1223**

By Assemblymember Morelle **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 nurses (RNs) to attain a bachelor's degree in nursing within ten years of their initial licensure as a requirement 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, which requires teachers to earn a master's degree within five years of their initial certification.

Since the introduction of associate degree programs in the 1950s, thousands of nurses have entered the profession through this level of education. Associate degree programs prepare graduate nurses to take the NCLEX-RN® (National Council Licensure Examination for Registered Nurses) and to practice as competent entry-level nurses. However, a position statement issued in 2000 by the American Association of Colleges of Nursing stresses the importance of nurses obtaining a baccalaureate noting that the "Veteran's Administration, the nation's largest employer of registered nurses, has established the baccalaureate degree as the minimum preparation its nurses must have for promotion beyond entry-level" ("The BSN Nurse is Preferred", para. 6).

Research-based evidence shows that in hospitals where there are higher proportions of nurses educated at the baccalaureate level, surgical patients experienced lower mortality and lower failure-to-rescue rates (Aiken, Clarke, Cheung, Sloane, & Silber, 2003). Specifically, the evidence shows that for every 10 percent increase in the proportion of staff nurses with baccalaureate degrees, there is a 5 percent decline in mortality and failure-to-rescue of patients that experience post-surgical complications (Aiken et al., 2003). This improvement in quality and patient safety represents compelling evidence that justifies the adoption of this legislation.

Bachelor's degree programs provide additional emphasis and exposure in areas of nursing theory, which include the incorporation of evidence-based nursing practice, and community and public health issues. The increasing complexity of technology, medications and treatments, and chronic health conditions across the age continuum underscores the need for nurses to continue their education. A strong foundation in the liberal arts and sciences strengthens the analytical and critical thinking skills needed for safe, culturally competent care, as well as providing additional intellectual resources to draw upon. The baccalaureate 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 Institute of Medicine–Robert Wood Johnson Foundation report on *The Future of Nursing* (2010) states as one of its four key messages, that "nurses should achieve higher levels of education and training through an improved education system that promotes seamless academic progression" (Key Messages section, para. 2). Nurses increasingly work in collaboration and coordination with other healthcare professionals and as their clinical and technical roles expand, they must attain competencies in areas such

as community health, public health, geriatrics, research, leadership, and systems improvement if they are to delivery high-quality care. The Institute of Medicine report recommends that by 2020, 80% of RNs possess a bachelor's degree in nursing.

The majority of nursing graduates in NYS are associate degree-prepared. Data from the State Education Department indicates that if not required to do so through the above-referenced legislation, only 20% of these nurses will continue their education and earn a bachelor's degree. The Center for Health Workforce Studies at the University at Albany School of Public Health reports that the current economic environment has created a "competitive nursing job market" (2009). There is evidence that the economy has mitigated the nursing shortage and that acute care facilities, taking advantage of a large pool of nurse applicants, are preferentially hiring baccalaureate-prepared RNs. Significantly, the North Shore-LIJ hospital system now requires newly hired nurses to either hold a bachelor's degree in nursing, or to earn one within five years. We should not allow the marketplace to generate a two-tier healthcare system that places bachelors-prepared RNs in acute care facilities and associate and diploma-prepared RNs in sub-acute facilities, nursing homes, and other long-term care facilities. This development is not beneficial for patient care, nor is it acceptable for the profession of nursing. All patients and residents should have access to a well-educated, highly-prepared workforce.

There is a looming nursing shortage predicted from an increased need for health-related services resulting from an aging population, an expansion in access to health services resulting from healthcare reform efforts, an aging nursing workforce, fewer young nurses, and a challenging work environment that contributes to high rates of nurse turn-over. The average age of RNs in New York State in 2002 was 47 years old. The nurses that will be affected by this legislation, those not yet practicing and not yet enrolled in nursing programs, will earn their bachelor's degree within ten years of their initial licensure. Nurses with a bachelor's degree are more likely to pursue a master's degree, which is a requirement to become a nurse educator. Policy makers must think strategically about confronting the impending crisis in the nursing workforce. New York State will need nurse educators to prepare the necessary nursing workforce and to accomplish this, we must require the educational advancement of RNs.

For nurses who are affected by this requirement in the future, the accessibility of distance learning programs and the availability of state and federal loan forgiveness and scholarship programs will afford them great flexibility in furthering their education. The majority of healthcare institutions provide tuition reimbursement for their employees and many offer academic classes on-site. Academic institutions with traditional bachelor's degree programs have made accommodations for associate degree and diploma-prepared RNs by establishing articulation agreements and by offering specially-designed RN-to-bachelor's bridge programs. Additionally, this legislation allows nurses to obtain a conditional one-year registration if they are not able to complete the bachelor's degree within the designated ten-year period.

New York State is recognized throughout the nation for its high standards in health care and education. NYSNA supports a progressive approach to advancing nursing education, requiring a bachelor's degree within ten years because it acknowledges the benefits of associate and diploma nursing education, while still requiring educational advancement essential to achieving higher quality patient outcomes and in preparing the next generation of nurses. With this in mind, NYSNA supports the enactment of legislation that would expand the education requirement for the profession of nursing.

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legislative talking points
NEW YORK STATE NURSES ASSOCIATION

Safe Patient Handling Talking Points
A1370-A/S2470-A

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 & Fragala, 2004; National Institute of Occupational Safety and Health, 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, Keene, Olson, & Garg, 1995).
- 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 et al., 2004; Owen, Keene, & Olson, 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)

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MEMORANDUM OF SUPPORT

A1370-A **S2470-A**

By Assemblymember John **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 A1370-A/S2470-A 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.

New York State NURSES ASSOCIATION℠

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