

Overview of Staffing Law Elements

- Facility Staffing Committees**
- Facility Staffing Plans**
- Transparency and Reporting**
- Enforcement**
- Timeline**
- Legislative Commission**

Facility Staffing Committee

- Every hospital & nursing home must form a Staffing Committee that includes representatives of NYSNA members (all titles) and other front line unit staff: LPNs, aides, clerical, housekeeping, other direct care and assistive personnel and management (DON, HR, finance, managers, etc.).
- 50-50 split with management.
- Committee will develop annual staffing plans for each unit. The plan will be reviewed semi-annually against patient needs and outcomes, re-done every year, and the committee will oversee implementation & enforcement. We'll say more about the committees in a next section.
- This law covers all hospitals & nursing homes in NYS—whether they are in NYSNA or other healthcare unions, or not.

Staffing Plan

- The number of patients per RN—a ratio! The plans must have guidelines, ratios, grids or matrices that show specifically “how many patients are assigned to each registered nurse” – plans cannot be general in nature.
- It must be unit and shift, and must cover all units in the facility.
- Factors spelled out in the law that must be considered in drawing up the plan include census, acuity, skill mix, layout of the unit, providing staff for one-on-one observation, special unit or patient population characteristics, coverage for meals and breaks, staff leave time, etc.

Required Elements of the Staffing Law

- Staffing plan must incorporate and include all staffing ratios, grids or other provisions of existing NYSNA collective bargaining agreements. If our contract has a ratio or grid, it has to be included in the plan – failure to do so violates the law.
- Must incorporate all existing and future staffing laws.
 - Existing staffing ratios for Burn units, OR, Liver will be enforceable state law.
 - DOH will also issue new statutory ratios or minimum requirements for ICUs per Jan 1, 2022, including a reference that such regulations consider a minimum of 12 hours of RN time per patient per day (which functionally amounts to a 1:2 ratio).
 - This allows us to continue to push for added regulations or laws to provide specific minimum ratios for more units and this is recognized by the proposed law – it's a pathway for ongoing campaigns to add more and more ratios to the staffing law.

Transparency and Reporting

- Staffing plans and compliance data are public
- Staffing plans must be sent to DOH and posted on the DOH website. Hospitals will also have to report their actual staffing of RNs, LPNs and assistive personnel (expressed in hours of staff time per shift, and in ratios for RNs). This allows everyone to see actual staffing levels and compare the staffing levels of every hospital.
- Also, actual staffing level reports must be in a uniform manner allowing hospital to hospital comparisons (apples to apples).
- Hospitals also have to post this data in a public place on each unit.

Enforcement

- Once a staffing plan is adopted it becomes state law & hospitals must comply with the staffing plan.
- If there are violations, individual staff members and unions can file a complaint to the committee. The law also specifically provides that patients/family members and workers cannot be retaliated against for filing complaints. This implies that patients can also complain and gives us the ability to mobilize patients and local communities to support safe staffing.
- The committee must review and resolve or dismiss the complaint. If a complaint is not resolved by the committee, it can be appealed to the DOH for investigation. Veto power.

Enforcement (continued)

- DOH will investigate unresolved complaints incl failure to follow the procedures of the law or non-compliance with staffing plans. If DOH finds a violation after investigation, it must issue an order to correct the violation within 45 days. DOH will also post all violations issued against each hospital.
- The DOH is also explicitly authorized to use its statutory power to fine a hospital for failure to comply with a corrective plan (the fines can range from \$2000-\$5000). The DOH can also issue injunctive orders to force specific actions and can suspend or revoke licenses.

Timeline

- **JANUARY 1, 2022:** law takes effect; staffing committees established.
- **JULY 1, 2022:** staffing plan submitted to DOH every year.
- **JULY 31, 2022:** staffing plans posted on DOH website.
- **JANUARY 1, 2023:** staffing plans from prior July 1 are implemented every year & become enforceable under the law.
- **JULY 1, 2023:** actual staffing levels filed and made public on DOH website so nurses and public can see actual staffing ratios.
- **OCTOBER 31, 2024** Legislative Commission Report

Organizing is an Attitude

Organizing is first of all an attitude. It's the attitude that you and your co-workers together can do something to make things better. It's the attitude that action is better than complaining. It's the attitude that problems are just waiting for a solution. It's the refusal to be discouraged – at least not for long. It's the willingness to listen to others with respect, so that the plan you come up with reflects the good ideas of everyone.

If you have an organizing attitude, you feel it is necessary to respond to unfairness. You are committed to building power with your co-workers, not just talking about it. You believe in collective action and want to get better at putting others in motion.

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SECRETS OF A
SUCCESSFUL ORGANIZER

Staffing Law Organizing Actions

- **Educating members** about the law. Recruiting them to attend this workshop or an informational session and/or explaining the law yourself.
- **More staffing captains.** Goal is 10% of the membership. We've hit that number at most facilities, but distribution may be uneven. Do we have at least one staffing captain on every unit and every shift?
- **Protests of Assignment.** The daily staffing reports texts provide invaluable data unit by unit, shift by shift over time. To take full advantage of the negotiation process under the new law, we need to supplement those reports with more information about the acuity, lack of supplies, inadequate training and other conditions affecting care on the unit. Our goal is that a third of all daily staffing reports to be accompanied by Protest of Assignments.
- **Staffing captains attend existing contractual staffing committees:** Labor Management, Professional Practice, etc to present staffing data from their units using reports created by our Research Department.
- **Strengthening relationships with frontline caregivers** in preparation for joint collaboration in the Staffing Committees established through this new law.
- **Reviewing your current contractual staffing grid/ratios** We have new members; we have new and ratios/grids in many facilities. In some facilities with Allocation Committee language, ratios and grids change (for the better) every year. Organize educational sessions.
- **Reaching out to non-union nurses.** This law applies to all hospitals not just NYSNA facilities. Asking our membership check-in with the non-union to make sure they know that they too have new rights are under this law. Similarly, NYSNA will be asking all our members if they work as well in a non-union facility.
- **ICU Nurses.** NYSNA will be coordinating with all our ICU nurses this fall to make sure we are ready implementation of a statewide enforceable ICU ratio as of January 2022. If you're an ICU nurse.





AHUY: DEVELOPING A RAP

The acronym "AHUY" is a helpful shorthand for what it takes to move someone to act: **Anger**, **Hope**, **Urgency**, and **You**.

1. Opening: Introduce yourself and ask a question to get the other person talking about a workplace issue. *How will you strike up the conversation?*

2. Anger: "There is an injustice. We have to fix this." Tap into righteous anger at the injustice and create determination to do something about it. *What questions will you ask to learn how the issue affects this person?*

3. Hope: "Change is possible. We can fix this. Here's our plan." Inspire hope by conveying a clear, credible, worthwhile plan and sharing why you feel hopeful. *What are the steps we need to take together?*

4. Urgency: "Now is the time. We can't wait any longer." *What will happen if you don't act?*

5. You: "You can make a difference. Your participation matters." *Why is this person's support critical? What concrete action are you asking them to take?*

Member Involvement in All Phases of a Campaign

Review the Phases of a Campaign chart. Your facilitator will ask your small group to put the Campaign Activities on the following page into the phase where you think they belong. Then, your facilitator will ask one small group to report what they have placed where, for discussion.

Phases of a Campaign

