Introduction

This continuing nursing education (CNE) learning booklet is a collection of five self-paced educational activities (four in paper format, one On Demand learning webinar*), focusing on the latest evidence for passing legislation for Safe Staffing ratios. The educational activities have been specifically designed to enhance your knowledge of Safe Staffing legislation, including how it can positively affect patient outcomes. The series gives members an opportunity to earn up to 4 contact hours (CHs).

Each educational activity (section) will be considered a stand-alone course. In order to obtain CHs, you MUST complete the post-test with a score of 80% or better and submit the completed evaluation for each section you complete.

For those members wishing to earn CHs for these courses, please have completed evaluation forms and answer sheets returned to NYSNA no later than May 20, 2016.

*The OnDemand webinar, Finding Your Political Pulse: A nurse’s guide to legislative advocacy, will be accessible until March 26, 2016 (see details on page II of this book).

The New York State Nurses Association is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center’s Commission on Accreditation.

This Continuing Education booklet is produced by the Nursing Education and Practice Program of the New York State Nurses Association.
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Nurse staffing levels directly impact patient outcomes. Registered nurses will have the opportunity to read and study the latest evidence related to this topic and how they can incorporate this evidence into their practice to improve patient outcomes.

Objectives:
• Review three significant research studies which illustrate the impacts of safe staffing on nurses and on patient outcomes.
• Develop themes related to nurse staffing that are based on the research evidence.
• Strategize how to use evidence-based research to advocate for safe-staffing legislation.

Section II The Impact Staffing Ratios Have on Decreasing RN Turnover, Saving Hospitals Money (.5 CHs) ............................................................................................................. 19

Nurse staffing levels have a significant impact on patient outcomes and hospital financial performance, registered nurses will learn first-hand with the latest evidence how this has become a reality.

Objectives:
• Identify key research articles that impact RN staffing ratios.
• Synthesize discussions with co-workers pertaining to supporting legislation for safe staffing

Section III Safe Staffing Day of Action-Collective Patient Advocacy and Workplace Organizing: A Nurses’ Professional Duty and a Patient’s Right (1.5 CHs) ............................................................................................................. 33

Strong, effective nurse-to-patient ratio laws are a critical factor in helping to improve patient outcomes, mitigate the effects of the nursing shortage, produce significant long-term savings for hospitals by reducing patient care costs, and increase job recruitment and job satisfaction for nurses. Registered nurses who collectively advocate for safe staffing are both fulfilling their professional duties and their social obligation. When nurses engage in safe staffing organizing activities in their workplaces, they are helping to insure the rights of their patients to receive quality health care.

Objectives:
• Identify health care as a right versus a privilege.
• Identify a nurse’s professional duty and social obligation to engage in collective patient advocacy.
• Identify three components of the New York State Safe Staffing bill.
• Identify organizing activities that can be accomplished in the workplace to advocate for safe staffing.
Section IV  You Have More Influence Than You Think: Engaging Community Allies for Safe Staffing (.5 CHs) ......................................................................................................................... 57

Registered Nurses have the power to be proactive in their support for Safe Staffing. This educational activity will guide the RN through the necessary steps in influencing their community.

**Objectives:**

- Identify three areas on the Circle of Influence that you can use to build a community support network.
- Strategize how you can use your influence within your circle to promote Safe Staffing legislation.

Section V  Finding Your Political Pulse: A Nurse’s Guide to Legislative Advocacy (.5 CHs)........................................................................................................ 71 (www.elearnonline.net**)

Registered nurses and health care professionals will learn the most important techniques appropriate for effective lobbying in order to influence lawmakers. NYSNA’s primary focus for legislation is Safe Staffing and Safe Patient handling, find out first-hand how you can assist in moving these important legislative issues forward.

**Objectives:**

- Describe your role as an advocate for registered nurses.
- Identify past legislative victories for registered nurses.
- Apply lobbying techniques to conduct a successful meeting with your legislators.

**To access the webinar, please go to www.elearnonline.net and follow the steps below.**

1. Click on “Course Offerings”
2. Click on the tab titled, “Continuing Education Courses”
3. Click on the heading, “Professional/Legal”
4. Click on the “Finding Your…” course link
5. Scroll to the bottom of the page and click on “Register”

Follow the on-screen prompts to continue registration. Be sure to have your NYSNA member number available at the time of registration.
Instructions

For those members wishing to earn CHs for these courses, please return completed evaluation form and answer sheets to NYSNA.

1. Read the section(s) you are going to submit for CHs.

2. Complete the exam and mark your answers on the answer sheet(s) provided.

3. Complete the evaluation form on the back of the answer sheet(s).

4. Tear out to mail, fax, or scan and e-mail your answer sheet(s) and completed evaluation(s) to:

   Address:   New York State Nurses Association
              Nursing Education and Practice Program
              11 Cornell Road
              Latham, NY 12110

   Fax #:     (518) 782-9533

   E-mail:    courses@nysna.org

5. Upon receipt, your answer sheet will be graded and processed within 10 business days. You have one attempt to successfully complete the exam. If you fail the exam you will not be eligible for CHs for that particular section.

6. You must receive a minimum score of 80% to pass. Upon successful completion of the course exam(s), your certificate(s) may be printed from the NYSNA website www.NYSNA.org. (See page IV for detailed instructions.)

PLEASE NOTE:

FINDING YOUR POLITICAL PULSE: A NURSE’S GUIDE TO LEGISLATIVE ACTIVITY EXPIRES 03/26/2016. THEREFORE, NO CONTACT HOURS WILL BE GRANTED AFTER THIS DATE.

THE REMAINING SELF-STUDY COURSES EXPIRE ON MAY 20, 2016. ANY EXAMS AND EVALUATIONS RECEIVED AFTER THIS DATE WILL NOT BE ELIGIBLE FOR CONTACT HOURS.
HOW TO PRINT CERTIFICATE OF COMPLETION
(Certificates will be available upon notification from NYSNA)

◆ Go to the New York State Nurses Association (NYSNA) website
  www.NYSNA.org.

◆ NYSNA members:
  ❖ Click on LOGIN next to MEMBERS at the top of the NYSNA homepage.
  ❖ Under Member Login enter your Username and Password if you are currently registered online.
  ❖ If you are not registered or forgot your Username and Password, follow the directions on the NYSNA Online Services page.

◆ Click on CE History in the grey vertical menu bar on the right.

◆ Locate the title of the CE Activity you completed, click on the CE Code and print your certificate.

If you require additional information concerning this activity or encounter any difficulties printing your certificate, please call us at (518) 782-9400 ext. 282 or email courses@nysna.org.
Section I

Safe Staffing: A Review of Foundational Studies
Safe Staffing: A Review of Foundational Studies

NYSNA Continuing Education

The New York State Nurses Association is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center’s Commission on Accreditation.

This course has been awarded 1 contact hour and is intended for registered nurses and other healthcare professionals. In order to receive contact hours, participants must read the course materials, pass an examination with at least 80%, and complete an evaluation.

All American Nurses Credentialing Center (ANCC) accredited organizations’ contact hours are recognized by all other ANCC accredited organizations. Most states with mandatory continuing education requirements recognize the ANCC accreditation/approval system. Questions about the acceptance of ANCC contact hours to meet mandatory regulations should be directed to the professional licensing board within that state.

NYSNA wishes to disclose that no commercial support has been received for this program.
About the Authors

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The authors declare they have no vested interest.
Introduction

Safe nurse staffing saves lives. We know this from our nursing experience so why should we examine the evidence that supports this statement? There are several reasons. Some of the most important reasons for registered nurses are based in the ethical and social responsibilities of the profession.

Social responsibility is imbedded within the profession of nursing. Social ethics as defined in Fowler (2010) may be thought of as “the domain of ethics that deals with issues of social order—the good, right, and ought in the organization of human communities and the shaping of social policies” (p. 123). It is the responsibility of the individual nurse and their association to work through political action to bring about change in healthcare.

Social responsibility is also imbedded within in the tradition of the labor movement. Unions can be champions for the interests of working people, both in the workplace and in society at large, by adopting a broader platform of social and economic justice issues. Advocating for safe staffing levels is not only important in the healthcare workplace, but is also an important element in achieving social and economic justice in society at large.

It is important to understand that the goals of ensuring safe staffing are not strictly to benefit nurses. Our primary focus in ensuring safe staffing levels is to protect the health and safety of the public; our patients. In 2000, the Institutes for Medicine revealed to the public the first in a series of reports “To Err is Human” which "set forth a national agenda for reduction of medical errors and improving patient safety through the design of a safer health system" (Book cover, front flap).

The authors noted that over 98,000 people a year die from medical errors. They stated that ensuring a safe healthcare system requires the use of evidenced based principles including respecting human limits in process design. They noted,

Designing jobs with attention to human factors means attending to the effect of work hours, workloads, staffing ratios, sources of distraction, and an inversion in assigned shifts (which affects the worker's circadian rhythms) and their relationship to fatigue, alertness, and sleep deprivation (p. 170).

The California Nurses Association and their coalition partners, knowing that unsafe nurse staffing levels and other negative working conditions were contributing directly to patient harm, successfully advocated, in 1999, to pass a nurse-to-patient staffing ratio bill. The nurse-to-patient staffing ratios were finally implemented in California in 2004. California was the first, and remains the only state in the nation to enact minimum nurse-to-patient ratios. The research evidence continues to support the importance of safe nurse staffing in providing safe, high quality health care services.
Objectives

Upon completion of this course, the learner will be able to:

- Review three significant research studies which illustrate the impacts of safe staffing on nurses and on patient outcomes.
- Develop themes related to nurse staffing that are based on the research evidence.
- Strategize how to use evidence-based research to advocate for safe staffing legislation.
Background

Since the implementation of California’s nurse staffing legislation, research regarding the relationship between patient safety and nurse staffing levels has provided us with the evidence to make our case to healthcare facility administrators, state regulatory agencies, and to legislators.

In this module, we will review three significant research studies that provide fundamental evidence supporting the benefits of safe nurse staffing levels on the patients, the workforce, and ultimately on the hospital itself. We will begin by examining the research questions in which the authors of the studies posed and also what the findings of the studies demonstrated. Once we have established a general understanding of the intent of the studies and what was found by the authors, we will organize the themes that appear throughout the research. These themes will help you to communicate this important information to your colleagues and legislators.
The Research


In this study, Aiken, Clarke, Sloane, Sochalski & Silber (2002) performed a cross sectional analysis of linked data from over 10,000 nurses surveyed, 230,000 patients discharged from 1998-1999, as well as administrative data from over 160 hospitals in Pennsylvania. The purpose of the research was to determine if an association existed between the number of nurses to patients and patient mortality, failure to rescue and factors affecting nurse retention (p. 1987).

This study was done prior to the 2003 implementation of the staffing legislation passed in California, during a time when nurses and physicians voiced increased concerns over lack of adequate staffing. Nurses reported increased burnout and inability to provide safe effective care due to the low number of nurses and high workloads. The authors noted that even in a simple literary search supplying evidence to support that an increase in nurse’s yields better patient outcomes is scarce (Aiken et al., 2002).

Four research questions

Four research questions were posed by the authors. These research questions focused on the authors desire to clarify the impact of nurse staffing levels on patient outcomes and also on the factors that may influence retention of nurses.

- **Are risk-adjusted surgical mortality and rates of failure-to-rescue (deaths in surgical patients who develop serious complications) lower in hospitals where nurses carry smaller patient loads?**

  The authors found that there was a pronounced effect of nurse staffing on both mortality and mortality following complications. Aiken, Clarke, Sloane, Sochalski & Silber (2002) found that the "odds of patient mortality increased by 7% for every additional patient in the average nurse’s workload in the hospital and that the difference from 4 to 6 patients and from 4 to 8 patients per nurse would be accompanied by 14% and 31% increases in mortality, respectively" (p. 1991).

- **What are the estimated excess surgical deaths that are associated with the various nurse staffing ratios debated in California?**

  The authors also found in regards to staffing and estimated excess of surgical deaths that substantial decreases in mortality rates could result from increasing registered nurse staffing, especially for patients who develop complications. Aiken et al. (2002) noted:

  If the staffing ratio in all hospitals was 6 patients per nurse rather than 4 patients per nurse, we would expect 2.3 additional deaths per 1000 patients and 8.7 additional deaths per 1000 patients with complications. If the staffing ratio in all hospitals was 8 patients per nurse rather than 6 patients per nurse, we would expect 2.6 additional deaths per 1000 patients and 9.5 additional deaths per 1000 patients with complications. Staffing hospitals uniformly at 8 vs. 4 patients per nurse would be expected to entail 5 excess deaths per 1000 patients and 18.2 excess deaths per 1000 complicated patients (p. 1991-1992).

- **To what extent are more favorable patient-to-nurse ratios associated with lower burnout and higher job satisfaction among registered nurses?**

  With regard to this research question, the authors found that higher emotional exhaustion and greater job dissatisfaction in nurses were strongly and significantly associated with patient-to-nurse ratios. Aiken et al. (2002) noted:

  An increase of 1 patient per nurse to a hospital’s staffing level increased burnout and job dissatisfaction by 23% and 15%. This implies that nurses in hospitals with 8:1 patient-to-
nurse ratios would be 2.29 times as likely as nurses with 4:1 patient-to-nurse ratios to show high emotional exhaustion and 1.75 times as likely to be dissatisfied with their jobs. Our data further indicate that although 43% of nurses who report high burnout and are dissatisfied with their jobs intend to leave their current job within 12 months, only 11% of the nurses who are not burned out and who remain satisfied with their jobs intend to leave (p. 1990).

- **What is the impact of nurse staffing levels proposed in California on nurse burnout dissatisfaction, two precursors of turnover?**

The California hospital nurse staffing legislation represents a credible approach to reducing mortality and increasing nurse retention in hospital practice. The authors summarize that the results of the research indicate that improving staffing may not only save patient lives and decrease nurse turnover but also reduce hospital costs (Aiken et al. 2002, p. 1993).

This study has been replicated in Canada, England, and Belgium which "produced similar findings as did other studies in the United States (Aiken, Clarke, and Sloane 2002; Needleman et al. 2002; Estabrooks et al. 2005; Rafferty et al. 2007; Tourangeau et al. 2007; van den Heede et al. 2009)" (Aiken et al. 2010).

Take a moment to write down any themes that seem significant to you within this first research study.

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Aiken et al. (2010) embarked on a study to determine if nurse staffing differed between California hospitals (with mandated minimum staffing ratios) and two states without such legislation. They also examined if there was an association between nurse staffing levels and nursing workforce outcomes.

The authors surveyed over 80,000 nurses with an active license in California, New Jersey and Pennsylvania. The sampling included all nurses, regardless of current employment. The data presented in the study was restricted to the target population (nurses working in hospitals) of which there was a 34.5% response from 22,000 nurses who worked in 604 non-Federal, acute care hospitals within the three states (Aiken et al., 2010).

The authors derived nurse workloads “by asking each hospital RN how many patients they were assigned on their last shift. Their responses were used to derive average (mean) nurse workloads for all staff nurses and average workloads for nurses working on different types of units (e.g., medical–surgical, pediatric) in each state. [The] data pertains to unit type but not to specific units” (Aiken et al., 2010).
The authors noted that their prior research has shown that self-reports have considerable predictive validity.

Three research questions

The authors developed three major research questions. These questions sought to examine the impact of the staffing legislation on factors affecting the quality of hospital care; if there were unintended consequences on any healthcare workers and if workforce retention was affected.

- What are the outcomes for nurses and indicators of quality of care across hospitals in California (CA), New Jersey (NJ) and Pennsylvania (PA)? What are the mean nurse workloads across the three states, overall and by unit type?

The authors found that there was substantial compliance in CA with the required, minimum staffing levels. “The mean workloads for California nurses are on average at or below the levels mandated by the California legislation for all nurses except those working in intensive care units, where the average patients assigned was 2.1, only very slightly higher than the mandated 2:1 ratio” (Aiken et al., 2010, p. 6). When these results were compared to the workloads of nurses in NJ and in PA, they found that nurses’ workloads, on all types of units were higher than in CA and in general, above the CA-mandated staffing levels. “For example, while 88 percent of the medical-surgical nurses in California cared for five patients or less on their last shift, the same was true of only 19 and 33 percent of medical-surgical nurses in of NJ and PA nurses, respectively” (Aiken et al., 2010, p. 7).

This table shows that a higher percentage of nurses in California report reasonable workloads, adequate support services, enough RNs on staff to provide quality care, enough staff to get work done and have 30-minute breaks during the workday, and significantly, fewer nurses in California report that their workload causes them to miss a change in patient conditions, when compared to nurse reports from New Jersey and Pennsylvania (Aiken et al., 2010, p. 9).

- What is the possible impact on nurse retention, quality of care and patient mortality in other states if nurse staffing ratios were to improve to the levels mandated in California?

The authors found that for nurses in hospitals where CA-mandated ratios were met (whether or not the hospitals were located in CA) there were lower rates of nurse-reported outcomes which are related to
nurse retention, improved quality of care and decreased patient mortality, when compared to hospitals that did not meet the California-mandated ratios. Nurse-reported outcomes include complaints from patient/family, verbal abuse by patients, and verbal abuse by staff, burnout higher than norm, dissatisfaction with current job, work environment fair or poor, not confident patients can manage post-discharge, workload causes the nurse to miss a change in a patient's condition, and the workload causes the nurse to look for a new position (Aiken et al., 2010).

The positive impact of minimum staffing ratios was further evidenced by the differences in 30-day inpatient mortality and failure to rescue ratios. The authors estimated how many fewer deaths would have occurred in New Jersey and in Pennsylvania if the average patient-to-nurse ratios met the average ratio across California hospitals. They determined there would have been “13.9% (222/1,598) fewer surgical deaths in New Jersey and 10.6% (264/2,479) fewer surgical deaths in Pennsylvania” (Aiken et al., 2010, p. 14).

- Are there unintended consequences of the California staffing legislation? Has nursing skill mix been negatively affected by increased employment of Licensed vocational nurses? Have non-nurse ancillary support services been reduced?

The authors note that over half of the California hospitals were already in compliance with the required nurse-to-patient ratios by the time the law was implemented. They found that the vast majority of RNs reported the same or decreased use of licensed vocational nurses and a clear minority of nurses reported the decreased use of unlicensed assistive personnel or of non-nursing support staff (Aiken et al., 2010). The authors conclude that regardless of how safe staffing is achieved, there is consistent improvement in outcomes for patients and nurses (Aiken et al., 2010).

Take a moment to write down any themes that seem significant to you within this second research study.


Shamliyan, Kane, Mueller, Duval & Wilt (2009) analyzed the savings-cost ratio of increased RN-to-patient ratios for patients in ICUs and patients in surgical and medical units based on a meta-analysis of twenty seven published, observational studies that reported adjusted odds ratios of patient outcomes in categories of RN-to-patient ratio. To achieve a comparison of the cost savings for hospitals they reviewed one large study which concluded that a net reduction in cost based on decreased length of stay, adverse events and avoidable deaths was attributed to increased nursing hours (p. 305). Using a conceptual model they estimated the cost/savings ratio separately for society and hospitals. Societal savings were considered by the author's statistics from national databases to include, among other elements, years of potential life saved or monetary cost of a saved life and value of reported adverse patient events. Finally, to determine the "ratio between hospital expenses for RN staffing and societal savings from prevented deaths and patient complications; they used different published sources of the data. They conducted a
simulation exercise assuming that economic analysis using the national averages can be applicable to any acute care hospital” (Shamliyan et al. 2009, p. 306).

Three Research Questions

The authors posited three research questions based on a single intervention of ‘with increased RN hours per patient day’ which included:

- What are the societal savings from avoided deaths and adverse patient events?
- What are the thresholds for monetary benefits for RNs on savings from avoided patient adverse events?
- What is the relationship between the societal savings of lives saved and adverse events avoided, and the business case for the hospital?

Question #1 Societal savings

Answer:

Shamliyan et al. (2009) found when they analyzed the information that increasing RN staffing by one RN FTE/patient day was associated with positive savings-cost ratio in different clinical settings. The monetary benefit of saved lives/1,000 hospitalized patients was 2.5 times higher than the increased cost of one additional RN FTE/patient day in ICUs, 1.8 times higher in surgical units, 1.3 times higher in medical units. Using data on in-hospital deaths in 2004 from the Healthcare Cost and Utilization Project (2000), they estimated that an increase of one RN FTE in ICUs would save 327,390 years of life in men and 320,988 years of life in women, with a productivity benefit (present value of lifetime future earnings) of $4 billion to $5 Billion. The productivity benefit from increased nurse staffing in surgical patients would be larger: $8 billion to $10 billion (p. 308-309).

Question #2 Thresholds for monetary benefits

Answer:

Shamliyan et al. (2009) found that “society would still have savings in ICUs if hospitals increased RN FTE/patient-day from the lowest to the highest quartiles when the cost for additional nurses is seven times larger” (p. 311). Society would still see savings in surgical units if the cost for additional RN FTE/patient day was 1.3 to 3 times higher.

It is important for us to remember that the information related to hospital savings was analyzed prior to the implementation of reimbursement policies that penalize avoidable adverse events and thus, if analyzed today, the hospital savings would be even more significant when compared to the costs for additional nurses.

Question #3 Relationships between lives saved and hospital savings

Answer:

The researchers demonstrated that there was an almost break-even business case for a hospital to improve nurse staffing (based solely on savings derived from decreased length of stay). They noted that the cost for an additional RN with wages set at $32.00 per hour and 30 % fringe benefits was $1,748 per patient and the savings achieved by the hospital for a 24% decreased length of stay was $1,640/patient (pp. 311-312).

Again, this analysis was conducted without considering additional savings from avoiding adverse events under the new reimbursement models, avoiding malpractice claims and premiums and reducing nurse turnover.
One limitation the authors note with their meta-analysis and simulation exercise is that the productivity benefit, which is the present value of future lifetime earnings and is related to years of life saved, is important for public health and society in general, but is not included in savings for hospitals. The authors conclude that increasing nurse staffing would provide public/societal savings from avoided patient deaths and adverse events, but there are challenges to including this finding in the business case for hospitals (Shamliyan et al. (2009). Again, it is important to note that with the increased prevalence of quality outcome-based reimbursement models that penalize or bonus facilities based on performance, the intersection between societal savings and hospital financial benefit may become more significant.

Take a moment to write down any themes that seem significant to you within this second research study.
Major Themes: The Benefits of Safe Nurse Staffing

The following themes are identified throughout the previous research as well as multiple other studies not included here. Take a look at the Safe Staffing Toolkit to review additional resources to support the proposed New York State safe staffing legislation.

Safe nurse staffing …

- Saves lives
- Reduces adverse outcomes and readmissions for patients
- Improves nurse satisfaction and intent to stay on the job
- Reduces violence in the workplace but from patients/family/visitors and between staff
- Saves hospitals money by avoiding unreimbursed expenses for avoidable adverse outcomes and low patient satisfaction, averting death and malpractice litigation, and reducing nurse turnover

Advocacy

So- What happens now? Is this all there is to it?

Absolutely not!

You play an important part in this campaign.

Once we understand the evidence that supports the safe nurse staffing legislation, we are better equipped to educate and discuss the information with our colleagues, communities and legislators.

In many of our facilities, perhaps even your own, nurses are building Safe Staffing Task Forces to coordinate the campaign and help others to see the benefits of getting involved and creating a strong, united voice.

Nurses are documenting and protesting unsafe and improper assignments and taking actions to correct the problems identified.

Nurses are out in the community reaching out to patients, religious institutions, advocacy groups and other unions to build support for safe nurse staffing.

Nurses are telling their stories to the media and to their legislators. We are visiting lawmakers to tell our stories and seek their support so that we can get the law passed by both Assembly and Senate and then have the governor sign it.

Finally, we will need to maintain the staffing numbers within our facilities to ensure that all of our patients receive the safe, quality care they deserve from their most trusted professional:

The Registered Nurse!
Safe Staffing: A Review of Foundational Studies

References


Safe Staffing: A Review of Foundational Studies

Course Activity Exam

Instructions: Complete the exam questions below by marking your answers on the answer sheet provided. Be sure to complete the evaluation form on the back of the answer sheet. For those members wishing to earn CHs for these courses, please return completed evaluation form and answer sheets to NYSNA no later than MAY 20, 2016. Detailed instructions on how to complete this course are provided in the Instruction section, located on page III of this booklet.

1. According to the Institute of Medicine, which of the following factors can impact a registered nurses’ circadian rhythms and levels of fatigue, alertness, and sleep deprivation:
   
   A. Change in normal shift worked
   B. Number of assigned patients
   C. Sources of distraction
   D. All of the above

2. California, the first state to enact nurse-to-patient ratio legislation in 2004, utilized the evidence-based research conducted by Linda Aiken in order to convince legislators of the value of ensuring safe staffing levels to protect the health and safety of the public.
   
   A. True
   B. False

3. Aiken, Clarke, Sloan, Sochaliski & Silber's cross sectional analysis in 2002 determined the following:
   
   A. Burnout was increased by an average of 23% when even 1 patient was added to a nurse's assignment.
   B. If the staffing ratio in all hospitals was 8 patients per nurse rather than 4 patients per nurse, we would expect 10 additional deaths per 1000 patients.
   C. Both A and B
   D. Only A

4. The Aiken et al. (2002) study has been replicated in Canada, England, and Belgium which produced similar findings.
   
   A. True
   B. False

5. In order for Aiken and colleagues to derive the average workloads for all staff nurses working on different types of units in different states in their 2010 study, they:
   
   A. Reviewed the staffing assignment on a given day for each nurse in their study population.
   B. Asked the nurse managers how they assigned the patients.
   C. Asked each hospital RN how many patients they were assigned on their last shift.
   D. None of the above
6. The Aiken et al. (2010) study found that the average ratio for California nurses was at or below the mandated levels with the exception of those working in ICUs.

   A. True
   B. False

7. Evidence in the Aiken et al. (2010) study depicted that, compared with nurses from California who have ratio legislation in place, a *higher* percentage of nurses from Pennsylvania and New Jersey reported that their workload caused them to miss changes in patient’s conditions. In addition, a *lower* percentage of nurses from PA and NJ reported that other practice environment characteristics were present including:

   A. They received a 30-minute break during the workday.
   B. They had adequate support services to allow them to spend time with patients.
   C. There were enough registered nurses on staff to provide quality nursing care.
   D. All of the above

8. The evidence also determined that there would have been 13.9% fewer surgical deaths in New Jersey and 10.6% fewer surgical deaths in Pennsylvania if their average patient-to-nurse ratios met the average ratio at California hospitals.

   A. True
   B. False

9. Shamliyan et al. (2009) demonstrated that avoidable deaths and adverse patient outcomes can be decreased by increased registered nurse to patient ratios.

   A. True
   B. False

10. The major themes which emerged from the research which correspond to the reasons that we need nurse-to-patient ratio legislation include:

    A. Safe staffing saves lives.
    B. Every patient deserves an RN.
    C. Patients before profits.
    D. All of the above
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### Course Evaluation

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<td>3. The course subject matter is current and accurate.</td>
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<td>4. The material presented is clear and understandable.</td>
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<td>5. The teaching/learning method is effective.</td>
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<td>6. The test is clear and the answers are appropriately covered in the course.</td>
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<td>8. Was this course fair, balanced, and free of commercial bias?</td>
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<th>9. Comments:</th>
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<th>10. Do you have any suggestions about how we can improve this course?</th>
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Thank You!
Section II

The Impact Staffing Ratios Have on Decreasing RN Turnover, Saving Hospitals Money
NYSNA Continuing Education

The New York State Nurses Association is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center’s Commission on Accreditation.

This course has been awarded .5 contact hours. In order to receive contact hours, participants must read the course material, pass an examination with at least 80%, and complete an evaluation.

All American Nurses Credentialing Center (ANCC) accredited organizations’ contact hours are recognized by all other ANCC accredited organizations. Most states with mandatory continuing education requirements recognize the ANCC accreditation/approval system. Questions about the acceptance of ANCC contact hours to meet mandatory regulations should be directed to the Professional licensing board within that state.

No commercial support was received.
Course Objectives

Upon completion of this course, the learner will be able to:

- Identify key research articles that impact RN staffing ratios.
- Synthesize discussions with coworkers pertaining to supporting legislation for safe staffing.
About the Author

Desma Holcomb

Desma Holcomb is the Director for Strategic Research, Policy and Labor Education at NYSNA. She has 35 years of experience in the labor movement and social justice movements, including health care reform, as a researcher, policy analyst, negotiator and educator. She has a Masters in Economics and has published a monograph and articles on advocacy for lesbian, gay, bisexual and transgender issues in the workplace and the labor movement.

Information obtained for this educational activity is the latest evidence for research used to develop the NYSNA Safe Staffing Tool Kit.

The author has declared no vested interest related to this educational activity.
Safe nurse staffing saves money by improving nurse retention and reducing staff turnover

"... in hospitals ... in compliance with the benchmark set on California-mandated ratios ... the less likely nurses are to intend to leave their jobs."

"The higher proportion of nurses in hospitals whose patient assignment is in compliance with the benchmark set on California-mandated ratios, the lower the nurse burnout and job dissatisfaction, the less likely nurses are to report the quality of their work environment as only fair or poor, the less likely nurses are to report that their workload causes them to miss changes in patients' conditions, and the less likely nurses are to intend to leave their jobs."


This paper examines primary survey data from 22,336 hospital staff nurses in California, Pennsylvania and New Jersey and state hospital discharge databases. The authors compare nurse workloads among the three states and how nurse and patient outcomes, including patient mortality and failure-to-rescue, are affected by the differences in nurse workload across the hospitals in the three states.

"... inadequate staff levels can lead to errors, delays, and missed care. Inadequate staffing levels are also correlated with nursing turnover and poor patient satisfaction. These costs and the negative consequences of poor staffing will increase the cost of care even though budgeted staffing goals are met."


This paper describes a practice/academic collaborative initiated to promote the translation of staffing research into decision-making through the development of an evidence-based staffing tool. Reports of previous research on nurse staffing and patient and financial outcomes are summarized.

"... FY [fiscal year] 2007 per RN turnover cost would range from approximately $82,000 (ie, if turnover vacancies are filled by experienced RNs who have a shorter new-employee learning curve) to $88,000 (ie, if vacancies are filled by new RNs who have a longer learning curve)."


This paper uses nurse turnover data from a previous study to demonstrate how nurse turnover costs can be adjusted using relevant data from the Consumer Price Indices (CPIs). A previously developed method was modified to reflect current practices in health care organizations as well as changes in the CPI data calculation procedures.

"However, high nurse turnover and vacancy rates result in higher nurse-to-patient ratios—and nurses burned out by high patient loads leave the bedside, increasing turnover rates even more. One study reported that hospitals with a nurse-to-patient ratio of 1:7 had an average turnover rate of 18%, while rates at hospitals with a ratio of 1:4 averaged only 9%."


The authors are the designers and managers of the UHC/AACN Nurse Residency Program™. The University HealthSystem Consortium is an alliance of 116 academic medical centers and 271 of their affiliated hospitals representing approximately 90% of the nation’s non-profit academic medical centers. The American Association of Colleges of Nursing is the national body for America’s baccalaureate- and higher degree nursing education programs.

NYSNA Safe Staffing Toolkit

The Impact Staffing Ratios Have on Decreasing RN Turnover, Saving Hospitals Money

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“Failure to retain nurses is costly and wasteful. Every percentage point increase in nurse turnover costs an average hospital about $300,000 annually. Hospitals that perform poorly in nurse retention spend, on average, $3.6 million more than those with high retention rates.”

“HRI estimates that reduction in turnover can save an illustrative hospital up to $3.6 million annually. Based on an average hospital of 350 full-time-equivalent nurses, every percent in increased nurse turnover costs an average hospital about $300,000 annually.”

PricewaterhouseCoopers Health Research Institute. (2007). What works: Healing the healthcare staffing shortage. This paper studies the evolving issue of the predicted healthcare staffing shortage – both nurses and physicians. The authors conducted more than 40 in-depth interviews with thought leaders and executives representing hospitals, academic associations, nursing schools and the business community. They also conducted a literature review of reports and guidance from associations, regulators, and academia to summarize current challenges and best practices.

**Safe staffing saves lives and money in nursing homes**

“More RN direct care time per resident per day... was associated with fewer pressure ulcers, hospitalizations, and UTIs; less weight loss, catheterization, and deterioration in the ability to perform ADLs (activities of daily living)...”


This study examines the time nurses spend in direct care and how it affects outcomes in long-stay (two weeks or longer) nursing home residents. The authors examined secondary data from the National Pressure Ulcer Long-Term Study as well as primary data collected from resident medical records.

“Nurse staffing levels have been documented to have a positive impact on both the process and the outcomes of nursing home care, such as fewer pressure ulcers, improved functional status, better mortality rates, and fewer deficiencies for poor quality.”


This study compares staffing levels and deficiencies of the 10 largest U.S. for-profit nursing home chains with 5 other ownership groups before and after purchase by 4 private equity companies. The data were collected for the 2003-2006 period and controlled for facility characteristics, resident acuity and market factors.

“High turnover rates have also been related to both poor staff morale and low staffing levels. Elevated turnover rates are associated with adverse clinical outcomes in nursing facilities [nursing homes], including substantially increased rates of infectious disease and acute care hospitalizations, both of which can lead to higher (and potentially avoidable) Medicare and Medicaid expenditures.”

“... as RN turnover increased [in nursing homes] from low (0% to 20%) to moderate (21% to 50%) levels, quality declined; as measured by more frequent use of restraints, urinary catheterization, and psychoactive drugs; increased risk of contractures and PUs [pressure ulcers]; and more survey deficiencies.”


This article synthesizes literature, including published reports, expert opinion, and peer reviewed studies, on staffing levels, and quality of care in nursing homes.

**NYSNA Safe Staffing Toolkit**

The Impact Staffing Ratios Have on Decreasing RN Turnover, Saving Hospitals Money

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Ratio myths vs. facts

Opponents of the Safe Staffing for Quality Care Act are already spreading myths about the law. They said the same thing when the nation’s first ratio law went into effect in California. Here are some of the myths – and what the facts say.

**Myth: Hospitals will not be able to comply with ratios**

**Facts: California hospitals did comply with nurse-to-patient ratios**

“Our findings suggest that registered nurse staffing in California hospitals increased considerably as a consequence of the implementation of the state’s nurse staffing mandate.”


This study analyzes data collected for the American Hospital Association Annual Survey for the years 1997-2008. The survey collects data from approximately 85% of the 6000 adult, nonfederal, acute care hospitals in the United States. The research goal was to assess the effect of California’s policy on changes in hospital staffing and skill mix.

“Compliance with nurse staffing ratios in medical/surgical units was found to be 90% prior to the implementation and 97% in the first two quarters of 2004.”


This study utilizes data from the California Hospital Annual Financial Disclosure Reports, which receives data from all California, licensed, nonfederal hospitals. Data from 2 fiscal years are analyzed, one year prior to the ratios implementation (FY 2000) and one year following the ratio implementation (FY 2006). The purpose of the analysis is to identify and describe changes in nurse and non-nursing staffing that may have occurred as a result of the enactment of the mandated nurse-to-patient ratios.

“Nurse workloads in California hospitals in 2006, 2 years after the implementation of mandated nurse staffing ratios, were significantly lower than in New Jersey and Pennsylvania hospitals. Nurses in California care for an average of one fewer patient each, and these lower ratios have sizeable effect on surgical patient mortality.”


This paper examines primary survey data from 22,336 hospital staff nurses in California, Pennsylvania and New Jersey and state hospital discharge databases. The authors compare nurse workloads among the three states and how nurse and patient outcomes, including patient mortality and failure-to-rescue, are affected by the differences in nurse workload across the hospitals in the three states.

**NYSNA Safe Staffing Toolkit**

The Impact Staffing Ratios Have on Decreasing RN Turnover, Saving Hospitals Money

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Nurse-to-patient ratios improve patient outcomes and increase nurse retention.

"Outcomes are better for nurses and patients in hospitals that meet a benchmark based on California nurse staffing mandates whether [or not] the hospitals are located in California … the higher the percentage compliance with benchmark based on California ratios, regardless of the hospital state location, the less likely nurses are to report complaints from patients or families, verbal abuse of nurses by staff or patients, quality of care that is poor or only fair, and lack of confidence that their patients can manage after discharge."  

This paper examines primary survey data from 22,336 hospital staff nurses in California, Pennsylvania and New Jersey and state hospital discharge databases. The authors compare nurse workloads among the three states and how nurse and patient outcomes, including patient mortality and failure-to-rescue, are affected by the differences in nurse workload across the hospitals in the three states.

"The sample’s overall job satisfaction increased significantly as the years passed, concurring with previous studies and suggesting the nurse-to-patient ratios law was associated with improvements in nurse satisfaction.”


This study is a secondary data analysis of survey data from the California Board of Registered Nursing Surveys from 1997 (before ratio implementation), 2004 (at the time of the implementation), 2006 (mid-term, post-implementation), and 2008 (long-term, post-implementation). The California Board of Registered Nurse Surveys collect and evaluate nursing workforce data to understand changes in the state’s workforce.
RN-to-Patient Ratios Helping to Solve Nursing Shortage

Strong, effective ratio laws are a critical factor in helping to mitigate the effects of the nursing shortage. California, which adopted the first ratio law in the U.S., and Victoria, Australia, offer two good case studies.

**California**

- The number of actively licensed RNs in California increased by nearly 100,000 following enactment of the staffing ratio law, from 246,068 as of June 30, 1999 to 345,497 as of Nov. 30, 2006. (Board of Registered Nursing data)

- Since the ratio law was signed, the number of actively licensed RNs has grown by an average of more than 10,000 a year, compared to under 3,000 a year prior to the law. (BRN data). At the time the law was passed, the BRN was predicting the annual increase would be just 2,000 a year.

- Vacancies for RNs at Sacramento area hospitals have plummeted 69% since early 2004 when the ratios were first implemented. (Sacramento Business Journal, January 11, 2008) Throughout the state many of California's biggest hospital systems have seen their turnover and vacancy rates fall below 5% far below the national average.

- The ratios have helped fuel a dramatic growth in student interest in nursing. California nursing programs have expanded greatly in the years since the ratio law was enacted, as the profession has become more attractive, and due to the successful lobbying of CNA/NNOC for increased funding.

- A sharp reversal in the trend of RNs entering and leaving California.

- Big gains in the number of new graduate and foreign trained applicants who take and pass the RN exam and become new licensees each year in California.

- A 60% increase in RN applications in the years following enactment of the law.

**Victoria, Australia**

Victoria, Australia, which adopted nurse-to-patient ratios in 2000, experienced a 24.1% increase in the number of employed nurses with ratios.
Resources

New York State Nurses Association (NYSNA)
11 Cornell Road
Latham, NY 12110
518-782-9400
www.nysna.org

National Nurses Organizing Committee and California Nurses Association
2000 Franklin Street
Oakland CA 94612
T. 510-273-2200
www.nationalnursesunited.org
The Impact Staffing Ratios Have on Decreasing RN Turnover, Saving Hospitals Money

Course Activity Exam

Instructions: Complete the exam questions below by marking your answers on the answer sheet provided. Be sure to complete the evaluation form on the back of the answer sheet. For those members wishing to earn CHs for these courses, please return completed evaluation form and answer sheets to NYSNA no later than MAY 20, 2016. Detailed instructions on how to complete this course are provided in Instruction, located on page III of this booklet.

Below are quotes taken from the reading material. Match these quotes with the correct research articles year of publication and the name of the journal or publisher (listed below the quotations).

1. “…inadequate staff levels can lead to errors, delays, and missed care. Inadequate staffing levels are also correlated with nursing turnover and poor patient satisfaction.”

2. “…FY [fiscal year] 2007 per RN turnover cost would range from approximately $82,000 (i.e., if turnover vacancies are filled by experienced RNs who have a shorter new-employee learning curve) to $88,000 (i.e., if vacancies are filled by new RNs who have a longer learning curve).”

3. “The higher proportion of nurses in hospitals whose patient assignment is in compliance with the benchmark set on California-mandated ratios, the lower the nurse burnout and job dissatisfaction, the less likely nurses are to report the quality of their work environment as only fair or poor, the less likely nurses are to report that their workload causes them to miss changes in patients’ conditions, and the less likely nurses are to intend to leave their jobs.”

4. “High turnover rates have also been related to both poor staff morale and low staffing levels. Elevated turnover rates are associated with adverse clinical outcomes in nursing facilities [nursing homes], including substantially increased rates of infectious disease and acute care hospitalizations, both which can lead to higher (and potentially avoidable) Medicare and Medicaid expenditures.”

5. “However, high nurse turnover and vacancy rates result in higher nurse-to-patient ratios—and nurses burned out by high patient loads leave the bedside, increasing turnover rates even more. One study reported that hospitals with a nurse-to-patient ratio of 1:7 had an average turnover rate of 18%, while rates at hospitals with a ratio of 1:4 averaged only 9%.”

6. “The sample’s overall job satisfaction increased significantly as the years passed, concurring with previous studies and suggesting the nurse-to-patient ratios law was associated with improvements in nurse satisfaction.”

a. 2008, Research in Gerontological Nursing.
c. 2009, University Health System Consortium.
d. 2010, Health Service Research.
e. 2011, Nursing Administration Quarterly.
f. 2012, Nursing Economics.
Read the following arguments that a registered nurse might use in a meeting with a New York State legislator and mentoring coworkers on the impact Safe Staffing has on their hospital. Answer the following questions about the statements.

How is the staffing in your unit?

Did you hear that the hospital administration is saying that they can’t afford to staff at safe nurse-to-patient ratios?

The fact: understaffing causes high RN turnover, and that turnover costs hospitals thousands of dollars.

a. One study found that hospitals with a nurse-to-patient ratios of 1:7 had an average turnover rate of 18%, while rates at hospitals with a ratio of 1:4 averaged only 9% turnover rate.

b. In another study it was found that it costs hospitals $300,000 to replace each nurse who leaves. Coworkers need to come together for the next bargaining session to tell management about the turnover in their units, how costly it is, and how safe staffing would save money.

7. Is sentence a. True ___ or False____

8. Is sentence b. True ___ or False____

The New Jersey experience with their Safe Nurse-to-Patient Ratio law shows that safe staffing not only benefits patients, but also increases RN job satisfaction, reducing nurses’ desire to quit. And replacing those nurses who do quit is very expensive. Five years ago it cost $88,000 to replace an RN with a new RN and $82,000 to replace an RN with an experienced RN.

As an RN, I urge you to consider that patients need a nurse who can provide quality care and that NYS can’t afford not to enact Safe Staffing Ratios—for the sake of our hospitals’ budgets and the NY government budget, as well as our patients.

9. Is the first sentence noted?
   a. Accurate
   b. Inaccurate

10. Is the second sentence noted?
    a. Accurate
    b. Inaccurate
# The Impact Staffing Ratios Have on Decreasing RN Turnover, Saving Hospitals Money

**Answer Sheet**

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Please print legibly and verify that all information is correct.

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For those members wishing to earn CHs for these courses, please return completed evaluation form and answer sheets to NYSNA no later than May 20, 2016. Please refer to the detailed Instruction on page III at the beginning of this booklet. Please print your answers in the spaces provided below. 

There is only one answer for each question. All answers are located within the course content.

1. _______  
2. _______  
3. _______  
4. _______  
5. _______  
6. _______  
7. _______  
8. _______  
9. _______  
10. _______

Please complete the course evaluation on the back.
Course Evaluation

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<tr>
<th>Please use the following scale to rate statements 1-7 below:</th>
<th>Poor</th>
<th>Fair</th>
<th>Good</th>
<th>Very Good</th>
<th>Excellent</th>
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<tr>
<td>1. The content fulfills the overall purpose of the course.</td>
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<td>2. The content fulfills each of the course objectives.</td>
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<td>3. The course subject matter is current and accurate.</td>
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<td>7. How would you rate this course overall?</td>
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<td>O</td>
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<tr>
<td>8. Was this course fair, balanced, and free of commercial bias?</td>
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9. Comments: 


10. Do you have any suggestions about how we can improve this course? 


Thank You!
Section III

Safe Staffing Day of Action – Collective Patient Advocacy and Workplace Organizing:
A Nurses’ Professional Duty and a Patient’s Right
NYSNA Continuing Education

The New York State Nurses Association is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center’s Commission on Accreditation.

This course has been awarded 1.5 contact hours and is intended for RN’s and other healthcare providers. In order to receive contact hours participants must read the course material, pass an examination with 80% and complete an evaluation.

All American Nurses Credentialing Center (ANCC) accredited organizations' contact hours are recognized by all other ANCC accredited organizations. Most states with mandatory continuing education requirements recognize the ANCC accreditation/approval system. Questions about the acceptance of ANCC contact hours to meet mandatory regulations should be directed to the professional licensing board within that state.

NYSNA wishes to disclose that no commercial support was received.
Introduction

Strong, effective nurse-to-patient ratio laws are a critical factor in helping to improve patient outcomes, mitigate the effects of the nursing shortage, produce significant long-term savings for hospitals by reducing patient care costs, and increase job recruitment and job satisfaction for nurses. Nurses who collectively advocate for safe staffing are both fulfilling their professional duties and their social obligation. When nurses engage in safe-staffing organizing activities in their workplaces, they are helping to insure the rights of their patients to receive quality health care.

Did You Know?

1. In 2007, health care expenditures totaled $2.2 trillion - 16.2% of the US economy.

2. Health care is the largest industry in the US, employing more than 14 million people.

3. **46.3 million people** in the United States (15.4% of the US population) did not have health insurance in 2008. While the majority of uninsured people were from low-income households, 38.3% of the uninsured had an annual household income of at least $50,000.

4. **62.1% of all US bankruptcies in 2007 were related to medical expenses.** Approximately 78% of medical bankruptcies were filed by people who had health insurance.

5. Out of the 193 member states of the World Health Organization, the United States ranked **#1 in per capita health care expenditures ($6,719).**

6. The **United States is one of the few, if not the only, developed nation in the world that does not guarantee health coverage for its citizens.**

7. A **June 12-16, 2009 poll** shows that 64% of Americans say health care should be a right.

Course Objectives

At the completion of this learning activity the learner will be able to:

- Identify health care as a right versus a privilege.
- Identify a nurse’s professional duty and social obligation to engage in collective patient advocacy.
- Identify three components of the New York State Safe Staffing bill.
- Identify organizing activities that can be accomplished in the workplace to advocate for safe staffing.
About the Author

Carol Lynn Esposito, EdD, JD, MS, RN

Carol Lynn Esposito, EdD, JD, MS, RN, is a Labor Education Specialist for the New York State Nurses Association (NYSNA) and an attorney with over 15 years’ experience in organizing and educating unionized nurses on how to develop leadership skills, build power in their workplaces, and make real improvements in their living and working conditions.

Dr. Esposito received her Ed.D. in Educational Administration, Leadership & Technology at Dowling College, her Juris Doctorate in Law from Brooklyn Law School, her Master in Science with a specialization in nursing education from Excelsior College, and her Baccalaureate in Science from Adelphi University’s School of Nursing.

Dr. Esposito and NYSNA’s labor education team design, develop, implement and evaluate the association’s labor and employment law, and occupational health and safety law continuing education programs. Dr. Esposito has been adjunct faculty at Adelphi University, Hofstra University, and Excelsior College where she has taught courses on Contemporary Legal Issues in Healthcare, Collective Bargaining, Ethics, Policy and Politics in Nursing, Communications in Nursing, and Violence in the Healthcare Setting. She has also taught courses in Introduction to Law, Civil Litigation, Risk Management, Medical Malpractice, and Birth Injuries. An attorney with over 25 years’ experience in the trial of medical and nursing malpractice cases, Dr. Esposito has worked for several medical malpractice and personal injury firms, and for the United States Attorney’s Office in their civil litigation department.

Dr. Esposito has been an honorarium and keynote speaker for various schools of nursing and professional organizations. She has authored articles on Informed Consent, Malpractice Insurance, Transcultural Nursing, and Nursing Ethics and has developed course and text materials for the New York State Nurses Association and the National Center of Professional Development.

The author declares she has no vested interest.
Is Health Care a Right or a Privilege?

The debate over whether health care in the United States should be a right or a privilege has been long standing. Health care reform to provide universal coverage as a right of each American citizen was first proposed by President Franklin D. Roosevelt's "New Deal" in 1938, then again by President Harry S. Truman's "Fair Deal" in 1945, by President Richard Nixon in 1971, and more recently by President Bill Clinton's administration in 1993. Each attempt faced staunch opposition from varying interest groups and did not result in the passage of universal health coverage legislation. A 2009 poll conducted by CBS News, in conjunction with the New York Times, showed that 64% of Americans say health care should be a right.

During the second presidential debate on Oct. 7, 2008, US President Barack Obama, then a presidential candidate, said health care should be a "right for every American." On Mar. 23, 2010, President Obama signed the Patient Protection and Affordable Care Act that, while not guaranteeing health coverage for every American citizen, increased health care coverage to include 32 million previously uninsured Americans.

Proponents of the right to health care argue that it would halt medical bankruptcies, improve public health, and reduce overall health care spending. Those who would guarantee the right to health care say that no one in the richest nation on earth should go without health care.

Opponents of the right to health care argue that using tax revenue to provide health care to all Americans amounts to socialism and would decrease the quality and availability of health care for those who work hard to get medical coverage. Those individuals who do not want a guaranteed right to health care say it is not the government's responsibility to guarantee health coverage. Other arguments for and against health care as a "right" versus a "privilege" appear in Table 1.

Nevertheless, while the debate continues on a national level, New York law provides a patient with the right to receive all of the hospital care that is needed for the treatment of an illness or injury. Additionally, the New York State Nurses Association has sponsored "New York Health," a universal health care bill that replaces insurance company coverage, premiums, co-pays, and limited choices of providers with publicly-sponsored coverage that provides a benefit package more comprehensive than most commercial health plans, with full choices of doctors and other providers.
RN Patient Advocacy — The Professional Duty of Patient Advocacy

The Code of Ethics for Nurses declares it to be both a personal right and professional obligation to act as the patient’s advocate. Nursing’s Social Policy Statement acknowledges the rights as well as the responsibilities of nurses to focus their specialized knowledge, skills, and caring on improving the health status of the public and insuring safe, quality, and effective health care.

The federal government and New York State has codified the nurse’s right to advocate for safe and quality care in their Whistleblower laws. In this regard, while exercising the right to advocate for the patient’s health care needs and protection, all RNs are equally able to exercise and enjoy their rights of free speech when advocating for the need for safe-staffing systems.
Health Care As a Right

1. All Americans should have a right to health care because the Declaration of Independence states that all men have the unalienable right to "Life," which entails having the health care needed to preserve life.

2. Health care is a right for all Americans because the Preamble of the US Constitution states its purpose is to "promote the general welfare" of the people. Just as all Americans have the right to an education, they should have the right to health care because they both "promote the general welfare."

3. Health care is a human right. The United Nations Universal Declaration of Human Rights states that "everyone has the right to a standard of living adequate for the health and well-being of oneself and one's family, including... medical care."

4. All Americans should have the right to health care as do citizens of other nations. The United States is one of the few, if not the only, developed nation in the world that does not guarantee health coverage for its citizens.

5. Ensuring that all Americans have the right to health care will decrease health care costs by allowing people to receive regular and preventive medical care and not wait until they are chronically ill to seek treatment when medical costs are much higher.

6. Providing all citizens the right to health care is good for economic productivity. When people have access to health care, they live healthier and longer lives, thus allowing them to contribute to society for a longer time. The cost of bad health and shorter life spans of Americans suffering from un-insurance amounts to $65-130 billion annually.

7. Lacking health care can lead people to suffer from anxiety, depression, sickness, and stress, and other symptoms that affect not only individuals, but families and communities of that individual as well.

8. Health care costs are unaffordable and bankrupting Americans. In 2007, 62.1% of all US bankruptcies were related to medical expenses and 78% of these bankruptcies were filed by people who had medical insurance.

9. Guaranteeing the right to health care will encourage entrepreneurship, which is good for job creation. Currently people are afraid to start their own business for fear of losing the health insurance provided at their existing job.

10. Health care should be a right because it will promote equal opportunity by decreasing the number of people who are economically disadvantaged in society due to bad health and medically-related financial trouble.

11. Health care services are crucial to the functioning of a community, just like trash and water services, and should therefore be guaranteed like these services are to all Americans.

12. The right to health care should be considered a civil right. People should not be discriminated against for being sick. Americans who are ill should not have to make the choice between financial ruin or paying for the medical treatments they need to stay alive.

13. Coverage of all Americans would best counter or contain the spreading of epidemics such as the H1N1 flu (swine flu) or smallpox.

Health Care as a Privilege

1. Health care should not be a right because it is inconsistent with the Declaration of Independence, which guarantees the right to "pursue" happiness, not the right to happiness or free medical services.

2. Health care should not be considered a right because the Preamble of the US Constitution states that its purpose is to "promote" the general welfare, not to provide it.

3. Health care should not be considered a right because it is not listed in the Bill of Rights in the US Constitution. The Bill of Rights lists those rights that the government should not infringe upon. It does not articulate the services or material goods that the government must ensure for the people.

4. It is the individual's responsibility, not that of the government's, to ensure personal health. Diseases and health problems, such as obesity, cancer, stroke, and diabetes can often be prevented by individuals choosing to live healthier lifestyles.

5. No one should be entitled to health care because it is a service and a material good that a person must pay for to obtain.

6. Guaranteeing everyone health care will lead to longer wait-times for patients to receive diagnoses and treatment of illnesses, as is the case in Canada and the UK, potentially denying patients with chronic diseases timely medical care.

7. Providing a right to health care is socialism and is bad for economic productivity. Socialized medicine is comparable to food stamps, housing subsidies, and welfare—all of which is charity. Distributing charity to society makes people lazy, decreases the incentive for people to strive for excellence, and inhibits productivity.

8. A right to health care is difficult to administrate because it is too ambiguous what kind of treatment and services should be guaranteed.

9. Guaranteeing health care as a right will lead to an increase in demand for health care that will decrease the quality of care because health care professionals will be overstretched.

10. History has shown that granting health care as a right would lead to greater government deficits. Every time the government intervenes in health care, such as with Medicare and Medicaid, there is a greater redistribution of wealth and greater government spending.

11. If health care is considered a right, then government bureaucrats will be making health, life, and death decisions that should be up to the patient and doctor to decide.

12. Allowing health care coverage to be driven by the free market without government intervention increases competition and the incentive for providing higher quality medical technology and service.

13. Providing health care to everyone is a huge expense and may result in tax increases thereby further harming the economy and individual pocketbooks.

14. Guaranteeing health care for all Americans will lead to a problem known as "moral hazard," meaning that people will take riskier actions because they know that if they get hurt, they are guaranteed health care coverage.

Table 1
"Should all Americans have the right to health care?"

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Adapted from ProCon.org (2013, April 19). Retrieved from http://healthcare.procon.org/
Minimum, Specific, and Numerical Direct-Care Registered Nurse-to-Patient Staffing Ratios by Clinical Unit for Acute-Care Hospitals

NYSNA supports legislation that will require all acute care facilities to comply with minimum direct-care nurse to patient staffing ratios. An overview of the New York bill “Safe Staffing for Quality Care Act” follows:

- **Nurse ratios.** The bill establishes nurse to patient ratios by unit. No nurse can be assigned responsibility for more patients than the specific ratio. Hospitals that violate the law will face civil penalties.
- **Staffing for acuity.** The ratios set a floor, not a ceiling. Hospitals are required to make a staffing plan that addresses changes in patient acuity by staffing as patient needs dictate.
- **Hospitals cannot count assistive personnel toward ratios.** Assistive personnel do not count toward the licensed nurse-to-patient ratios. Hospitals are required to provide a sufficient level of assistive personnel.
- **Public disclosure.** Hospitals must disclose to the public a summary of the safe-staffing requirements applicable to that facility.
- **No averaging.** The ratios are the maximum number of patients assigned to any RN at all times during a shift – not an average.
- **Floating.** The law requires hospitals to staff units using nurses with a demonstrated competence in that clinical area, as well as those who have undergone an orientation for that clinical practice.
RN-to-Patient Ratios: Staffing and Patient Safety

Studies by the nation’s most respected scientific and medical researchers affirm the significance of RN-to-patient ratios for patient safety. Some reports show:


- **The odds of patient death increases by 7% for each additional patient a nurse must care for at one time**—Aiken, Clark, Sloane, Sockalski, & Silber (2002).

- **Hospitals which routinely staff with 1:8 nurse-to-patient ratios experience five additional deaths per 1,000 patients than those staffing with 1:4 nurse-to-patient ratios**. Aiken, Clark, Sloane, Sockalski, & Silber (2002).

- **Each additional patient assigned to an RN is associated with a 53% increase in respiratory failure, 7% increase in the risk of hospital-acquired pneumonia, and 17% risk in medical complications**—U.S. Department of Health and Human Services, Agency for Healthcare Research and Quality (2008).

- **Adding one full-time RN on staff per day resulted in 9% fewer hospital-related deaths in the intensive care units (ICU), 16% fewer in surgical patients, and 6% fewer in medical patients**—Kane (2008).

The New England Public Policy Center and the Massachusetts Health Policy Forum reported numerous studies by Joint Commission (JC), the Agency for Health Research and Quality (AHRQ), and publications in the New England Journal of Medicine that have linked lower nurse staffing levels with patients’ increased risk of pneumonia, urinary tract infection, post-operative infection, sepsis, ulcers, gastrointestinal bleeding, cardiac arrest, longer hospital stay, and even death (New England Public Policy Center and the Massachusetts Health Policy Forum, 2005).

### Nurse to Patient Ratios in the 2013 Safe Staffing for Quality Care Act

<table>
<thead>
<tr>
<th>Department</th>
<th>Ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trauma emergency</td>
<td>1:1</td>
</tr>
<tr>
<td>Operating room</td>
<td>1:1</td>
</tr>
<tr>
<td>All Intensive care</td>
<td>1:2</td>
</tr>
<tr>
<td>Emergency critical care</td>
<td>1:2</td>
</tr>
<tr>
<td>Post anesthesia care</td>
<td>1:2</td>
</tr>
<tr>
<td>Labor – 1st stage</td>
<td>1:2</td>
</tr>
<tr>
<td>Labor – 2nd &amp; 3rd stage</td>
<td>1:1</td>
</tr>
<tr>
<td>Antepartum</td>
<td>1:3</td>
</tr>
<tr>
<td>Non-critical antepartum</td>
<td>1:4</td>
</tr>
<tr>
<td>Newborn nursery</td>
<td>1:3</td>
</tr>
<tr>
<td>Intermediate care nursery</td>
<td>1:3</td>
</tr>
<tr>
<td>Post-partum couplets</td>
<td>1:3</td>
</tr>
<tr>
<td>Post-partum mother-only</td>
<td>1:4</td>
</tr>
<tr>
<td>Well-baby nursery</td>
<td>1:6</td>
</tr>
<tr>
<td>Emergency department</td>
<td>1:3</td>
</tr>
<tr>
<td>Step-down &amp; telemetry</td>
<td>1:3</td>
</tr>
<tr>
<td>Pediatrics</td>
<td>1:3</td>
</tr>
<tr>
<td>Medical-surgical</td>
<td>1:4</td>
</tr>
<tr>
<td>Acute care psychiatric</td>
<td>1:4</td>
</tr>
<tr>
<td>Rehabilitation &amp; sub-acute</td>
<td>1:5</td>
</tr>
</tbody>
</table>

The Department of Health will establish ratios for any units not listed.
RN-to-Patient Ratios: Helping to Solve Nursing Shortage

The nursing shortage has resulted in a “catch 22” situation. A repetitive cycle of mandatory overtime, leading to overworked and overburdened nurses who are fatigued and more prone to committing nursing errors, further complicates and increases patient morbidity and mortality. This situation has a profound effect on patient safety, endangers the reputation of the nursing profession, and ultimately compromises the entire national health-care delivery system. Failure to deal with a nursing shortage – be it local, regional, national or global – will lead to failure to maintain or improve health care. The following model shows the causes and consequences of the nursing shortage.


Strong, effective ratio laws are notably one of the suggested solutions to eliminate the nursing shortage in the nursing literature. California, which adopted the first ratio law in the United States, offers statistics in support of this notion.

- A 60% increase in RN applications was enjoyed in the years following enactment of the California nurse-to-patient law. National Nurses Organizing Committee (January, 2009). The number of actively licensed RNs in California increased by nearly 100,000 following enactment of the staffing ratio law, from 24,068 as of June 30, 1999 to 345,497 as of November 30, 2008 (California Board of Registered Nursing Data), (NNOC, 2009, January).
- Vacancies for RNs in the Sacramento, California area hospitals have plummeted 9% since early 2004 when the nurse-to-patient ratios first were implemented. Robertson (2008, January 13).
RN-to-Patient Ratios—A Cost Effective Solution for Hospitals

Safe RN staffing ratios have produced cost savings for hospitals in the form of reduced spending on temporary RNs, overtime, lower RN turnover, and reduced patient care costs such as shorter patient lengths of stay and improved patient outcomes. Indeed, several nursing executives and managers in California reported that the safe staffing legislation made it easier to secure additional funding or avoid budget cuts within the hospital, particularly with regard to the hiring of nursing staff. Spetz, Chapman, Herrera, Kaiser, Seggo, & Dower, (2009).

Most hospitals can afford to employ sufficient numbers of RNs to provide safe patient care. The health industry trade publication Modern Healthcare has reported that the hospital industry profits have set a record—$52.9 billion in 2010. The Office of Statewide Health Planning and Development have reported that even with improved staffing levels required by the California ratio law, California hospitals have netted over $4.4 billion in profits in 2010. National Nurses United (2012).

The health care literature further supports RN-to-patient ratios as a cost-effective solution for hospitals:

- Investment in additional nurses will result in projected savings of improved RN staffing and decreased overtime costs of $11.64 million and $544,000 annually. National Nurses United (2012).

- Travel nurses typically cost hospitals 20% more than a nurse employee, even when benefits are factored in. Schmit (2005, June).

- The cost of replacing a general medical/surgical RN is $42,000 and $64,000 for a specialty RN. Aiken, et. al. (2002).

- Adding 133,000 RNs to the acute-care hospital workforce across the United States would produce medical savings estimated at $6.1 billion in reduced patient care costs. Dall, Chen, Seifert, Maddox, & Hogan (2009).

- The turnover rate of RNs nationally is estimated at 18.5%. Reducing RN turnover are projected to save $20 billion each year based on a 2007 inflation-adjusted turnover cost of $82,000 to $88,000 per RN. Jones (2008).
Taking Action: Organizing the Workplace to Win Safe Staffing

NYSNA nurses can use two main strategies to win safe staffing. One strategy is to develop a contract campaign to win strong language in support of nurse-to-patient ratios and to increase the power of nurses to set safe-staffing policies in our facilities. The second strategy is to win safe-staffing legislation by engaging in lobbying efforts and winning the hearts and minds of the public and of policymakers.

Taking action and organizing the workplace to develop a campaign for safe staffing will require a huge concerted effort by strong, committed nurses in concert with community and political support networks. The first steps in developing an organizing plan include:

- **Defining the issue.** Campaign strategists should identify the issue and determine if the issue is one that many members feel strongly enough to do something about, are achievable, and build solidarity among coworkers.
  - The issue is unsafe staffing in our coronary care unit (CCU), medical and emergency room (ER) units.
- **Identifying leaders.** Campaign strategists should determine who is impacted by the issue. From among those who are impacted, campaign strategists should identify who are the opinion-leaders who can move others to action.
  - Sally Sue in the CCU, John Jay in the medical unit, and Mary Rose in the ER have great followings in their units.
- **Formulate demands and define victory.** Campaign strategists should determine what the “fix” or “solution” is. The solutions should be stated clearly and simply. Campaign strategists should also determine how the terms of the agreement should be enforced.
  - The contract shall include provisions and language for staffing ratios that will include:
    - Ratios will be created with input from direct-care RNs.
    - Ratios will be based on the number of patients and level and intensity of care to be provided, with consideration given to admissions, discharges and transfers that nurses must handle each shift.
    - Ratios will account for architecture and geography of the environment and available technology.
    - Ratios will reflect the level of preparation and experience of those providing care.
    - Ratios will reflect staffing levels supported by peer-reviewed research.
    - Language will provide that a RN not be assigned to work in a particular unit without first having established the ability to provide professional care in such a unit.
- **Set goals to build your workplace.** Campaign strategists should develop, as part of the plan to win, how to increase membership involvement as part of the campaign.
  - Set a schedule of one-to-one conversations to increase the numbers of member leaders.
  - Provide leadership training sessions two times per month on site at the hospital
- **Identify your target.** Campaign strategists should identify parties who can meet the nurses demands.
  - The legislators can meet our demands for a safe-staffing bill.
  - The hospital negotiating team can meet our demands for contractual language on safe staffing.
- **Determine how your target is vulnerable.** Campaign strategists should also determine if there are indirect targets that can influence your direct target.
  - This is an election year, and the legislator is running again.
  - The local pastor can influence the legislator.
- **Determine who your potential allies are.** Campaign strategists should determine which individuals or groups of individuals will actively support your campaign, even though the group is not directly impacted.
Community residents who frequent this hospital would be interested in our safe-staffing campaign.

Doctors who have offices in the area and who admit patients to our hospital would be interested in our safe-staffing campaign.

**Determine your strengths and advantages.** Campaign strategists should look to media figures, high-profile heads of organizations, laws, etc.

- President Clinton recently had a stay at Columbia Presbyterian Hospital.

**Determine your challenges and obstacles.** Campaign strategists should develop a plan to neutralize or deal with foreseeable challenges and obstacles.

- Prepare documents to address the cost savings hospitals will enjoy with increased nurse-to-patient ratios when the hospital declares that increased staffing is unaffordable.

**Research.** Campaign strategists should build the record with documentary evidence in support of the issue and foreseeable challenges.

- Protest of assignment (POA) statistics.
- Costing out overtime pay.
- Costing out agency pay.
- Determining the wealth of the hospital.

**Messaging.** Campaign strategists should determine what the strongest arguments are in favor of the demands.

- Safe staffing will lower the risk of pneumonia, urinary tract infection, post-operative infection, sepsis, ulcers, gastrointestinal bleeding, cardiac arrest, longer hospital stays, and even death.

**Develop a plan of action with escalating tactics.** Campaign strategists should develop a plan of escalating tactics. Start small with easy, low-pressure tactics, build momentum and engage in more intense confrontations at pre-determined intervals.

- Have a labor management meeting to present the issue.
- Have nurses attend the nurse practice meeting to tell stories.
- Collect POA and file a complaint with the Department of Health (DOH).

**Put the plan into action.** Campaign strategists should weigh the pros and cons of recruitment strategies, particularly those surrounding keeping the membership informed and active. Communicating and recruiting members for action moves power from management to the nurses.

- Pro of flyer—easy to distribute, cost effective.
- Con of flyer—one way communication with no assessment/evaluation on the effect of the message.
- Pro of one-on-one communication—best means of communication.
- Con of one-on-one communication—time consuming.

**Recruiting the members.** Campaign strategists should identify those individuals who can effectively talk to people one-on-one. It is important to plan ahead of time who will be delivering the message to the membership and how the “rap” is going to be developed. There are five main elements to an effective one-on-one conversation:

- **Introduction.** Approach the individual at an appropriate time. Introduce yourself. Talk about what your role in the union is.

- **Educate, Ask, Agitate.** Introduce the issue. Ask the person how the issue affects them. Determine the level of interest of the person. Discuss the persons concerns. Ask the person if they feel there is an injustice that needs to be addressed right now. Generate emotion.

- **Describe the plan to win.** Discuss what has already been done about the issue and the successes of those tactics. Describe the planned actions and events and ask the person how they think they can contribute to the plan to win.

- **Recruitment.** Ask the person to commit to a particular activity. Be specific about what you are asking the person to do. Explain the urgency for everyone to get involved.

- **Follow-up.** Set a time to talk with the person again. Get their e-mail, text, and phone information. Make sure the follow-up date and time has been confirmed.
Organizing for a Safe-Staffing Enforcement Plan

An effective organizing campaign and plan for enforcing safe staffing aligns human resources (i.e., staffing numbers, skills mix, experience of the practitioner, credentials of the practitioner) with patient needs. The enforcement plan should provide nurses with a significant amount of control over their practice and workplace environment.

There are several main approaches nurses can take to enforce and monitor safe staffing. Each approach will be overviewed.

1. Monitoring Safe Staffing via Nurse Staffing Committee:
   Nurses can engage in a labor management approach to safe staffing. Although this is the least effective approach to guaranteeing a hospital's compliance with agreed-to nurse-to-patient ratios, the literature supports the following plan fundamentals to be included into the plan of action of the safe staffing committee:

   **Plan Audit and Review**
   1. Does the nurse staffing committee review the staffing plan annually to determine whether it encourages the provision of sound, cost-effective nursing care in compliance with prevailing laws and standards?
   2. If negative trends in inpatient care outcomes or nurse well-being emerge, does the staffing plan dictate more frequent data review and creation of an action plan to address the problems?
   3. Does the staffing plan require the measurement of the following nursing-sensitive indicators, among others?
      - nosocomial infections
      - patient falls, with or without injury
      - pressure ulcer rate
      - pain assessment and intervention
      - restraint use
      - peripheral intravenous infiltration
      - patient leaving against medical advice
      - urinary tract infections
      - pneumonia cases
      - shock occurrences
      - upper gastrointestinal bleeding
      - longer hospital stays
      - failure-to-rescue events
      - 30-day mortality
   4. Are actual staffing levels evaluated periodically, using patient outcomes and benchmarking data?
   5. Does the committee examine whether the use of staff floating and float pools minimizes nurse staffing deficiencies?
   6. Are nurse staffing levels adjusted in response to changes, such as new services, variations in patient population or an increased number of beds?
   7. Is the use of mandatory overtime regularly evaluated?
   8. Are efforts made to reduce the need for overtime by improving staffing policies?
   9. Are the following nurse staffing trends evaluated on an ongoing basis?
      - work-related staff illness and injury levels
      - turnover and vacancy rates
      - mandatory and voluntary overtime
      - utilization of supplemental staffing
      - nurse job satisfaction, including such critical areas as working conditions, compensation and benefits

2. **Enforcing Safe Staffing via Negotiated Provisions:**
Hospitals are simply not delivering on their obligation to provide the staffing numbers needed to keep patients on their path to health. Although hospitals in New York State are required to document and publicly report incidents that result in death or serious injury to regulatory agencies, they must be held accountable to the public for their marketing claims and their ethical duties. One way to assure accountability is to negotiate provisions for enforcing safe-staffing numbers. Some conceptual negotiable provisions include:

- Action by the Union; administrative actions. The Union shall receive, investigate, and engage in a variety of legal actions to resolve complaints of violations of contractual language or standards of practice.
  - Filings with regulatory agencies, grievances, arbitrations.
- Work assignment policies that allow direct-care nurses to refuse a work assignment based upon the nurses own assessment of competency to provide safe care.
- Public posting of safe-staffing requirements, patient census, and negative patient outcomes in the previous months due to lack of staffing.
- Fines for violating employee and patient rights; acute-care hospitals that violate employee or patient rights shall be subject to a fine for each violation.
  - Fines to be deposited into an educational fund to develop programs to increase knowledge and skills of nurse practitioners.
  - Fines to be deposited into a research fund to pay for research in support of correlational research of patient outcomes, hospital-based cost savings, increased satisfaction scores and greater nurse-to-patient scores.
  - Fines to be deposited into an account to fund sick days for union members in need.
- Fines for violating ratios – acute-care hospitals that violate nurse-to-patient ratios shall be subject to a fine for each violation.

3. **Enforcing Safe Staffing via Legislative Provisions:**
The New York State Nurses Association has championed a bill entitled the “Safe Staffing for Quality Care Act.” This bill has been co-sponsored by a majority (76 out of 105) of our New York Assembly members; however, the bill has been co-sponsored by only a few of our New York Senators. The bill provides for the following enforcement provisions for safe staffing:

- A refusal by the Department of Health to issue, or a revocation of, an operating certificate to any acute-care facility that does not:
  - submit an annual staffing plan and written certification that the submitted plan is sufficient and adequate; OR
  - meet legislated minimum nurse-to-patient ratios; OR
  - identify an acuity system for addressing increasing needs of nursing numbers based upon patient acuity; OR
  - develop a staffing plan that takes into account discharges, transfers, admissions, staff breaks, meals, and routine and expected absences from the unit; OR
  - submit an assessment of the accuracy of the prior year’s staffing plan in light of actual staffing needs.
- Public posting of safe-staffing requirements on each unit.
- Private right of action for employees for equitable relief for hospitals that violate safe-staffing numbers.
Conclusion

When compared to other life-saving interventions, nurse staffing is a cost-effective intervention that should be incorporated into the patient-care plan of every health care facility in the state. New York patients and their families deserve no less.

When nurses collectively advocate for safe staffing, they are both fulfilling their professional duties and their social obligation. When nurses engage in safe-staffing organizing activities in their workplaces, they are helping to insure the rights of their patients to receive quality health care and the rights of nurses to work in an environment conducive to quality patient care. New York nurses deserve no less.
Safe Staffing Day of Action – Collective Patient Advocacy and Workplace Organizing: A Nurses’ Professional Duty and a Patient’s Right

References


National Nurses United. (2012). The ratio solution. NNU’s RN-to-patient ratios save lives – better outcomes and more RNs. Retrieved from http://nurses.3cdn.net/f0da47b347e41bb03a_z1m6v11sd.pdf


Safe Staffing Day of Action - Collective Patient Advocacy and Workplace Organizing: A Nurses Professional Duty and a Patient’s Right

Course Activity Exam

Instructions: Complete the exam questions below by marking your answers on the answer sheet provided. Be sure to complete the evaluation form on the back of the answer sheet. For those members wishing to earn CHs for these courses, please return completed evaluation form and answer sheets to NYSNA no later than MAY 20, 2016. Detailed instructions on how to complete this course are provided in Instruction, located on page III of this booklet.

1. The United States, as one of the greatest nations in the world, guarantees health coverage for its citizens.
   A. True
   B. False

2. Five United States Presidents have declared during their presidential candidacy that health care should be a right for every American.
   A. True
   B. False

3. The Nursing Code of Ethics, Nursing’s Social Policy Statement, New York State Whistleblower Laws, and the National Labor Relations Act have codified the nurse’s right to protect and advocate for patient’s right to health care and safe staffing.
   A. True
   B. False

4. Proponents of the right to health care argue that the right to health care should be considered a civil right and our civil rights laws do not allow a sick individual to be discriminated against for being sick, while opponents of the right to health care argue that health care should not be a right because the Declaration of Independence only guarantees the right to “pursue” happiness and free medical services.
   A. True
   B. False

5. Recent polls have shown that a majority of Americans say that health care should be a right.
   A. True
   B. False

6. The position of the New York State Nurses Association, communicated in its lobbying efforts for New York Health, is that all American citizens have a right to health care.
   A. True
   B. False
7. Nurses are required to use their specialized knowledge, skills, and caring to advocate collectively for improvements in the health status of all Americans and insuring the right to safe, quality, and effective health care, including the right to safe staffing.

A. True
B. False

8. It is not the government’s responsibility to guarantee the quality of health care, so nurses should not bother with lobbying for a nurse-to-patient ratio law; rather, nurses should try to negotiate specific nurse-to-patient ratios into their contracts.

A. True
B. False

9. The Federal Whistleblower law guarantees the right to health care because it allows a nurse to advocate for health care as a human right under the United Nations Universal Declaration of Human Rights.

A. True
B. False

10. Nurses who are able to successfully advocate for safe staffing and guaranteed health care would be able to accomplish the containment of the spread of epidemics, such as swine flu or small pox, because all people would then have access to health care and would likely receive quality, regular and preventive medical care.

A. True
B. False

11. The New York State Safe Staffing for Quality Care Act includes all of the following except:

A. Minimum nurse-to-patient ratios.
B. Assistive personnel in sufficient numbers that guarantee the minimum ratios.
C. A staffing plan that addresses changes in patient acuity.
D. Disclosure of safe-staffing requirements applicable to that facility.

12. The New York State Safe Staffing for Quality Care Act includes:

1) Hospitals to staff units using nurses with a demonstrated competence in that clinical area.
2) Hospitals to staff units using nurses who have undergone an orientation for that clinical practice.
3) Nurse to patient ratios by clinical division.
4) Ratios as an average number of patients that can be assigned to any one RN.

Choose the best response from the choices above.

A. 1 and 2
B. 1, 2 and 4
C. 1, 2 and 3
D. 3 and 4
13. Research studies by the nation’s most respected scientific and medical researchers affirm the significance of RN-to-patient ratios in all of the following reports, except:

A. Adding one full-time RN on staff per day can result in 16% fewer hospital-related deaths in surgical patients.
B. The odds of patient death increases by 22% for each additional patient a nurse must care for at one time.
C. Hospitals which routinely staff with 1:8 nurse-to-patient ratios experience 5 additional deaths per 1,000 patients than those staffing with 1:4 nurse-to-patient ratios.
D. Each additional patient assigned to an RN is associated with a 53% increase in respiratory failure.

14. The New York Safe Staffing Quality Care Act can help to solve the nursing shortage by helping to:

A. Decrease nurse turnover.
B. Provide nursing instructors.
C. Provide more doctoral-prepared nurses to give care at the bedside.
D. Recognize and address adverse patient outcomes in a more efficient and expedient manner.

15. Safe nurse-to-patient ratios are a cost effective solution for hospitals because:

1) Travel nurses typically cost hospitals 20% more than a nurse employee, even when benefits are factored in.
2) The national RN turnover rate is estimated at 18.5% and reducing RN turnover is projected to save $20 billion each year.
3) Investing in additional nurses, although it may result in low profit returns, will save $544,000 annually in overtime costs.
4) The cost of replacing a specialty RN is $64,000.

Choose the best response from the choices above.

A. 1 and 2
B. 1, 2, and 3
C. 1, 2, and 4
D. 2 and 4

16. The first steps in taking action and organizing the workplace to develop a campaign for safe staffing include all of the following except:

A. Defining the issue to determine if the issue is one that many members feels strongly enough to do something about.
B. Identifying leaders from among those members who are impacted and who can move other members to action.
C. Determining what the solution to the issue is and how the terms of the agreement should be enforced.
D. Setting goals to build the workplace that can be achieved by a minimum number of members—saving the majority of the membership for the informational picket and strike lines.
17. The most likely potential allies to support your campaign to win safe staffing at the workplace level include all of the following except:

   A. Community residents who frequent the hospital.
   B. Doctors who have offices in the area who admit patients to the hospital.
   C. Agreeable managers in the hospital.
   D. Other union members in the hospital.

18. Campaign strategists should include all of the following one-on-one recruitment strategies into the campaign to win except:

   A. Introduce the issue to the member, including the results of documentary evidence that has been collected in support of the issue and foreseeable challenges.
   B. Describe the plan to win using the strongest arguments in favor of the demands made and the actions that have already been taken that have been successful.
   C. Ask the member to write down how they can contribute to the campaign to win and tell them to mail it to the union office.
   D. Follow up with the member with a confirmed date and time.

19. Escalating tactics should be incorporated into the campaign to win safe staffing because:

   1) It’s hard to get people motivated to engage in high-pressure actions via one-on-one conversations in the beginning of a campaign because the message may not be fully developed yet.
   2) Members worry about getting fired if you start off with high-pressure tactics.
   3) Building momentum will encourage more members to become involved in actions once they see how successful the easier, low-pressure tactics are.
   4) Engaging the membership in escalating actions keeps them informed and maintains their interest in the activities.

   Choose the best response from the choices above.

   A. 1 and 2
   B. 1, 2, and 3
   C. 1, 2 and 4
   D. 1, 2, 3, and 4

20. Enforcing safe-staffing agreements can be assured through all of the following except:

   A. Labor Management Meetings that include a review of POAs filed for the year before.
   B. Nurse Staffing Committee meetings that include a review of whether the committee has exercised their authority to adjust nurse staffing levels in response to changes, such as variations in patient population or an increased number of beds.
   C. Negotiated language that includes a fine that the employer must pay for violating agreed to nurse-to-patient ratios.
   D. Safe staffing laws that include a private right of action for employees for equitable relief for hospitals that violate safe staffing numbers.
Safe Staffing Day of Action – Collective Patient Advocacy and Workplace Organizing: A Nurses’ Professional Duty and a Patient’s Right

Answer Sheet

Please print legibly and verify that all information is correct.

First Name: _________________________ MI: _______ Last Name: _________________________

Street Address: _______________________

City: _________________________ State: ___________ Zip Code: _________________________

Daytime Phone Number (include area code): _________________________

E-mail: _________________________

Facility: _________________________ NYSNA Member #: _________________________

For those members wishing to earn CHs for these courses, please return completed evaluation form and answer sheets to NYSNA no later than MAY 20, 2016. Please refer to the detailed Instruction on page III at the beginning of this booklet. Please print your answers in the spaces provided below. There is only one answer for each question. All answers are located within the course content.

1. ________ 11. ________

2. ________ 12. ________

3. ________ 13. ________

4. ________ 14. ________

5. ________ 15. ________

6. ________ 16. ________

7. ________ 17. ________

8. ________ 18. ________

9. ________ 19. ________

10. ________ 20. ________

Please complete the course evaluation on the back.
Course Evaluation

Please use the following scale to rate statements 1-7 below:

<table>
<thead>
<tr>
<th></th>
<th>Poor</th>
<th>Fair</th>
<th>Good</th>
<th>Very Good</th>
<th>Excellent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The content fulfills the overall purpose of the course.</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>2. The content fulfills each of the course objectives.</td>
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<td>O</td>
<td>O</td>
<td>O</td>
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<tr>
<td>3. The course subject matter is current and accurate.</td>
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<td>O</td>
<td>O</td>
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<tr>
<td>4. The material presented is clear and understandable.</td>
<td>O</td>
<td>O</td>
<td>O</td>
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<tr>
<td>5. The teaching/learning method is effective.</td>
<td>O</td>
<td>O</td>
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<tr>
<td>7. How would you rate this course overall?</td>
<td>O</td>
<td>O</td>
<td>O</td>
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</table>

8. Was this course fair, balanced, and free of commercial bias? Yes / No (Circle One)

9. Comments: ........................................................................................................................................
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10. Do you have any suggestions about how we can improve this course? ........................................
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Thank You!
Section IV

You Have More Influence Than You Think: Engaging Community Allies for Safe Staffing
You Have More Influence Than You Think: Engaging Community Allies for Safe Staffing

NYSNA Continuing Education

_The New York State Nurses Association is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center’s Commission on Accreditation._

This course has been awarded .5 contact hours and is intended for RNs and other healthcare providers. In order to receive contact hours participants must read the course material, pass an examination with 80%, and complete an evaluation.

All American Nurses Credentialing Center (ANCC) accredited organizations' contact hours are recognized by all other ANCC accredited organizations. Most states with mandatory continuing education requirements recognize the ANCC accreditation/approval system. Questions about the acceptance of ANCC contact hours to meet mandatory regulations should be directed to the professional licensing board within that state.

NYSNA wishes to disclose that no commercial support was received.
Objectives

After reviewing this self-study module, the learner will be able to:

- Identify three areas on the Circle of Influence that can be used to build a community support network.
- Strategize how you can use your influence within your circle to promote Safe Staffing legislation.
About the Author

Carol Pittman, MA, MS

Carol Pitman, MA, MS is a Community Affairs Representative working at NYSNA for over 10 years. She has extensive experience in the labor coalition community. She has been giving presentations in facilities on community outreach and local political developments and issues, as well as to allied organizations about NYSNA’s issues.

The author declares no vested interest related to this educational activity.
Engaging Community Allies for Safe Staffing

In the fight for Safe Staffing ratios, Registered Nurses (RNs) are taking on the rich and powerful healthcare industry and its often paid allies, the politicians. RNs need to be proactive to counteract the hospital industry’s misinformation about Safe Staffing.

This means that there will be a lot of support and help that is needed, to build strong community, and political alliances, and support networks.

RN’s must:
- educate and provide tools to the public, including our friends and neighbors, to help them advocate for a patient’s right – including their own right - to safe patient care; and
- build alliances with other organizations who view safe staffing as being in their interest which includes patient advocacy groups, faith-based groups, and social and healthcare justice organizations.

Where to Begin?
You have more influence than you think.

The best way to build a support network is to start where you already have relationships. Look in your immediate surroundings and identify potential allies. Start with whom you know; your own circle of co-workers, neighbors, friends and family.

Some examples might be:
- Other nurses and healthcare workers
- Your grown sons and daughters
- A sister living in another part of the state
- The other parents in your kids’ soccer league
- A next-door neighbor
- Book-group friends and travelling buddies
- Fellow church members
- The Seniors at the center down the road

Since you know these people and presumably already have a relationship with them, this is whom you start with to build community support for Safe Staffing. Having a conversation with individuals you know makes it easier to discuss your issues.

Most of your friends will have networks of their own, providing them with the right tools; they to can spread the word about safe staffing to their own families and contacts.

*Instruction:* Gather together with one or more of your colleagues to complete Exercises 1-3

*Exercise 1.* Use the chart below to map your Circles of Influence.
Circles of Influence

Talk to your circle of friends and family about safe staffing. Tell a story from your own nursing practice. Most people have been hospitalized, or know someone who has, and know the importance of good nursing care, and quality patient outcomes.
An important way to reach people on the issue of Safe Staffing is to tell them a story from your own nursing practice that shows the relationship of staffing to quality of patient care.

Have you:
- experienced a bad outcome for a patient as a result of an unsafe staffing situation?
- experienced violence in the workplace as a direct result of unsafe staffing (overcrowding in the ER, too few RNs in Behavioral Health)?
- had so many patients that you’ve had to fill out a Protest of Assignment form to get your supervisors to remedy the situation?
- or any other situation that can illustrate the direct impact of short staffing?

Exercise 2. See “Telling Our Story” below, taken from the Safe Staffing Toolkit. Write down 2-3 stories or experiences you have had with short staffing to tell your friends.
Part 2: Telling our story

10 tips for telling your story

What you say matters. The press, the public, and lawmakers all respect what you have to say.

Our stories as nurses are one of the most powerful tools we have to advocate for safe staffing.

Here are some tips to help deliver the most powerful message:

1 **Tell a story.** Think about a time when having more staff would have led to a better outcome for the patient — and tell that story.

   We need to win the battle of hearts and minds — and nurses’ stories move people more powerfully than the facts on their own.

2 **Keep the focus on patient care.** We know that short staffing hurts nurses as well as patients. But we need to keep the focus on patient care to win the broadest possible support for this legislation.

3 **Keep it to the point.** We’ve all seen the press take what people say out of context. Your best protection is to keep what you have to say short and to the point.

4 **Practice.** Whether you’re meeting with a neighborhood leader, talking to the press, or meeting with your Assemblyperson, practice what you’re going to say with other nurses or NYSNA staff. It’s especially important to practice answering the hard questions they may ask you.

5 **Get help.** You’re not on your own. NYSNA’s communications staff can help you tell your story.

6 **Be an advocate.** Our job is to advocate for our patients — in our facilities, and in the public.

*NYC Safe Staffing Toolkit*
Some nurses are reluctant to talk publicly about what happens in their unit – but if that information could help improve care on your unit, you have a professional responsibility to raise it with lawmakers.

You can be specific without breaking patient confidentiality. Omit any details that could be used to identify the patient – like date admitted or discharged, name, or out-of-the-ordinary specifics about their case.

**7 Seek a personal connection.** All of our listeners will be our patients at some point. Ask them about their experience, and what kind of care they want to receive.

**8 Ask other nurses to tell their story** by writing a letter to the editor, speaking to a leader in their community, or talking to a lawmaker.

The more voices advocating for this law, the stronger we are.

**9 Put in lay terms that the public will understand.**

Steer clear of nursing or medical jargon.

**10 Get creative.** Think about ways you can take your story to the public that you haven’t tried before – and do it. The press and the public are more likely to notice things they haven’t seen before.

To brainstorm creative actions, get in touch with NYSNA’s communications department at mobilizer@nysna.org

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**Know the Facts about Legislation**

Since we’re dealing with the Safe Staffing for Safe Patient Care Bill, you will need to stay up-to-date on issues related to the legislation, and arguments for staffing ratios.

You will want to be knowledgeable about the issues related to safe nurse-patient ratios. Remember, the healthcare industry lobby will be working to thwart us, and will be spreading misinformation. Be prepared to beat back those lies!
Keep your friends and neighbors in the loop.

✓ Stay up-to-date on the fight for staffing ratios.
✓ Email an article or give them an occasional informational flyer on the issue.
✓ Volunteer to speak to their book-group or at their Senior Center.
✓ Then, ask them to sign or even circulate a petition or call a legislator.

Maybe your neighbors will join in to visit a local targeted politician. Can they get their own friends, neighbors, and co-workers to do the same? You don’t need to make a nuisance of yourself. Just remember we want them to remain engaged. You’re the best judge of how to do that.

Now, get your co-workers to inventory their own personal circles and reach out to them. Work those contacts. In this way, starting with our own Circles of Influence, RNs can build the network of allies needed to win Safe Staffing Ratios.

Take it Up a Notch: The Larger Community

You’ll want to complement the nurturing of your personal circles with outreach to the broader community.

For example:

- Volunteer to speak at your PTA, a Neighborhood Watch meeting or your neighbor’s Veteran’s Association.
- Local merchants or business associations would join with us if they were well informed about safe patient care – businesspeople get sick, too.
- Health Fairs – many politicians and civic organizations hold health fairs in their communities. Grab a co-worker or friend and go, talk to people, distribute information and get signatures on petitions.

Be Inclusive and Creative

There are child-care and school networks, alumni associations, support groups. Choirs, walking and quilting groups are social circles to consider. Trade and professional associations usually are another excellent outlet. Community leaders like clergy, academics, other healthcare professionals, and politicians should also be included.

They should all be informed about safe staffing ratios. Share the information with everyone. People can help in a number of ways: They can sign and circulate a petition, send a letter (you provide the draft and get a copy), sign a letter to the editor, go with you on a lobbying appointment, make phone calls.

Exercise 3. Write down three (3) groups that you or your friends participate in that you can address about the need for Safe Staffing. Find out when they meet and ask for an appointment. Contact a mentor or leader for support if needed

Don’t drop the ball.

Keep people informed about the legislative victories. After all, these victories when won will benefit the whole community.
You Have More Influence Than You Think: Engaging community allies for safe staffing

Course Activity Exam

Instructions: Complete the exam questions below by marking your answers on the answer sheet provided. Be sure to complete the evaluation form on the back of the answer sheet. For those members wishing to earn CHs for these courses, please return completed evaluation form and answer sheets to NYSNA no later than MAY 20, 2016. Detailed instructions on how to complete this course are provided in Instruction, located on page III of this booklet.

1. You have influence in your immediate circles because you:
   a. are a nurse
   b. play a team sport
   c. have good relationships with your neighbors
   d. regularly get together with family members
   e. are a participating member of a faith-based congregation none of the above
   f. all of the above

2. People in your circle of influence will listen when you talk about safe staffing because:
   a. Safe patient ratios will impact on them and their loved ones,
   b. Being a nurse, you have the knowledge about the issues.
   c. Nurses are generally respected when they talk about health care.
   d. Everyone has experienced being hospitalized and will understand the need for safe staffing.
   e. all of the above

3. Which of these tactics would you not use to engage allies and supporters of Safe Staffing?
   a. Introduce the issue of safe staffing and explain how ratios work.
   b. Tell a story out of your own experience with understaffing.
   c. Ask your listener to call a legislator and/or sign a petition.
   d. Ask him to march around the block with a Safe Staffing banner.
   e. Ask your listener to circulate a petition among her own contacts and return it to you.
   f. Co-sign a letter to the editor of your neighborhood newspaper.
   g. Invite them to participate in any activity for Safe Staffing we’re engaged in.

When telling your story of an experience with short-staffing, you want people to understand that safe staffing is in their interest and their loved ones when they become ill, and to move them to support the Safe Patient Care Act.

TRUE or False: The following statements can accomplish the above stated goal when telling your story.

4. Keep the focus on patient care.
   a. True
   b. False

5. Discuss how you and your coworkers never get any respect.
   a. True
   b. False

6. Keep your story short, simple and to the point.
   a. True
   b. False
7. Familiarize your listener with all the acronyms and abbreviations we use in healthcare.
   a. True
   b. False

8. Get in the details: patient name, date of admission and discharge, specifics about their case.
   a. True
   b. False

9. For assistance contact one of your nurse leaders.
   a. True
   b. False

10. Once we engage family, friends, and neighbors on the issue of Safe Staffing, how do we follow up?
    Which statement does not apply?
    a. Once they’ve said they’re with us, thank them and consider that done.
    b. Keep them updated with new information as it comes out.
    c. Give them an activity: a petition to sign and circulate, invite them to lobby with us.
    d. Invite them to celebrate victories with us.
Please print legibly and verify that all information is correct.

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<tr>
<th>Facility:</th>
<th>NYSNA Member #:</th>
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1. _______
2. _______
3. _______
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10. _______

Please complete the course evaluation on the back.
## Course Evaluation

Please use the following scale to rate statements 1-7 below:

<table>
<thead>
<tr>
<th>Statement</th>
<th>Poor</th>
<th>Fair</th>
<th>Good</th>
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<td>1. The content fulfills the overall purpose of the course.</td>
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<tr>
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</tbody>
</table>

8. Was this course fair, balanced, and free of commercial bias? Yes / No (Circle One)

9. Comments: ________________________________________________________________

10. Do you have any suggestions about how we can improve this course?        
    ______________________________________________________________________
    ______________________________________________________________________
    ______________________________________________________________________

Thank You!
Section V

Finding Your Political Pulse: A Nurse’s Guide to Legislative Advocacy
NYSNA Continuing Education

The New York State Nurses Association is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center’s Commission on Accreditation.

This program has been awarded .5 contact hours. In order to receive contact hours participants must view the on-demand webinar in entirety, pass an examination with 80%, and submit an evaluation. Contact hours will be awarded until March 26, 2016.

All American Nurses Credentialing Center (ANCC) accredited organizations’ contact hours are recognized by all other ANCC accredited organizations. Most states with mandatory continuing education requirements recognize the ANCC accreditation/approval system. Questions about the acceptance of ANCC contact hours to meet mandatory regulations should be directed to the Professional licensing board within that state.

NYSNA has been granted provider status by the Florida State Board of Nursing as a provider of continuing education in nursing (Provider number 50-1437).

No commercial support was received.
How to Take This Course

Please take a look at the steps below. These will help you to progress through the on-demand module, complete the course examination and receive your certificate of completion.

1. **REVIEW THE OBJECTIVES**

   The objectives provide an overview of the webinar and identify what information will be covered. Objectives are stated in terms of what you, the learner, will know or be able to do upon conclusion of the presentation. They let you know what you should expect to learn by viewing this particular webinar and can help you focus your study.

2. **WATCH THE WEBINAR**

   View the recorded webinar in its entirety.

3. **COMPLETE THE COURSE EXAM**

   After watching the webinar, click on the "Course Exam" option located on the course navigation toolbar. Answer each question by clicking on the button corresponding to the correct answer. All questions must be answered before the test can be graded; there is only one correct answer per question.

   **HINT!** You can print and review the exam questions before viewing the webinar and answer the questions as you move through the webinar. Just remember to submit your final answers online.

4. **GRADE THE TEST**

   Next, click on "Submit Test." You will know immediately whether you passed or failed. If you do not successfully complete the exam on the first attempt, you may take the exam again. If you do not pass the exam on your second attempt, you will need to purchase the program again.

5. **FILL OUT THE EVALUATION FORM**

   Upon passing the course exam you will be prompted to complete an evaluation. You will have access to the certificate of completion after you complete the evaluation. At this point, you should print the certificate and keep it for your records.
Introduction

The practice of nursing is greatly impacted by the laws and regulations put in place by our state government. This legislative process greatly affects health care today. Budget changes, patient satisfaction scores, and staffing ratios directly impact quality health care. It is vital for all nurses to be aware of what legislative issues are at the forefront of their nursing practice.

Registered nurses must learn the process of influencing our decision makers who support or oppose legislation that impacts our profession. Becoming empowered to address these issues and communicating knowledge to peers is the first step in impacting our legislative process. Lawmakers need to hear our stories, our concerns and personal knowledge in order for important legislative priorities be supported and become laws.
Course Objectives

At the conclusion of this webinar, the learner will be able to:

- Describe your role as an advocate for registered nurses.
- Identify past legislative victories for registered nurses.
- Apply lobbying techniques to conduct a successful meeting with your legislators.
About the Presenter/Authors

Sally Dreslin, MA, MS, RN

Sally is currently an Associate Director, Policy in the Strategic Research, Policy & Labor Education Department at the New York State Nurses Association. In this role she reviews legislation and health policies to assess their impact on the nursing profession, nursing education, labor relations and on patient care. She writes memos and policy documents that communicate the Nurses Association’s positions; educates legislators and policymakers on issues pertaining to the nursing profession and to patient care, and represents the Nurses Association in various statewide coalitions.

Prior to her governmental affairs work, Sally was a Nurse Educator, both hospital-based and at the Nurses Association.

Kristin Salvi

Ms. Salvi is an Assistant Director in the Political and Community Organizing Department at NYSNA. In the recent past she has worked in the development of the online course, Political and Legislative Activity: Why Nurses MUST Be Involved, offered on the e-leaRN™ web site. Ms. Salvi has worked closely with the New Your State Legislature for over three years and with NYSNA’s legislative and lobbying efforts for the past five years.

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The presenters have declared they have no vested interests.

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The recording may be accessed from:
https://nysna.webex.com/nysna/lsr.php?AT=pb&S=TC&rlID=17584417&rKey=606b10cf7b4703b8&act=pb
Resources

The following list of resources was compiled from the webinar.

**New York State Nurses Association**
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