



Responding to Tough Questions about Safe Staffing

The Hospital Association of NYS (HANYS) and the Greater NY Hospital Association (GNYHA) have been spreading myths and lies to legislators about the cost of Safe Staffing. You may get questions from your legislator based on their misinformation.

Here's a proven method to handle tough questions:

1. **Acknowledge** the question as valid;
2. **Answer** the question;
3. **Get back to the core issue of Safe Staffing** – the key to safe patient care.

Question 1:

“The hospitals and nursing homes say that it will cost \$3 Billion to implement these staffing ratios. How can they afford to pay that much money?”

Answer:

We share your concerns about healthcare funding – and we have fought alongside you to get New York State the \$8 Billion in Medicaid waiver funds.

The \$3 billion cost being claimed by the hospital industry is exaggerated. They have given no data to support this claim. But even if the number were true, it is only 1.8% of the revenue of hospitals and nursing homes – that's a very small cost for quality patient care. They can come up with that cost by cutting excessive management salaries and other non-patient care overhead expenses. (See: http://www.ahd.com/states/hospital_NY.html; http://www.ahcancal.org/research_data/trends_statistics/Documents/ST_rpt_STStats2011_20110906_FINAL_web.pdf)

Actually, safe staffing will help hospitals save money – savings that can offset the cost of increased staffing.

Safe Staffing will help hospitals save money from re-admission penalties. About 86% of NYS hospitals evaluated will be penalized in 2014 by Medicare for high re-admission rates. In California, where Safe Staffing ratios are set by law, only 33% of hospitals had a re-admissions penalty, and the average penalty amount is **half** what the NYS average penalty will be. Hospitals will also save money with reduced turnover of staff RNs and lower costs for lawsuits.

When all these savings are factored in, it will cost hospitals less than one percent of their budget to implement staffing ratios.

Get back to the core issue: Hospitals' top priority should always be quality patient care – especially when budgets are tight. Hospital executives might have to take a hard look at their spending on luxury buildings, exorbitant technology and their own executive salaries, in order to ensure safe care for patients. That would be a good thing for New York's health – and the long-term health of our healthcare institutions.

Question 2: **“Maybe the big hospitals can afford Safe Staffing. But won't this bill shut down the struggling community hospital in my district?”**

Answer:

We share your commitment to stop hospital closings. NYSNA nurses have stood with you and many others to keep hospitals open for care. If we thought Safe Staffing would harm hospitals, we would not support it.

More than two dozen hospitals have closed in New York since 2000, and many more that are in bad shape. Not one of those hospitals closed because of Safe Staffing.

Hospitals don't close because they have good staffing and good quality patient care. Hospitals close because they don't get reimbursed enough for the cost of providing care to Medicaid and uninsured populations in their districts.

Unsafe staffing only makes it more likely that hospitals will close. The hospitals with the best staffing are actually the ones doing the best financially.

Struggling hospitals often give millions of dollars to “consultants” who promise to save the facility, then leave it deeper in debt. Investing those same funds in Safe Staffing would improve the hospital's quality of care and community reputation – and might help avoid deaths and the malpractice lawsuits that really can kill a community hospital.

We want to join with you to reform Medicaid reimbursement and fairly allocate the Medicaid Waiver funds to keep those hospitals open in the short-term. And we hope you will support the NY Health bill to fairly fund hospitals in the long-run.

Get back to the core issue: There is one state where these safe ratios are law: California. Not one hospital close because of the ratio law. In fact, hospital income rose dramatically after ratios were implemented. Before ratios (1997 to 2003) hospital income was \$12.5 billion. After ratios (2004-2010), it jumped to \$20.6 billion. Safe staffing is good for patients and good for healthcare institutions. (See: <http://www.chcf.org/publications/2009/02/assessing-the-impact-of-californias-nurse-staffing-ratios-on-hospitals-and-patient-care>)