NEW YORK CITY EDITION | FEBRUARY 2017

New York nurse

the official publication of the new york state nurses association

Educating our communities

NYSNA members attended the Feb. 5 Lunar New Year parade in New York City's Chinatown.

NY Health Act guarantees healthcare for all

Special section, pp. 7-10

What is truth?

By Judy Sheridan-Gonzalez, RN
NYSNA President

> *"The complexity of managing a widely diverse range of patients cannot be solved by imposing staffing ratios—greater flexibility is needed."*
>
> *Hospital Association of NY (HANYS) www.hanys.org/news/index.cfm?storyid=117*

> *"Higher patient-to-nurse ratios increase the odds on patient deaths and failure-to-rescue…"*
>
> *Effects of nurse staffing and nurse education on patient deaths in hospitals with different nurse work environments." J Nurse Adm, volume 42*

It is impossible to turn to conventional or social media without hearing about "Fake News" or "Alt-Facts" or comments like "You can't believe anything" or "How do I know that's true?"

A recent study found that people tend to integrate inaccurate statements into memory because it's easier than critically analyzing information. The human brain then pulls up the incorrect information first because it's less work to retrieve recently presented material. "If it's available, people tend to think they can rely on it. But just because you can remember what someone said, doesn't make it true."

(Current Directions in Psychological Science, Volume: 25 issue: 4, page(s): 281-285; August 1, 2016)

According to a Pew Research Center survey conducted in December of 2016, two-thirds of Americans state that fabricated news stories are causing much confusion about current events. However, 84% believe that they themselves, on the other hand, are either somewhat or very confident that they can differentiate fact from fantasy. Meaning: we believe that it's "those people" who are being duped, "not us."

Critical thinking

Nurses are told to engage in "critical thinking" when caring for our patients. But that, like "clinical excellence," is often rhetoric, not based on reality. Nursing practice is being transformed more and more into prescribed protocols, checklists, drop boxes, productivity metrics, time and motion study-based expectations, scripted care, and a life in front of a computer screen. Questioning medical decisions, hospital policies or even making a reassessment that contradicts an earlier one (i.e. critically thinking) is discouraged, if not disparaged.

In schools, on the job and in the information world, we are barraged with directives, admonitions and pressures to conform to a pre-determined social and cultural "norm." When do we get to engage in stimulating debate, discussion, the sharing of a variety of viewpoints? People with the same views (often because they watch the same news stations or share a common culture) tend to flock together, further robbing us of the ability to listen to alternative thoughts, construct our own individual perspectives, and engage in challenging conversation.

Alienation

The trends towards standardization, whether in education or healthcare, serve to alienate us from our own common sense practices and from one another—our community. Professionals—nurses, doctors, teachers, and others—used to enjoy a degree of autonomy in defining and practicing our arts. Now we are held to parameters meted out by others—often people and institutions that have little knowledge of "the ground," the world we inhabit.

Truth is Truth
even if no one believes it

a Lie is a Lie
even if everyone believes it

What's worse, these "standards" are frequently not built around the essence of our respective professions, but are designed to cater to "the bottom line." Depending on the funding sources for our areas of work, this means either generating profits for private interests or cutting costs for the public's interests, or both.

Fear

This combination of alienation from our work, our colleagues and our institutions and the powerlessness we tend to feel as a result allows us to play victim to a world we believe is beyond our control or out of control. It draws us in to smaller circles—with the side effect of narrowing our perspectives—so that we can feel safe. The loss of

WE ARE ONE FAMILY

community and collective embrace disarms us because our real power lies in our common needs (which are over-arching) and our numbers.

The end result of all of this is that we become easy targets for those who are in power to exploit our fears. This is when the country we call "America" and the values we think we are supposed to have as a nation start to unravel. We look for stability, normalcy, a return to a perceived ideal—but we don't look to ourselves or to each other to provide it. We remain receptacles of a prescription, not players in the game. Thus, we can easily be transformed into game pieces or pawns, unwittingly. Fear, rather than reason, dominates our thinking and can push us into irrational behaviors.

FDR made the famous statement: "We have nothing to fear but fear itself." By opening our minds to alternative views, by carefully researching a variety of sources, by listening carefully to one another, by believing in ourselves and by embracing our common humanity, we can rise above our fears and work together to not only reclaim our profession but our nation. Given the legislation we are facing that seeks to dismantle unions and dissolve safety regulations, our survival may very well depend on it.

New York State NURSES ASSOCIATION
Advocating for patients. Advancing the profession.℠

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Turning training into action

From one side, some hospital management continues to undercut safe staffing levels and other patient protections. From another, some state politicians challenge our fundamentals of care. From Washington, D.C., some policy makers threaten to turn back the clock on healthcare access and quality guarantees. These attacks add up to a critical challenge for NYSNA members to meet: keeping patient advocacy in the forefront.

We are meeting that challenge.

More than 1,000 NYSNA members have been trained in advocacy and organizing in the last three years at our union's basic member leader training classes. Many continued on to advanced training at NYSNA's 2016 Conference for RN Advocates held last March, where workshops explored the impact of trends in the healthcare economy on nurses at our facilities. Nursing and public policy were also on the agenda. Members dissected Protest of Assignment campaigns and organizing efforts, as they drafted campaign plans for local safe staffing advocacy and safe lifting rules and implementation.

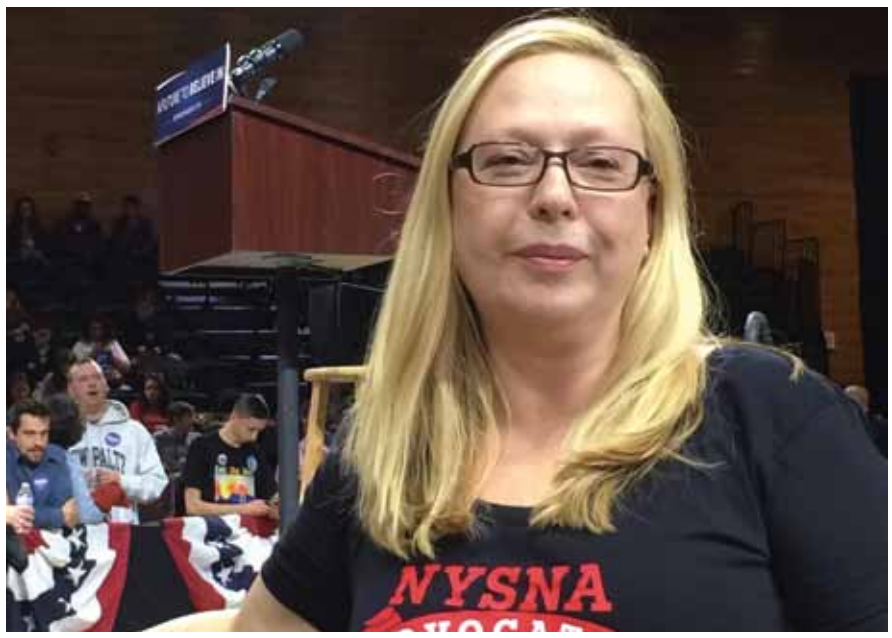
We applaud the outreach carried out by participants beyond their own units, boosting attendance at NYSNA meetings and other events. Petitions to nurse managers on the key issues of staffing and workplace violence were up. Nurses have taken on leadership roles as LBU officers, Safe Staffing Captains and as members of Nurse Practice and Professional Practice Committees.

In their own words

For Lana Cohen, RN, a 20-year veteran of the Cardiothoracic Step Down Unit at Vassar Brothers Medical Center, NYSNA training helped her to engage more effectively.

"The role playing at the workshops was extremely useful. I had a chance to interact with nurses from all over and from all levels of seniority and experience. They offered constructive feedback on how to approach management on the issue of safe staffing in our units."

Cohen took these lessons back to VBMC and put them to work.



Lana Cohen, RN, VBMC

"We've been able to establish an ongoing process and conversation with management that has yielded improved staffing. We still have a ways to go, but staffing is not as crazy as it had been. Most important, we've generated respect on each side that has benefited both patients and nurses."

Seeing the bigger picture

On POA instruction, she had this to say: "Learning what happens to the individual POAs we file, how NYSNA aggregates them and uses them to push for changes at the hospital level, in bargaining and in legislative campaigns is really useful. I've shared this with other VBMC nurses to get them engaged with the POA process."

Kandi Foreman is a Family Nurse Practitioner at Harlem Hospital who also teaches student nurses. "After the NYSNA training, I started teaching my students about the importance of POAs. I want them to understand that wherever they eventually work, they will have this tool to protect their licenses and their patients."

She also appreciated the training on understanding the work of other nurses. "I was given tools on how to look at situations from their perspectives. It's always heartening to talk with nurses from other hospitals."

Both nurses encouraged others to take advantage of NYSNA training. "It's a very supportive, inspirational and powerful day," said Foreman.

Kandi Foreman, NP, Harlem Hospital

NYSNA's 2017 RN Advocacy training agenda will cover challenges to nurses' right to defend community health; strengthening the network of RNs and caregivers for patient advocacy; building political power for safe staffing; promoting health and safety in our facilities; and documenting staffing and patient care issues.

Strength in unity

"I've learned so much about how each individual's action, when combined with others, can really make an impact," said Cohen.

Foreman added, "When nurses stand together, we are such a powerful group. We have to tap into that power."

"When nurses stand together, we are such a powerful group."

Kandi Foreman, NP

Calling all registered nurses!

By Jill Furillo, RN, NYSNA Executive Director

These proposals have the potential to constitute an attack on our scope of practice and efforts to achieve quality of care

Our licensure, professionalism and advocacy for our patients are built upon the skills of each and every registered nurse. We were educated to achieve high RN standards and continue to learn in advanced courses and in the workplace. Our particular knowledge and skill set, our keen awareness of conditions on the units, and our commitment to quality patient care—for ALL New Yorkers—are derived from being registered nurses.

NYSNA is the largest union and association of registered nurses in New York State. Having added 3,000 members to our ranks in the last two years, we are now 40,000 strong. Our union's foundation is built upon the unique and exceptional skills of what it means to carry out the duties of a registered nurse.

So it is with deep concern that we learned about provisions within the 2017-2018 NYS draft budget that could have far-reaching implications that will directly affect nurses and our patients. These provisions could allow non-nurses to take over specific responsibilities currently within the strict purview of licensed registered nurses.

Much at stake

Specifically, the draft budget proposes the creation of a Health Care Regulation Modernization Team to create "more flexible rules related to licensing and scope of practice." This "Team" would be comprised of up to 25 voting members and would have within it a "licensing" subgroup. It would be stacked heavily in favor of hospitals and other healthcare industry representatives.

If enacted, its work would begin this July and the comprehensive deregulation scheme that would be its mandate would be in place by December.

In recent legislative sessions, we have seen bills that would expand the scope of practice for pharmacists, paramedics and EMTs to provide care outside *their* scope of practice and without the appropriate education and training. These measures and others serve to undercut our professional scope of practice and deny patients the quality care they deserve.

There is more relevant history. In 2011, a Medicaid Redesign Team was established—a group that public health experts say was rife with conflicts of interest and that served largely to rubber-stamp a pre-ordained agenda. "That 'team' had only a few labor representatives, *zero* community representation, and was largely stacked with industry CEOs," said Judy Wessler, one of New York's most authoritative public health experts.

(Wessler was a key player in efforts to pass the Enhanced Safety Net Hospital bill last year, legislation that would bring equality of Medicaid resources to public and rural hospitals. Our coalition of unions and public health organizations continues to pursue passage of a bill in the 2017 session.)

We could expect similar policies from the "Health Care Regulation Modernization Team".

In addition to professional licensing issues, the Health Care Regulation Modernization Team would be charged with:

- "Streamlining" the Certificate of Need approval process, which would further the industry agenda without scrutiny and consideration of patient care issues;
- "Streamlining and simplifying" the provision of primary care, mental health and substance use disorder into clinic settings and creating rules to allow for telemedicine and alternative models for delivering health care services.
- Creating pilot programs to test and evaluate "new and innovative models of healthcare" prematurely.
- "Self-regulation" of industry, with less inspection and oversight of quality, safety, working conditions and access to healthcare services.
- The two-tiered healthcare system that operates today, with its disparities in access and quality of care, will worsen. This has profound effects in underserved communities and communities of color.

This would prioritize cutting costs over patient care.

- Highly-skilled nurses would be replaced by workers without the training of an RN.
- Non-nurses would be forced by management to take on RN duties without proper training or pay, and no clear path for advancement.

Any attempt to erode the CON process eliminates NYSNA's right to participate in that process by presenting evidence and intervening on behalf of our patients.

Clinics, outpatient services, and alternative models of healthcare services already have been created to circumvent the CON process and have not been subject to the same level of state oversight as established care models. To further open the door to private owners with little or no state oversight does damage to our practice and patient care standards.

These proposals have the potential to constitute an attack on our scope of practice and efforts to achieve quality of care.

Our vigilance and advocacy is more important than ever—for the future of our practice and our patients.

SPH is building safer workplaces

On January 1, 2017, the final phase of New York State's Safe Patient Handling (SPH) law went into effect. All facilities should have SPH policies in place and be moving toward the goal of reducing high rates of occupational injury.

"Safe patient handling is an ongoing process," said Kelly Moed, RN, Staten Island University Hospital/Northwell. Moed, a nationally-recognized authority and pioneer in SPH advocacy, is the sole individual within the entire Northwell system of 21 hospitals with national SPH certification. She has been working with both the Northwell Health Workforce Safety Team and the SIUH SPH Committee, which she co-chairs, to bring all 21 hospitals up to the highest standard of safety for nurses, other caregivers and patients.

SIUH/Northwell RNs and SPH Champions Eileen Lappin, Mary Brandt and Kelly Moed at the September 2016 Zero Lift Conference

Making it work

The two key components to a successful SPH program, according to Moed, are the involvement of front-line staff and administrative understanding of its substantial economic benefits. "At SIUH, management actually seeks out frontline staff input and understands that the cost of purchasing equipment is small when compared with the dollars saved," said Moed. Since implementing its SPH program in 2006, SIUH has seen a 60% reduction in work-related injuries.

Northwell Health holds monthly system-wide SPH meetings with its facility co-chairs (administrative and front-line). The results have been promising and highly constructive, including the creation of a new department to oversee planning and implementation. "These meetings are so collaborative," Moed said. "We discuss problems, bounce ideas off one another, and come up with some really innovative solutions—like our latest ideas for online training, an upcoming vendor fair for all Northwell facilities, and a mobile training van that will provide on-site SPH demos and training."

Mary Brandt and Eileen Lappin, both RNs at SIUH, were sponsored by NYSNA to attend last fall's Zero Lift conference in Buffalo, where they learned about the latest state-of-the-art gear and attended training. "We saw two pieces of equipment that we thought we could use at SIUH: a bariatric stretcher and an ergonomic wheelchair. We took the information back to our committee for evaluation, and we're about to begin a month-long trial of the bariatric stretcher in radiology, surgery, and the emergency room," said Lappin.

Accessing expert resources

Brandt attended a Zero Lift workshop on how to assess need and buy equipment, and came away better informed: "When you see all of the equipment at these vendor events, it's easy to see how every single piece could be of use. But the workshop helped us figure out what was most practical for our units based on things like floor layout, storage capacity and other logistical factors."

Finding the best solutions

SIUH kicked off 2017 with a meeting between frontline staff and administrative staff to review progress and identify problem areas. "We found we were short on supplies and equipment for handling our growing bariatric population. But because that area's census fluctuates, it didn't necessarily make sense to purchase equipment that would not get regular use. We found a workable solution in renting certain equipment," said Moed.

SIUH's NYSNA members are very pleased that SPH is such a high priority for everyone at their hospital. Says Moed: "We're glad that Northwell has seen the light on SPH."

SIUH SPH "Champions"

Some of SIUH's SPH Champions include, front (L to R): Donna Reid, PCA; Dianna Montalbano, RN; Kelly Moed, RN; Sandra O'Keefe, RN; Bridget Pena, PCA; Gabriella Cocchiola, PCA; Christine Williams, RN; Cheryl Kneifati-Hayek, RN.

Back (L to R): Joseph Aranzullo, CT Tech; Peter Peghi, Imaging Manager; Christian Narducci, RN; and Dan Carragino, OTR/L

> **"The workshops helped us figure out what was most practical for our units based on things like floor layout, storage capacity and other logistical factors."**
>
> **Mary Brandt, RN**

POLITICAL ACTION

Long Island RNs answer the call

Chrysse Blau, RN, Northwell Health/ Southside Hospital

NYSNA nurses on Long Island joined with others across the state who are on the move to protect our scope of practice. Proposed language in the draft state budget could rewrite nurse responsibilities and harm patient care (see page 4). In response, thousands signed scope of practice cards and on February 18 left the cards on the steps to the NYS Department of Health.

The message is strong and it is clear: nurses will fight any attempt by Albany politicians to deregulate, deskill, disrupt or otherwise undercut our scope of practice!

"It is important that nurse voices are heard," said Chrysse Blau, RN. "The proposed changes to the nursing scope of practice would negatively impact our ability to provide safe, competent care to our patients and families. As RNs, we are providing skilled care and must continue to advocate for our patients and our profession."

Patricia Johnson, RN, Amityville School District

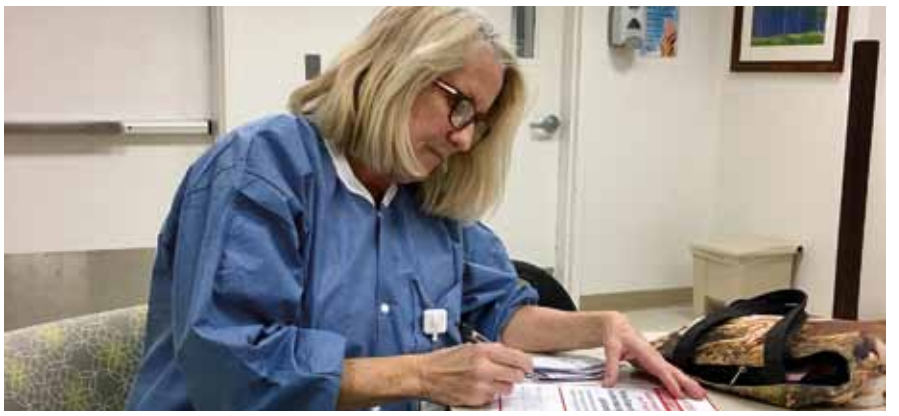
If the proposed language makes it into the final budget, it could cause harm on many levels. Highly skilled nurses could be replaced by workers without RN training; non-nurses could be forced by hospital management to take on RN-duties without proper training or pay—and with no clear path for advancement; and a two-tiered healthcare system that prioritizes cutting costs over patient care could prevail.

Protecting our practice

One nurse who submitted a scope of practice card says the proposed language is at odds with the Nurse Practice Act—the standard by which registered nurses should measure their delivery of care. "The Nurse Practice Act is specific to our profession and is the barometer by which a registered nurse is measured in terms of training and ethics. It has stood the test of time," said Marianne Walsh, RN and Northwell Health/Southside Hospital LBU President.

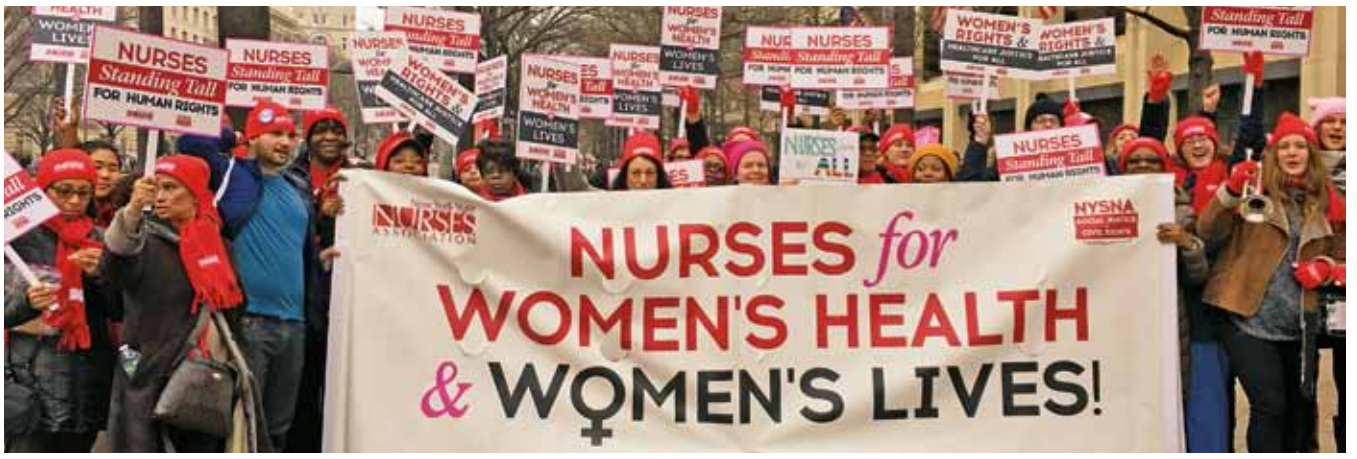
Patricia Johnson agrees. She is an RN who serves as LBU President of the Amityville School District nurses and works per diem at Northwell/Southside. "I've worked in hospitals since 1977 and have seen managements repeatedly try to wear away at our practice and eliminate the need for nurses," Johnson said. "It's important for NYSNA nurses to be in the vanguard of this battle. Patients know how critical it is to have caregivers with proper nursing training to give them the care they need and deserve. No one knows this better than a patient in need of nursing care."

The Long Island nurses are determined to put pressure on Albany to remove any language that changes their scope of practice from the proposed state budget. They are planning visits to district offices of state assembly and senate members. And on April 25, they will join RNs from around the state at NYSNA's Lobby Day to make their message heard: every patient deserves a registered nurse and all New Yorkers deserve safe, quality patient care.



Meg Weiderman, RN, Northwell Health/Syosset Hospital

Women's rights. Women's health.



NYSNA's Social Justice and Civil Rights Committee travelled to Washington, D.C., on January 21 with a message of nurse support for women's health and women's lives.

SPECIAL EDITION | FEBRUARY 2017

New York nurse

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The New York Health Act guarantees HEALTHCARE FOR ALL

NYSNA members at the January 13–15 Single Payer Conference and rally in New York City

The NY Health Act is

Healthcare advocates, unions, public health experts and community supporters from around the country are taking on healthcare inequality with urgent calls for a system that guarantees quality of care for all. What underlies the determination of the single-payer movement today is two-fold: deep concerns about the prospect of cuts in Medicare and Medicaid—government funding that has brought a good measure of guarantee to many; and the experience of millions of U.S. households overcharged in the private health insurance market for numerous years—only to be underinsured.

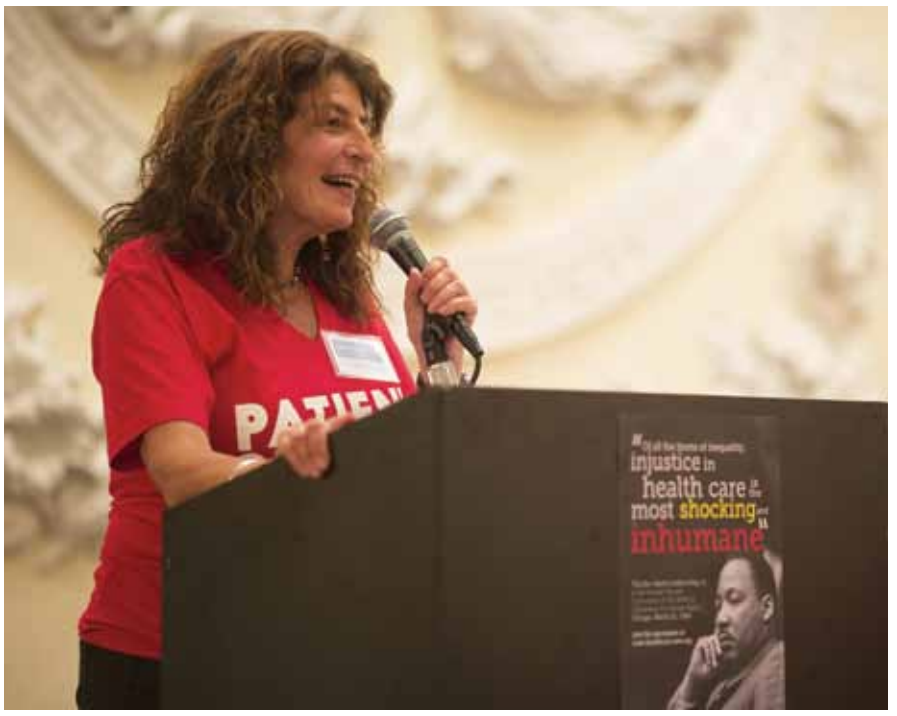
To nurses, for whom advocacy for our patients' care defines our mission, this issue, coupled with safe staffing, tops our agenda.

Central to this effort for guaranteed healthcare is an understanding that fundamental change in the delivery of services is an absolute must. The **New York Health Act** would transfer the means of administering and paying for care out of the for-profit insurance sector to a non-profit system. Single payer, also referred to as Medicare for All, would replace the health insurance industry with a service whose priority would be simple and unambiguous: *patient need*. Profit would be taken out of the formula for healthcare access.

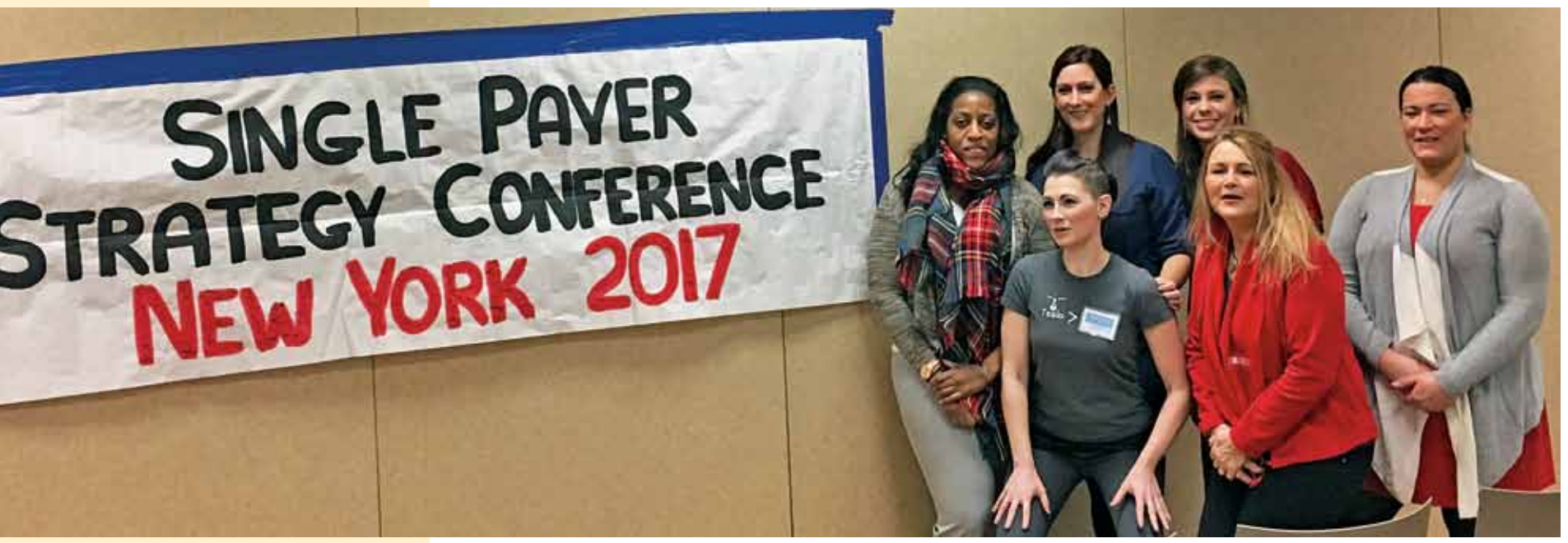
The **New York Health Act** does all that.

Patient need *the* priority

Under a **NY Health Act** system, patients of all ages, presenting a card similar to what Medicare recipients now use, would have access to all care: primary care clinics, mental health facilities, radiology clinics, pediatric practices—the full range of specialists and hospitals. Patients would continue to see doctors, go to clinics and be admitted to hospitals, as before. Laboratories and pharmaceutical companies would remain in operation. Payment to providers and healthcare companies would be at a fair and adequate rate set by the **NY Health Act** system. Patients would pay through a payroll tax. No deductibles or co-pays. The operating principle of for-profit health insurance—*care deni-*



NYSNA President Judy Sheridan-Gonzalez, RN, spoke at the conference's plenary session.



Erie County Medical Center members from Buffalo in New York City at the Single Payer Conference.

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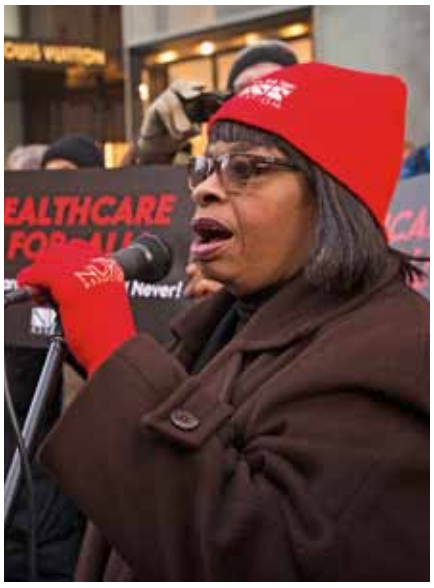


NYSNA First Vice President Marva Wade, RN, addressed the January 13 rally.

als—would disappear along with this industry.

Gone would be the price gouging that's come to define U.S. healthcare. Uniformity would both bring down costs overall and induce greater equality in patient care.

The New York Health Act

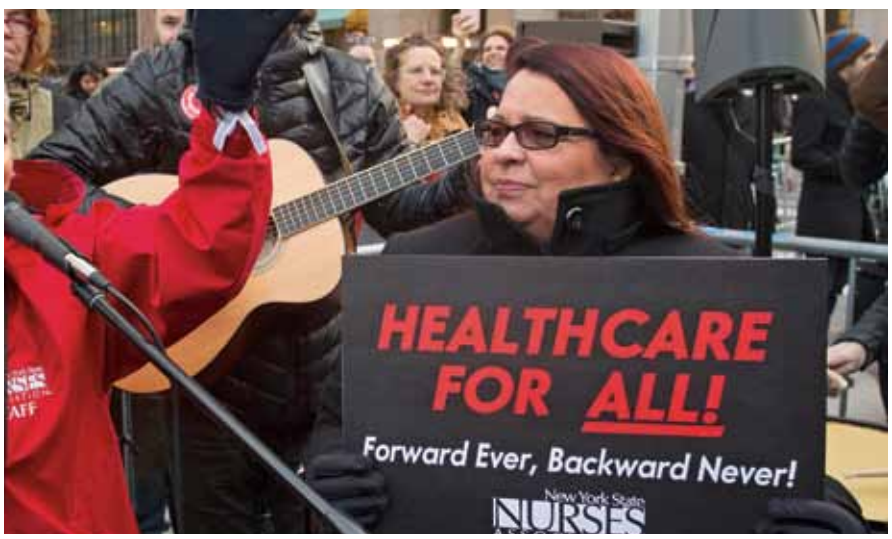
The **New York Health Act** (A. 4738 / S. 4371) would create a Medicare for All system. It would establish a comprehensive program of universal healthcare coverage for all residents of New York State. It is sponsored in the NYS legislature by Assemblymember Richard Gottfried and State Senator Bill Perkins, two stalwarts in the fight for equality of healthcare in New York. The Assembly Health Committee passed the **New York Health** bill on February 14, for the second year.

Trends in national healthcare expenditures and public health outcomes run parallel in New York. This state spends almost $200 billion on healthcare, with billing expenses and administrative costs eating up a substantial portion of that total. **New York Health** would save an estimated $44.7 billion in the first year alone, or nearly $2,200 per person, as for-profit insurance industry overhead would no longer be a factor.

"Ability to pay" is the cornerstone of **New York Health**. It would be funded through a progressive payroll tax, graduated according to income and on certain non-payroll income. Assemblymember Gottfried told the *New York Times* that he sees a plan in which there would be no income tax on the first $25,000, an income tax of nine percent on income between $25,000 and $50,000, graduating to a 16 percent tax on income over $200,000. For households making less than $75,000 the relief would be immediate, as they effectively have been priced out of healthcare access. But millions of others in New York would also benefit. Over 98% of New York households would spend less on healthcare under **New York Health** than they do now, say economists.

The effects of a healthier population in New York are immeasurable, both in economic and social terms. Undoubtedly, millions of lives can be improved and *many thousands saved* with the guarantee of quality healthcare access in New York.

The trust that nurses have earned with the public places us in a unique position to provide leadership on this critical measure.



Pat Kane, RN and NYSNA Treasurer, at January 13 rally

Overview

The U.S. healthcare system eats up more than $3 trillion a year, an amount that translates to $9,267 per person. By comparison, Germany spends $4,819 and Japan just $3,713. Yet of the three, Japanese on average live longer—83 years; Germans average 81 years, while the average for an American is below 79.

Fundamental to the critique of the U.S. commercial health insurance business is that as much as 20 cents of each premium dollar goes to administrative charges, such as advertising, overhead and other costs, while other industrial countries allocate *just one penny* to these expenses. In other words, hundreds of billions of dollars are diverted from patient care to the for-profit health insurance business in the U.S. annually, with lower life expectancies adding insult to injury.

Dr. David Himmelstein of Harvard Medical School, a leading **New York Health Act** advocate, points out that the health of average white Americans is in jeopardy: between 1999-2013, death rates for white Americans, age 45-54, went up. And while the gap between white Americans and African Americans has been closing, it remains more than three years. One reason for this appalling difference is equal access to care. The *International Journal of Health* reported in February that New York City hospital patients who are minorities, uninsured or receiving Medicaid are "strikingly underrepresented" at the city's private academic medical centers.

CONTINUED ON PAGE 10

NYSNA Secretary, Anne Bové,RN, led a workshop on state coordination.

The New York Health Act

CONTINUED FROM PAGE 9

Overall, by Himmelstein's estimate, one-third of Americans are inadequately insured, with 25 million lacking coverage even with the implementation of the Affordable Care Act.

The simple fact is that there is a profound disparity between rich and poor in terms of healthcare access and length of life. The *Journal of the American Medical Association* recently reported that the gap in life spans between rich and poor widened in the U.S. between the years 2001-2014. The richest one percent of American men lives 15 years longer than the poorest one percent; for women, the gap is 10 years.

In a continuing and disturbing trend, one-third of Americans forewent a necessary visit to the doctor or a prescribed medicine because they could not afford them, according to a report of the Commonwealth Fund. The same report indicated that patients delayed treatment for heart attacks because of the costs of treatment.

Medical expenses are overwhelming, just when you most need care. Medical bills continue to be the largest cause of personal bankruptcy.

FAQs

- This state spends almost $200 billion on healthcare, with billing expenses and administrative costs eating up a substantial portion of that total.
- **New York Health** would save an estimated $44.7 billion in the first year alone, or nearly $2,200 per person
- Over the last decade, the cost of employer-sponsored family health insurance premiums in New York rose by an average of 92%.
- Rising premiums translate to lower wages, reduced benefits, more restrictive health coverage eligibility, and less affordability for employees who get health coverage through their workplace.
- In New York over the last decade, employees' required premium contributions as a percentage of their income roughly doubled.

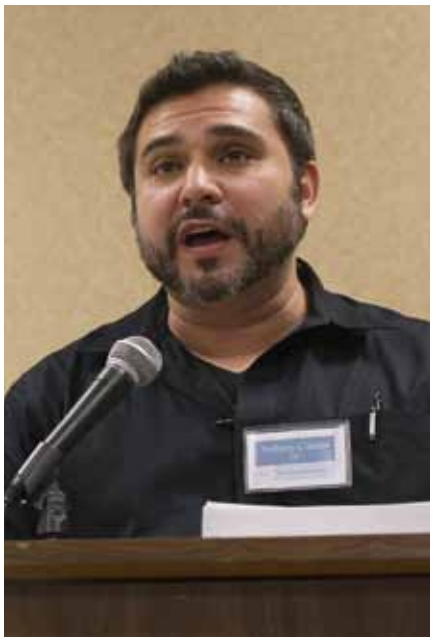
A national conference

Over the weekend of January 13-15, more than 50 NYSNA nurses took part in an extremely significant gathering on the road to healthcare equality—the "NYC Single-Payer Strategy Conference." NYSNA was there with many other **NY Health** advocates, including Healthcare-NOW!, Labor Campaign for Single Payer Healthcare, and One Payer States, as well as other unions, elected officials, and religious and consumer groups.

During the course of the three-day conference, at rallies, plenaries and workshops, NYSNA leadership played an important role. NYSNA First Vice President Marva Wade, RN, called the conference to order.

It was a familiar role for Wade, as she has tirelessly traveled in New York State, speaking and testifying about the necessity of a single-payer system, decrying the inequality that results from a system of for-profit health insurance. "With nearly 500 people registered from 36 states, this is our largest conference yet," she said. "It shows the continuing commitment that our constituencies have to finish the job and make healthcare a right for everyone in America."

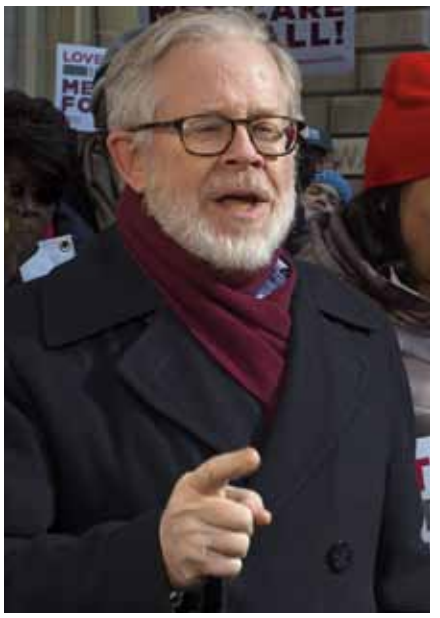
Also present were NYSNA Second Vice President Anthony Ciampa, RN, and NYSNA Secretary Anne Bové, RN.



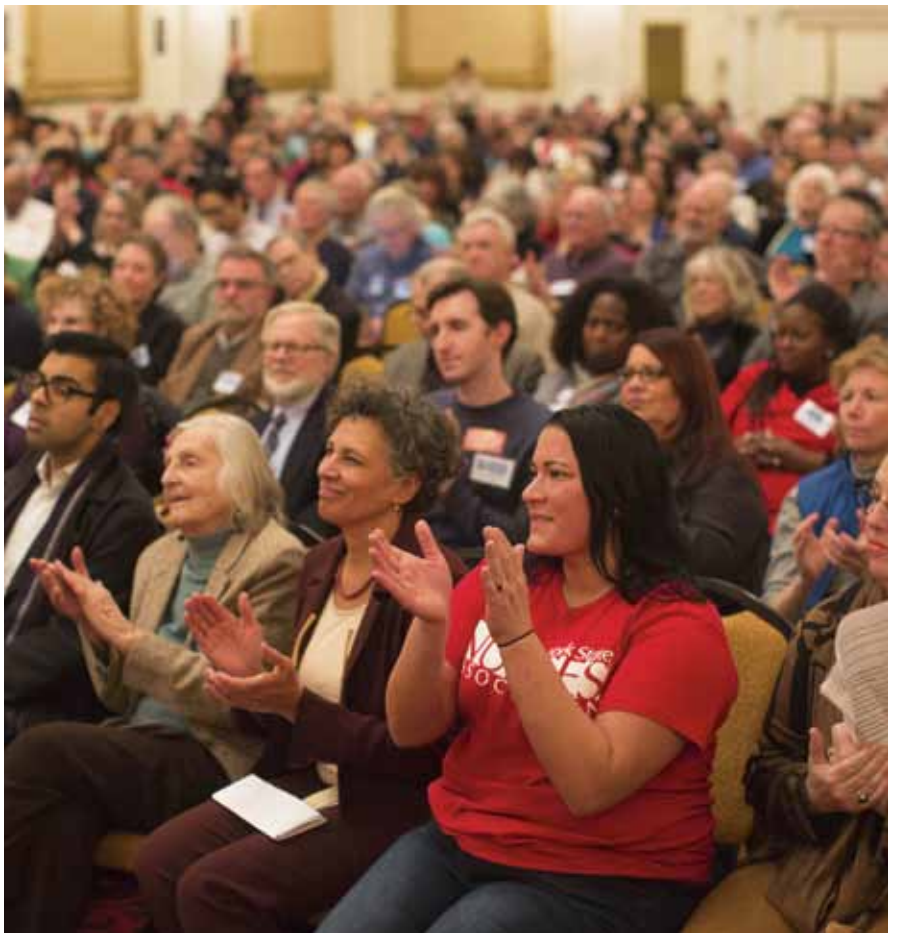
Anthony Ciampa, RN, and NYSNA Second Vice President, spoke at the conference.

NYSNA President Judy Sheridan-Gonzalez, RN, was among several who addressed the opening plenary. "Healthcare is a human right!" she declared. "Single payer has the potential to turn the tables and move us to something special, patients over profits, and end the monster of disparity."

Against this backdrop, **NY Health** advocates are pressing forward.



Assembly Member Richard Gottfried at the January 15 rally

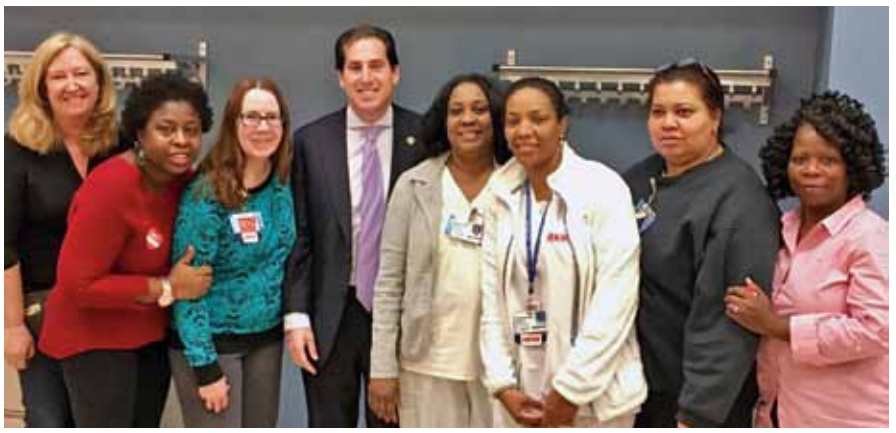


Sarah Chmura, RN and NYSNA Board Member of Erie County Medical Center, seated next to Commissioner Mary Bassett, MD, NYC Department of Health & Mental Hygiene

Valley Stream all in for RNs

NYSNA members at Long Island Jewish Valley Stream Hospital/ Northwell Health (formerly Franklin Hospital) were out in force in January. The nurses were drawing on community support as they negotiate a contract renewal and advocate for a statewide staffing law. The nurses—numbering 183—along with patients, families and community supporters, are making it clear that safe staffing levels will not be comprised.

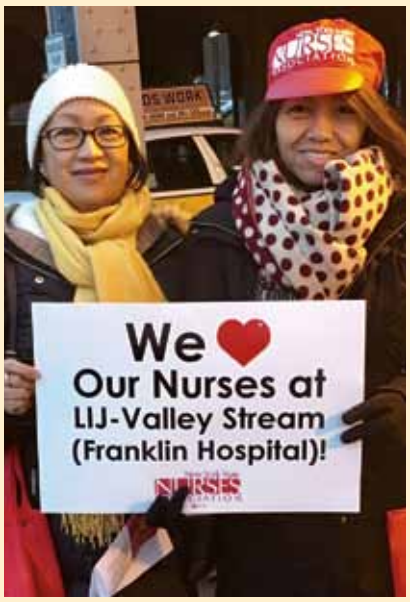
"Maintaining safe staffing levels is an ongoing challenge," said LBU Cochair Lydie Alexandre, RN. "We have staffing guidelines in our current contract that we're vigilant about enforcing but even then, we sometimes end up with unsafe ratios. This is the case in the emergency department, especially, where each nurse might care for as many as 10, 11 or even 13 patients. When that happens, it's impossible to keep up."



State Senator Todd Kaminsky met with LIJ Valley Stream nurses on Jan. 9. From left, RNs Janice Flanagin, Philomene Augustin, Eileen Laracuenti; Senator Kaminsky; RNs Marie Beauduy, Yasmine Beausejour, Lydie Alexandre, and Marie Macenat

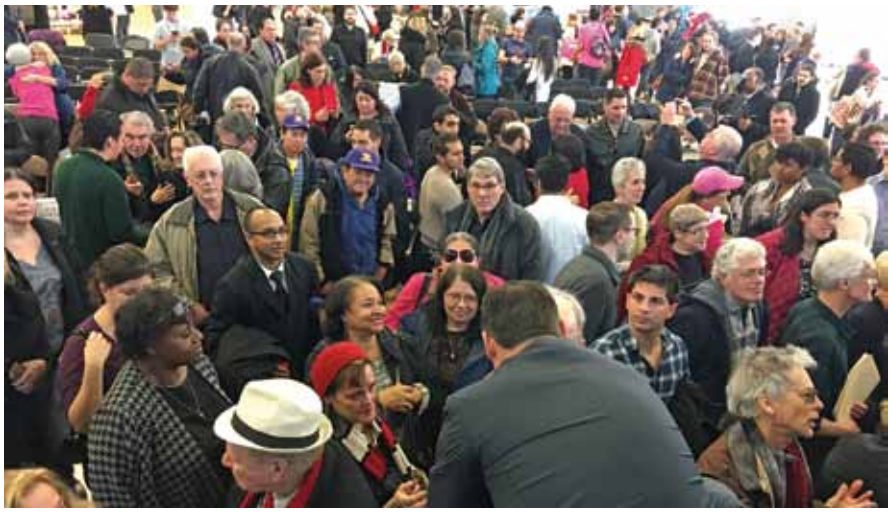
According to Alexandre, there is a good exchange of information between the nurses and management but, still, hospital management comes up short in ensuring safe staffing levels.

Assemblywoman Michaelle Solages and State Senator Todd Kaminsky have met with NYSNA members, pledging their support for a new contract. Both legislators reiterated a firm commitment to pass the Safe Staffing for Quality Care Act this term. Last year, the Assembly passed the Act by an overwhelming majority. NYSNA is determined to see the Act pass the NYS Senate in 2017.



RNs Maryjane Cuyan and Emylou Tan at the Valley Stream train station on Jan. 4

Mend it. Don't end it!



Congressman Thomas Suozzi (back to camera) greeted constituents at the Jan. 15 town hall meeting in Westbury.

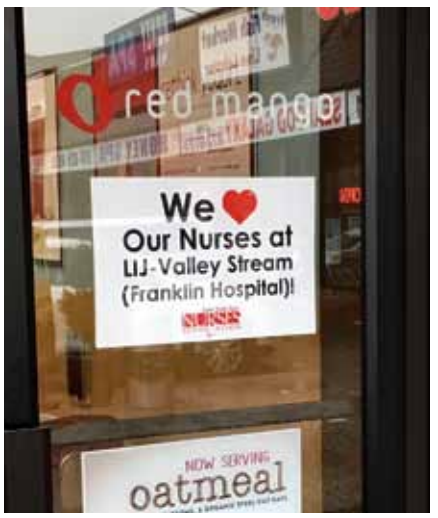
ON JANUARY 15, hundreds of Long Islanders packed Westbury's Yes We Can Community Center for a ***Mend It, Don't End It*** Town Hall meeting, one in a series of events nationwide calling for common sense, bipartisan reform of the Affordable Care Act (ACA). The ***Mend It, Don't End It*** events are a response to concerns that a repeal of the ACA without a replacement plan may be underway. The goal is to ensure uninterrupted coverage for those currently insured under the ACA and to move forward toward guaranteed healthcare for all.

NYNSA Director at Large Tracey Kavanagh, RN, spoke at the Westbury event, sponsored by Congress Members Thomas Suozzi (D-3) and Kathleen Rice (D-4). "Every day, nurses witness the positive impact of the ACA. Our patients are able to access preventative care, which leads to better health outcomes and reduces the burden on emergency rooms," Kavanaugh said. According to the Urban Institute, a total of nearly 30 million people could be without insurance if lawmakers repeal but don't replace Obamacare.

Strong community support

Local businesses have stepped up, expressing solidarity with nurses and displaying safe stafffing messages in store windows. "The businesses were very responsive," said Alexandre.

Emylou Tan, along with four other NYSNA RNs, handed out flyers and hand sanitizer on January 4 and answered questions that came from more than 100 commuters at the LIRR Valley Stream Station. "People were very open to our message," Tan said.



One of the many Valley Stream businesses that showed support for the nurses

President Judith Cutchin, RN

Vice President Patricia James, RN

Secretary Curlean Duncan Britton, RN

New officers at NYSNA H+H/ Mayoral Executive Council

LBU officers from hospitals, clinics and long-term care facilities in the NYC Health + Hospitals system and their colleagues at the mayoral agencies gathered on February 1 to elect new leadership to their NYC H+H/ Mayoral Executive Council for the 2017-2019 term. More than 100 nurses were in attendance.

When the votes were announced, members applauded their new officers: President Judith Cutchin, RN, Vice President Patricia James, RN, and Secretary Curlean Duncan Britton, RN. All identified safe staffing as the single greatest challenge facing the public hospital system.

Staffing is paramount

"In the public hospital system we're trained to give the best care to whoever walks through our doors," said James. "But if a nurse has to care for 12 to 14 patients, the quality of care is jeopardized. I want to leave nursing someday knowing that nurses will be able to practice the best nursing because staffing is safe. Safe staffing is a matter of justice for our community and those we serve."

"It's a growing crisis that will only get worse with the expected upcoming wave of nurse retirements," said Cutchin.

A celebration followed, an expression of gratitude for the exceptional dedication and service of outgoing officers: President Anne Bové, RN, Vice President Jacqueline Gilbert, RN, and Secretary Valerie Bowers, RN. Nurses saluted their extraordinary and tireless efforts on behalf of the city's public hospital system.

Bove' thanked her fellow committee members for their dedication, service and true commitment to the mission of public health. "We're not leaving," she promised. "We're just moving on into different roles." Under the body's rules, executive officers are limited to two consecutive three-year terms.

Outgoing officers Jacqueline Gilbert, RN (left), Anne Bové, RN, and Valerie Bowers, RN, with the certificates of appreciation they received for their service.

WHO'S WHO

President Judith Cutchin, RN, Woodhull Hospital

Cutchin has spent the past 25 years caring for patients at Woodhull Hospital, most recently in its Specialty Practice Unit. She was a founding member of NYSNA's Committee for Social Justice and Civil Rights and has been on the forefront of the union's campaigns for fair funding for public hospitals, safe staffing, climate justice, and healthcare access.

"In addition to taking on safe staffing, I'd like to get more nurses involved in NYSNA committees and enroll more H+H nurses in NYSNA's continuing education program so that they can grow professionally and personally. There are so many great opportunities that cost members nothing but their time. I want to see greater participation."

Vice President Patricia James, RN, Kings County Hospital

James serves as LBU Vice President at Kings County Hospital, where she works in the maternal/ child unit. "I ran for office for the same reason I became a nurse over 30 years ago. I believe I can make a difference in our healthcare delivery system. Our patients expect us to put our best foot forward to be their advocates."

Her goal is to improve staffing ratios in H+H hospitals by improving nurse retention. "New nurses are thrown into the water without a life jacket. They aren't properly mentored because senior nurses are overwhelmed with high patient loads. Young nurses leave, and not necessarily for more money. H+H spends approximately $65,000 to train and orientate a new nurse. It's a tremendous waste of resources—financial and human—to lose a nurse after only one year. I'm very passionate about this and know it's a problem that is solvable."

Secretary Curlean Duncan Britton, RN, Kings County Hospital

Duncan Britton has dedicated her life to the public healthcare system, working at H+H for over 30 years. "I'm a big believer in the public system. I eat and breathe it!"

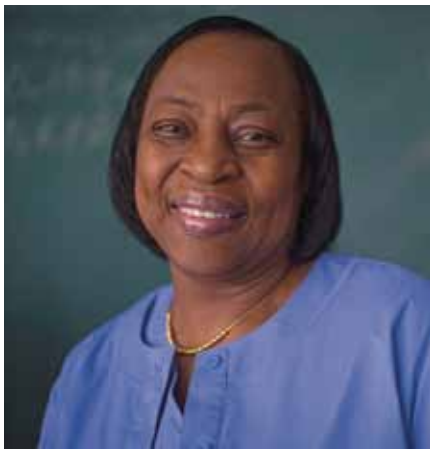
"I'd like to get the City to recognize that nurses should be able to retire after 20 years. Nurses have extraordinarily physically demanding jobs, yet we remain the only uniformed city employees that cannot retire after 20 years. Having that option would help motivate younger nurses to stay and lead to improved retention."

Persistence pays off at New Rochelle

Nurses scored a tremendous victory at Montefiore New Rochelle Hospital in January when hospital CEO Michael Alfano broke with established practice and agreed to an expedited hiring process. With the support of an extensive and focused POA campaign, nurses successfully convinced Alfano to address ongoing and serious understaffing inside the hospital and hire more nurses.

"Nurses were frustrated and burning out, and they were leaving faster than they could be replaced," said LBU Chair Kathy Santoiemma, RN, who has worked with numerous managers in her 40 years at the hospital. The current administration displayed greater respect than past administrations, Santoiemma said, and was much more open to trying to work through issues with nurses. "The problem was the hospital's unusually rigid hiring process. It was taking literally months to hire a new nurse." Nurse unity was key to this win.

Catherine Murphy, RN



Marcia Hayles, RN

Barbara Tarricone, RN

Kathy Santoiemma, RN and LBU Chair

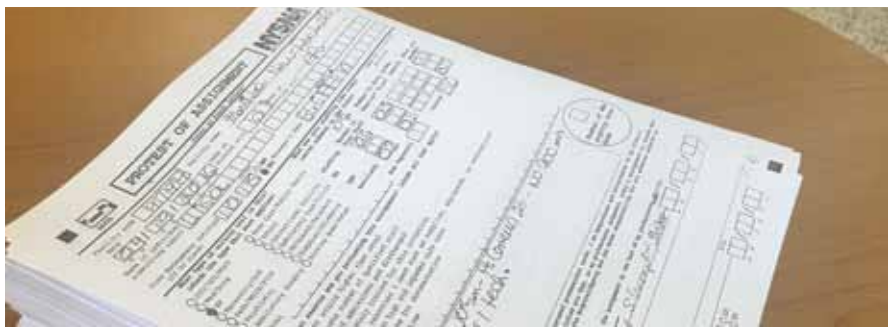
Speaking with one voice

Last August, within a one week period, 90 percent of the facility's 230 nurses signed a petition citing specific problem areas by unit and detailing the impact of unsafe staffing on care delivery. Management responded without delay. "Our petition was the turning point," said Marcia Hayles, RN, Montefiore New Rochelle Schaffer Extended Care Center and LBU Grievance Chair.

Follow-up meetings took place with senior administration, including two with the CEO. At the same time, the nurses underscored the staffing crisis with data from POAs and brought additional pressure to bear on management. "We amped up our POA campaign," said Catherine Murphy, RN, one of three nurse Staffing Committee members. As a result, the nurses were able to make their case to the CNO with crucial and revealing data.

Presenting evidence

"We were able to use the data to show how a unit's census at the beginning of the day may be in compliance with our contractual standards in terms of patients per nurse, and then illustrate how the ratios can quickly deteriorate during the course of a day with admissions, discharges, breaks, and the like," Murphy said. In light of the data, the hospital agreed to the nurses' request for biweekly rather than monthly labor-management staffing meetings.



The data from an extensive POA campaign was analyzed and findings were presented to the CNO.

On January 9, nurses met with CEO Alfano. Four days later he announced that human resources would override its existing extended hiring process and immediately schedule a day-long job fair. He also agreed to break with the practice of once-a-month orientations so that new nurses could be brought on board as soon as they were hired.

Working together to achieve such strong results has given Montefiore New Rochelle nurses renewed energy and commitment. The staffing committee recently developed a new tool for units that regularly experience nursing shortages. "It's a grid for nurses to record the changes in their unit's census and staffing throughout the day," said Barbara Tarricone, RN, PACU. "It tracks staffing breaks, discharges, admissions, and more and will help demonstrate to management the tremendous intra-day fluctuations experienced within some units."

Hands down, nurses at Montefiore New Rochelle Hospital look forward to welcoming new nurses to their units—stat!

> **"We amped up our POA campaign by holding an educational with nurses from throughout the hospital to explain its importance."**
>
> Catherine Murphy, RN

STEWARD'S CORNER

New York Health Act

By Julia Symborski, RN
New York-Presbyterian Hospital

We are so accustomed to money as a driving force in healthcare delivery that it can be difficult to imagine our lives any other way. But what happens when profit leaves the healthcare picture?

A post-profit healthcare system breathes new life into the ancient Hippocratic principle to "do no harm." Gone is the legendary angst over deciding between prescription medications and food or heat; gone, the crushing choice between bankruptcy from medical debt and getting a diagnostic scan or a life-saving treatment. Gone, but not forgotten.

Underinsured and unaware

The uncomfortable truth is that even with the Affordable Care Act the majority of Americans are underinsured and many still remain without insurance. Often, sad stories begin with relative financial security: double income households, pensions, private insurance policies, a house paid off, children grown and almost finished with their education. Then life turns upside down in the blink of an eye. These stories are so common that you might know one yourself.

What we think of as insurance coverage payouts are called "medical loss" by the industry. Insurance companies, while eager to accept business from healthy individuals, consider unhealthy people—whether chronically or acutely ill—a financial liability. Those who are already sick risk repeated claim denials or outright loss of coverage. Healthy people believe they have good insurance but, in reality, there are very few of us whom a catastrophe would not bankrupt.

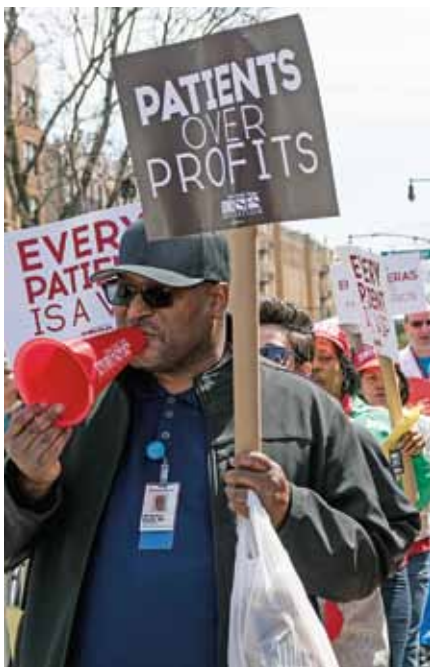
In the post-profit world, barriers to care eliminated, an individual suffering illness or injury may heal without worrying about how to pay for care. Medical choices are for the first time truly in the hands of the patient collaborating with health professionals.

Nurses on the frontlines

Nurses live with the results of profit-driven healthcare at home and in their professional lives. We support loved ones through illness, and we observe our patients struggling for care in the face of exorbitant costs and inadequate or non-existent insurance. A patient of mine made it all the way to the day of a life-preserving surgery before insurance blocked it—twice. The profit-driven healthcare model denies quality care to many of our patients. As I see it, there is only one choice: patients over profits.

Profit-driven segregation

There are many casualties in profit-driven healthcare. Among



these, the way race and resources intersect when it comes to access to healthcare. According to a recent study published in the *International Journal of Health Services*, academic medical centers, often highly regarded for treating diverse populations, were found to treat two to three times fewer black patients than white, and five times fewer uninsured patients than those who were privately insured. Without profit in the picture, these jarring distinctions would disappear.

Waste not, want more

As nurses, our firsthand experience tells us that profit-driven care saps time, money, and energy from patients and providers alike. There is a staggering amount of financial waste in the current system. The money spent on unnecessary administrative costs, when reallocated, would underwrite an enormous share of universal healthcare and liberate patients and providers to focus on outcomes without these added stresses.

Single payer, many nurses

Just as the focus of treatment will shift to accommodate patients rather than profits, staffing allowances will be governed with the best patient outcomes in mind. With wide open hospital doors, and no financial bars to patients in need, the steady and reliable reimbursement for each one will eliminate the corporate bottom line currently governing staffing levels. Move over, hospital advertising budgets; make way for safe staffing instead!

Better bargaining

I cannot overstate the enormous advantages of removing the pay-to-play obstacle from the contract negotiating table. Every business owner knows that healthcare expenses are an unduly large (and ballooning) percentage of overall operating costs. The economic strain of covering private health insurance premiums compounds the difficulty of each successive contract negotiation as employers seek to cut other benefits instead. Without this, we stand to win more and better victories in workplace conditions, retirement (i.e. retiree health becomes a non-issue), and other benefits. It's advantageous from every angle.

We all need universal healthcare and it needs us

By definition, medical intervention occurs at an already chaotic and frightening moment; no one should have to fear devastating financial consequences as well. As nurses, we yearn for the freedom to care for our patients unencumbered by bureaucratic administrative responsibilities and insufficient resources. There is simply no need for the scarcity or fear. If we are to "do no harm," the profit incentive must be taken out of medicine. Nurses are powerful, trusted, and effective advocates for our patients, ourselves, and our profession. Single-payer universal healthcare absolutely must be our fight.

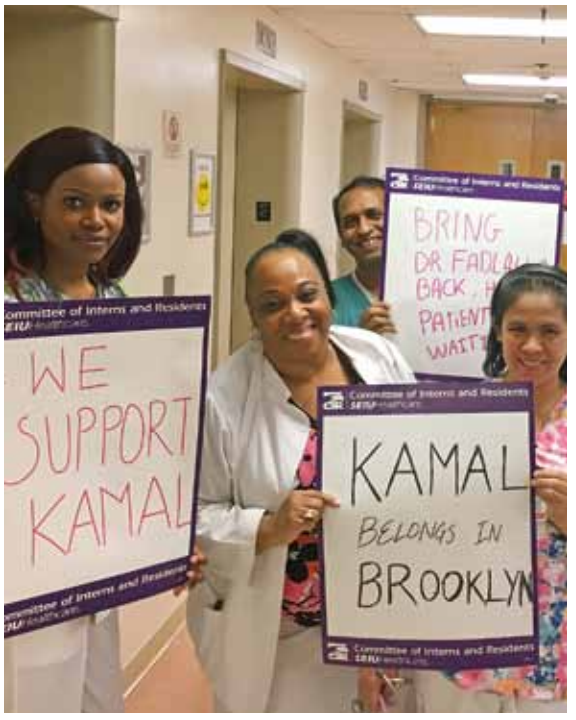
DSRIP hearings

NYSNA nurses from Albany, Buffalo, New York City, Utica, and Westchester testified at the state capital on January 31 at the DSRIP mid-point assessment hearing. Nurses presented the perspectives of frontline caregivers working at 20 Performing Provider Systems across New York State. Members voiced support for DSRIP's goals of providing quality care for Medicaid patients and reducing unnecessary hospital usage. Nurses shared unique insights with the Medicaid Redesign Panel and voiced support for two of DSRIP's goals: providing quality care for Medicaid patients and reducing unnecessary hospital usage.

Nurse recommendations included additional training for RNs; hiring additional nurses to provide primary and behavioral healthcare in areas where it is desperately needed; greater state funding for community-based organizations integral to executing DSRIP reforms (many funds remain unspent or distributed only to project management organizations or to hospitals); including nurses and other frontline staff in surveys conducted as part of the 360 degree reviews; and greater transparency, especially when looking at workforce impact.

NYS adopts electronic licensing

New York State's Education Department has implemented on-line licensing application to help expedite professional licensing. Since nursing and occupational therapy account for nearly one-third of the 60,000 license applications processed each year, professionals in those categories will be the first professions to have access to an on-line application process. Online applications for nursing can be found at www.op.nysed.gov/prof/nurse/nurseforms.htm



Protecting inner city healthcare

On January 27, Interfaith Medical Center in Brooklyn was short a doctor. Dr. Kamal Fadlalla, who provides healthcare to some of New York City's poorest residents, was barred by executive order from re-entering the country. Dr. Fadlalla, who was visiting family in Sudan, was one of travelers from seven countries who were denied access to the US. Hundreds of our nurses and their SEIU colleagues at Interfaith joined Interfaith CEO LaRay Brown and New York City Public Advocate Letitia James in successfully petitioning for his return. On February 5, Dr. Fadlalla was back at Interfaith providing vital care to Brooklyn residents.

Bronx Interregional: Largest *ever*

A whopping 150 NYSNA RNs attended the January 31 Bronx Interregional. Representatives from community boards and local organizations sought nurse input on how to address the borough's significant healthcare challenges and reinforce NYSNA's essential role in the community. Of New York's 62 counties, the Bronx ranks near the bottom in terms of community health and wellness. NYSNA has worked closely with community groups to increase access to care, decrease overcrowding, and improve staffing and patient care. The meeting drew members from Montefiore; Bronx Lebanon; NYC H + H's Jacobi, Lincoln, and North Central Bronx; and Beth Abraham.

Bill of Rights for Staten Island

"All Staten Islanders have the right to accessible, quality healthcare that will promote strength and longevity of the body and mind." So reads the "Staten Island Bill of Rights," presented on January 17 at Borough Hall by a coalition of labor, environmental and human rights groups.

NYSNA Treasurer Patricia Kane, an RN at Staten Island University Hospital and borough resident, is a member of the coalition. For Kane, NYSNA's presence at the table was crucial. "As an organization representing nurses that work in the two major hospital systems, we're on the front lines every day so we see how health care injustice affects our community," Kane told the press. Healthcare is one of nine rights included in the document.

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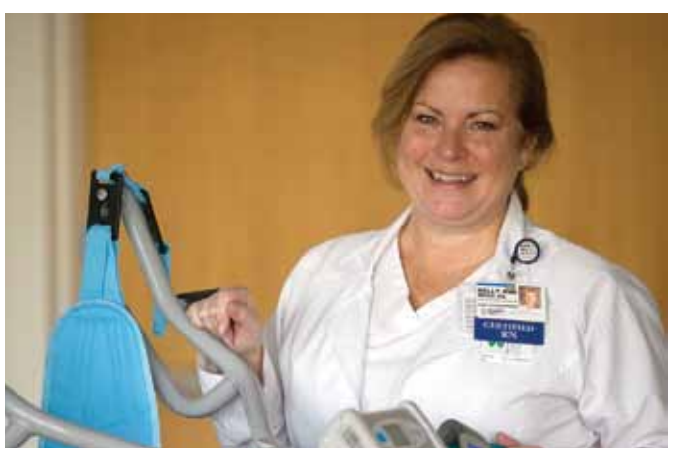

2017 NYSNA LOBBY DAY

TUESDAY APRIL 25

ALBANY

Lobby to Protect Nurses Scope of Practice and to Support the Enhanced Safety Net Hospital Act

Join nurses from across New York to raise the alarm in Albany at NYSNA's 2017 Lobby Day.

- **Hands Off Nurses Scope of Practice!**
- **Preserve and Expand Rural and Urban Safety Net Hospital Services!**

Contact your NYSNA Delegate or Rep.
See you in Albany!