



THE COALITION FOR
SAFE & AFFORDABLE CARE

**COALITION OF NURSE LEADERS, BUSINESS GROUPS,
HEALTH PLANS, NURSING HOMES, AND HOSPITALS
URGES ALBANY TO REJECT NURSE STAFFING RATIO LEGISLATION**

*The Coalition for Safe & Affordable Care Sends Letter to Lawmakers
Urging Them to Oppose Inflexible Nurse Staffing Ratios That Will Crowd Out
Other Health Care Workers, Disrupt Team-Based Care*

NEW YORK STATE, May 30, 2018 – The Coalition for Safe and Affordable Care—a group of hospitals, nursing homes, nurse leaders, health plans, and business groups from across New York State—today announced their strong opposition to legislation (A.1532/S.3330) that would impose arbitrary, inflexible, and unnecessary nurse staffing ratios on every hospital and nursing home in New York State.

The Coalition, which sent the attached letter today to every member of the State Senate and Assembly, believes nurse staffing ratios would undermine real-time patient care decisions, deny hospitals the workforce flexibility they need to respond to emergencies, and disrupt team-based care by crowding out other essential members of the health care team.

The Coalition letter to lawmakers noted that forced, hospital-wide nurse staffing ratios have been implemented in only one state, California, where they have become a costly and unworkable mandate. The New York bill would impose nurse staffing ratios even more stringent than those in California. The letter also notes that there is no credible evidence that nurse staffing ratios improve patient care or outcomes—one of the key reasons why the American Nurses Association opposes nurse staffing ratios, and why the registered nurse who chaired President Obama’s National Health Care Workforce Commission called staffing ratios a “bankrupt idea.”

Forcing hospitals and nursing homes to impose inflexible nurse staffing ratios would not only reverse the gains in patient care that New York providers have achieved through team-based care—a hallmark of national health care reform—they would also come at the expense of essential members of the health care team such as staff physicians, licensed practical nurses, physical therapists, dietitians, clinical pharmacists, lab technicians, social workers, and many others.

The Coalition letter to lawmakers also pointed out that New York’s hospitals and nursing homes already comply with strict federal staffing guidelines, and that it would cost them \$3 billion annually to comply with nurse staffing ratio legislation.

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“Nurse executives and leaders in New York State are passionate advocates for nursing practice and the delivery of safe, patient-centered care and understand the importance of nurse staffing that achieves good outcomes for patients and nurses. While the evidence indicates that nurse staffing and outcomes are indeed related, the evidence does not suggest that there is a single correct “dose” of nurse staffing that should be implemented in all hospitals and nursing homes. NYONEL ardently supports flexible, mutually determined nurse staffing levels and the demonstrated achievement of patient and nurse outcomes as the barometer of success. Organizations that do not achieve good outcomes should be held accountable. Additional research is needed before any statewide nurse staffing ratios are legislated.” *Joanne Ritter-Teitel, PhD, RN, NEA-BC President, New York Organization of Nurse Executives and Leaders*

“Because patients and their care needs vary greatly from facility to facility, inflexible staffing ratio mandates would have harmful unintended consequences – misallocating staff across facilities and imposing unwarranted costs that will threaten the viability of nursing facilities essential to meeting the care needs of chronically ill, frail, and disabled individuals in our communities.”

Scott Amrhein, President, Continuing Care Leadership Coalition

“Patients and healthcare employees are not widgets. The conditions and needs of patients we care for are constantly in flux. Healthcare staff has different skill levels and capabilities even within the same level of provider. Given the unique needs of our patients and the varying skills and capabilities of individual staff, it is imperative that those responsible for patient care decisions regarding staffing have the flexibility to adjust staff as appropriate to patient mix, acuity, staffing mix, and capability. Staffing levels cannot be set by an inflexible, one-size-fits-all formula.”

Travis Heider, President and CEO, Pandion Healthcare: Education & Advocacy

"Nurse staffing should be determined by medical professionals closest to the patients, not by a bureaucratic formula that fails to take into account the particular needs of each hospital and each patient. Those needs change from hour to hour and minute to minute—and no law dictating staffing ratios will ever promote the very best care."

Ken Schoetz, President, Western New York Healthcare Association

“Just as we expect our invaluable nurses to provide patient care that meets individual needs, hospitals and nursing homes need the flexibility to staff their units according to any given day’s unique needs. Inflexible nurse staffing ratios will hinder hospitals’ ability to be nimble and make real-time decisions. They already operate under very slim profit margins, and this requirement will prove detrimental to their cash flow and/or necessitate cuts in important non-nurse staff.”

William Mooney, President, Westchester County Association

“This bill mandates an outrageously expensive and completely unnecessary nursing staff ratio on hospitals and nursing homes throughout the state and would cost upwards of \$3 billion annually. With healthcare costs soaring for all New Yorkers, and employers in particular, lawmakers should be focused on evidence-based practices that improve patient outcomes and not ineffective one-size-fits-all solutions that balloon the cost of care.”

Heather C. Briccetti, Esq., President and CEO, The Business Council of New York State, Inc.

“Research confirms that an arbitrary nurse staffing ratio does not ensure quality outcomes. The fact is that staffing ratios run counter to outcome-based measurements of care and will simply impose significant costs on providers, Medicaid and Medicare without impacting quality outcomes.”

James W. Clyne Jr., President/CEO of LeadingAge New York

“This bill proposes a one-size-fits-all approach to the very dynamic and complex process of patient care staffing. Within a single hospital unit, both the number of patients and the acuity levels of those patients change repeatedly throughout the course of a day. Even an individual patient’s needs may rise and fall within a day, as the nature of care needed changes from shift to shift. The skill set of individual nurses varies as well. No arbitrary staffing model could account for these fluctuations and still ensure the safest care. Nursing leaders need to be able to respond in the best interests of their patients based on the current patient load, not have their hands tied by a forced mandate.” *Kevin Dahill, President and CEO, Suburban Hospital Alliance of New York State*

“Nurses are the backbone of the healthcare delivery system and integral to every hospital team. Hospitals need the flexibility to make staffing decisions in real-time to provide patient-centered care for every patient. Nurse staffing ratios arbitrarily mandate the workforce environment at the expense of the entire healthcare workforce team regardless of the variation in the size of the hospital or the team. Patient-centered care is compromised by decision-making restrictions without research-based quality outcomes. IHA strongly opposes staffing ratios.”

Gary J. Fitzgerald, President, Iroquois Healthcare Alliance

“Nurse staff ratios are a simplistic attempt to address complex challenges in health care reform and transformation. Patient quality care outcomes depend not merely on nurse-patient ratios, but on multiple factors affecting all staff, including staffing levels, technology, skilled communication, true collaboration, effective decision-making, meaningful recognition, leadership, and well-designed work processes. Additionally, mandating nurse staff ratios denigrates the professionalism and competency of professional nurses and undermines the decision-making talents of nursing supervisors, contributing to nursing workforce dissatisfaction and subsequent turnover. For patients, policymakers, health care systems, and nurses themselves to benefit from decisions about improving nurse work environments, these decisions must be based on evidence. Since the evidence that would support mandated staff ratios is currently lacking, it is essential that legislation requiring these ratios be opposed.”

Neil Heyman, President, Southern New York Association

“New York’s hospitals have the deepest respect and admiration for our RNs, but inflexible nurse staffing ratios will undermine real-time patient care decisions, deny hospitals the workforce flexibility they need to improve care, and disrupt team-based care by crowding out other members of the care team. Albany should support hospitals by letting them make their own patient care decisions, not harm them by imposing unnecessary mandates. Staffing decisions are best made at the local level based on community need and the experience level of available personnel.”

Kenneth E. Raske, President, Greater New York Hospital Association

“New York’s hospitals and nursing homes always put quality and safety first and work around the clock every single day to ensure New Yorkers receive the best care possible. To achieve this goal, staffing decisions must be made in real time based on the actual needs of patients. As a former emergency room nurse, I know that a patient crisis requires nimble and effective teamwork so that patients reliably get the care they need exactly when they need it. This agility must include all caregivers—not just physicians and nurses, but case managers, respiratory therapists, and others who directly and indirectly impact patient care. The inflexible, one-size-fits-all approach of mandated staffing ratios fails to consider recent advances in how care is organized and delivered and fails to consider improved care models on the horizon.” — *Bea Grause, RN JD President of the Healthcare Association of New York State.*

“New York City has a world class health care system, but it is in a precarious financial condition and will be put in jeopardy by new mandates, such as inflexible nursing ratios, that do nothing to improve patient care. This legislation would undermine management’s ability to assess evolving situations and make real time decisions – the key to any successful organization.”

Kathryn Wylde, President & CEO, Partnership for New York City