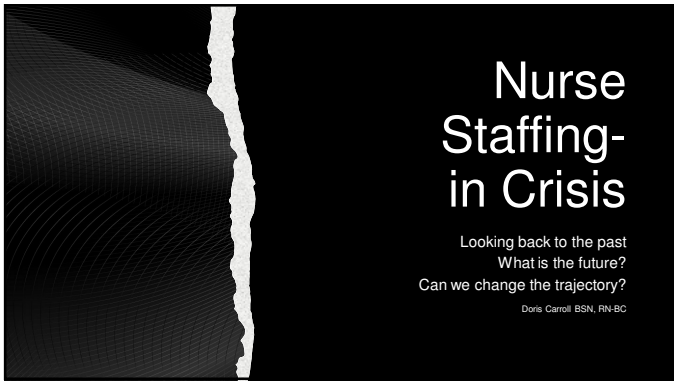


Nurse Staffing- in Crisis

Looking back to the past
What is the future?
Can we change the trajectory?

Doris Carroll BSN, RN-BC

Disclosure

- I have no actual or potential financial disclosure to report
- Past President of the Illinois Nurses Association; past Chief Union Steward at local Chicago hospital;co-founder of NursesTakeDC, a grass roots nursing organization supporting federal and state legislation for Safe Patient Limits

Program Objectives

1. Correlate nurse activism with nurse staffing legislation
2. Be cognizant of nurse relevant staffing research
3. Recognize barriers to passing nurse staffing legislation
4. Understand similarities of political advocacy and the nursing process
5. Learn negotiating skills to converse with legislators, nurses, administration, state and national leaders

Nurse Staffing – in Crisis

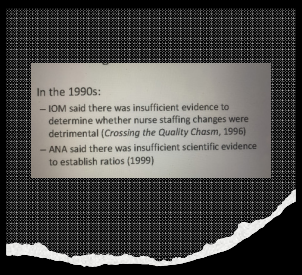
History of Nurse Activism / Legislation in the U.S.

History of Nurse Activism / Legislation (cont.)

- 1990- Massachusetts (MA) Hospitals begin cutting nursing staff and replacing registered nurses with unlicensed personnel (no scientific data available to address questions raised by nurses on the safety implications to patients – industry assures no adverse impact to patient care).
- 1992-MA- MNA holds town meetings throughout the state open to nurses and consumers. All report health care changes as a result of managed care, deregulation and re-engineering causing patients to suffer.
- 1993-CA- CNA sponsored the first hospital wide ratio legislation in the U.S. — AB 1445.

History of Nurse Activism / Legislation (cont.)

- 1994- MA- MNA Statewide Safe Care Campaign is formed. Hospitals merge to compete, leveraging higher reimbursement rates from insurers – further nursing staff is cut. Blue Ribbon Commission with nursing and consumer input fashions a number of legislative health policy initiatives to rectify the rapidly deteriorating conditions in health care. (RN/Health professions ID requirement, Whistle blower legislation, moratorium on for-profits, hospital service closure oversight process, health data collection/disclosure requirements, RN-to-patient minimum staffing).
- 1995- MA- Hospital industry claims nurses are exaggerating claims of poor care, no need for legislation. First State House rally for RN-to-patient minimum staffing. MNA files minimum safe RN staffing legislation.



History of Nurse Activism / Legislation (cont.)

- 1996-MA- Hospitals administrative budgets increase to 46% while nursing staff is cut 27%. Safe Staffing bill filed for 1997/98 session.
- 1998- MA- Boston Business Journal story: 495% increase in the number of patient complaints, American Hospital Association survey: 35% of patients report substandard care
- 1998- CA- CNA-sponsored ratio bill (AB 695) won approval in the Legislature for the first time. RNs mobilized in support of the bill with letters, calls, and postcards. Gov. vetoed the bill after extensive lobbying by the hospital industry
- 1999- MA Safe Staffing bill filed for 1999/2000 session. Legislature passes "whistle blower protection" law to protect health care workers that speak out on patient safety and care
- 1999- CA AB 394 introduced. CNA presented over 14,000 letters in support and commissioned opinion poll showing 80 percent public support for bill. AB 394 passed by the Legislature and than signed into law by Gov. Davis after CNA brought 2,500 RNs to rally on the steps of the Capitol. The bill directed the Department of Health Services to determine specific ratios.

History of Nurse Activism /Legislation (cont.)

- **2000- MA** Safe Staffing bill filed for 2001/02 session. Hospital RNs leaving the bedside in record numbers citing staff/workload and mandatory overtime – untenable working conditions for those who remain. Legislature's Special Commission on Nursing recommends passing safe RN staffing legislation. The Joint Commission: inadequate staffing levels have been a factor in nearly 25% of the most serious life-threatening events. Hospitals merge forming Care Group, Caritas Christi, Hallmark Health, South Coast, Northeast Health Systems, Lifespan… additionally – over 25 hospitals close during the decade
- **2002- CA** Gov. announced the proposed ratios with the CNA Board of Directors. The hospital industry proposed 1:10 for medical surgical, telemetry, and oncology units, which were soundly defeated

History of Nurse Activism /Legislation (cont.)

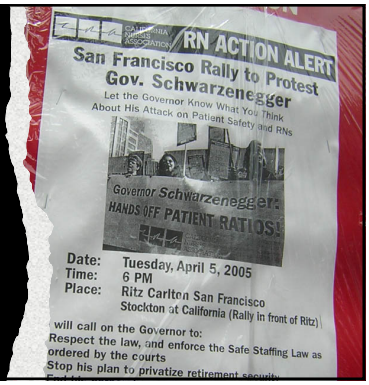
- **2002- MA**- New England Journal of Medicine report: 'strong and consistent" link between nurse staffing levels and patient outcomes. Safe Staffing bill filed for 2002/03 session. State House rally features delivery of more than 80,000 signatures of MA residents gathered in just 10 days in support of safe RN staffing legislation. Independent survey of Massachusetts residents reveal 82% in favor of passing minimum RN-to-patient staffing – feel current situation critical. With increasing data in support of bedside nurses claims of deteriorating patient care, hospitals cite an inability to recruit nurses as the reason to oppose minimum staffing.
- **2003- MA**- Safe Staffing bill favorably released by the Joint Committee on Health Care. Journal of Health Care Finance: increasing nurse staffing levels is cost neutral-no impact to the bottom line. Institute of Medicine report: "nurse staffing levels affect patient outcomes and safety." Massachusetts Department of Public Health report: 76% increase in reporting hospital injuries & errors. Coalition to Protect Massachusetts Patients formed – 70 health care advocacy and consumer groups endorse Safe RN Staffing bill.

History of Nurse Activism / Legislation (cont.)

- 2004- CA RN staffing ratios became effective Jan. 1, 2004 in all California acute-care hospitals. A California Superior Court rejected a hospital industry lawsuit and issued a sweeping ruling upholding the law that ratios must be maintained at all times.
- Gov issued an emergency regulation which suspended portions of the ratio law in medical surgical units and emergency departments.
- CNA launched an immediate campaign including over 100 public protests, radio and TV ads, and RN letters to the editor, garnering extensive media coverage from around the world.
- CNA/NNOC President Deborah Burger commentary in San Francisco Chronicle: "If this governor will not stand up to the hospital corporations, be assured that nurses will."
- CNA/NNOC files a lawsuit against Gov to throw out the emergency regulations charging that the governor exceeded his authority to overturn a legislative mandate to protect patient safety

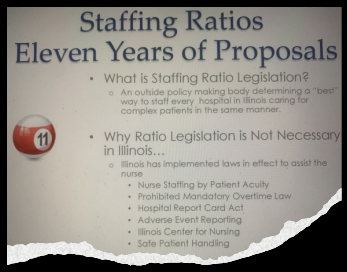
History of Nurse Activism /Legislation (cont.)

- 2005- CA- More than 1,500 RNs packed the Department of Health Services hearing on the plan to make emergency regulations a permanent rule change. CNA also delivered 11,000 letters from RNs opposing the new rules.
- A California Superior Court judge issued a ruling finding that the governor broke the law and failed to present any evidence of the pretexts he used for the emergency regulation.
- Viewed as the largest demonstrations in decades, 30,000 teachers, nurses, firefighters, and public workers rallied in Sacramento and Los Angeles in protest against Gov. Schwarzenegger's special election initiatives and ratio fight.
- Gov. Schwarzenegger dropped his fight against the ratios. All told, tens of thousands of nurses joined together and led 107 protests in 371 days throughout California and several states.



History of Nurse Activism /Legislation (cont.)

- 2006-MA- Coalition to Protect Massachusetts Patients grows to 100 groups. Negotiations with House leadership, MNA, MHA produce a compromise RN staffing bill. Compromise Bill passes House 133-20. Senate fails to take up bill before end of session.
- 2007-IL Governor signs into law Senate Bill 867, the Nurse Staffing by Patient Acuity Act ("Act"), which takes effect January 1, 2008. The Act amends the Illinois Hospital Licensing Act to require each licensed Illinois hospital to implement a "written staffing plan" that aligns patient care needs with registered nursing expertise.
- The Act states that a plan is to be used for "guiding the assignment of patient care nursing staff based on multiple nurse and patient considerations that yield minimum staffing levels for in-patient care units". However, the Act fails to specify the remedy for noncompliance. Presumably the Illinois Department of Public Health, the state agency responsible for hospital licensure, will enforce compliance with the Act according to the provisions of the Hospital Licensing Act. The Illinois Nurses Association et al were responsible to get the legislation passed.



History of Nurse Activism / Legislation (cont.)

2008- CA- Ratios continued to improve, with a 1:3 in step down and 1:4 in telemetry and specialty units.

2008- MA-RN Safe Staffing bill passes House 120-34. State Senate voted 23-13 in support of a drastically amended version of the Patient Safety Act (S. 2816). Legislative session ends in stalemate on Safe Staffing bill. The Act, however, does not impose rigid minimum nurse-to-patient staffing ratios as was done in California and as was proposed by Illinois Senate Bill 2270 in 2006.

2009-CA- Safe staffing ratios result in an increase of 100,000 new active licensed RNs in California

2009- MA- RN Safe Staffing bill filed in new legislative session and released from Committee on Public Health and Committee on Health Care Financing.

2010- MA- Legislative session ends without vote on Safe Staffing bill in either House or Senate Two years after full implementation of California RN Staffing Law, peer review studies show dramatically improving recruitment and retention of nurses and significant improvements in quality of care.

History of Nurse Activism / Legislation
(cont.)

Currently, 14 states have some type of law or regulation that addresses nurse staffing in hospitals.

- While California is still the only state that mandates a required maximum patient-to-nurse ratio at all times, Massachusetts passed a law in 2014 requiring a maximum of two patients for every nurse in intensive care units.
- Seven states (CT, IL, NV, OH, OR, TX, WA) require hospitals to have committees responsible for developing staffing policies unique to their hospitals, one state (MN) requires hospitals' chief nursing officers or their designee design a staffing plan in consultation with other hospital staff, and five states (IL, NJ, NY, RI, VT) require public disclosure and / or reporting of hospital staffing policies.

History of Nurse Activism / Legislation
(cont.)

- 2019 IL HB2604, the Safe Patient Limits Act, which establishes mandatory nurse-to-patient staffing ratios, maintaining acuity staffing.
- Any facility that fails to comply with the mandatory nurse-to-patient ratios could be subject to a fine of up to $25,000 per day of noncompliance, starting the date the facility receives written notice of the violation from the Illinois Department of Public Health.

History of Nurse Activism / Legislation
(cont.)

- Additionally, 18 states (AK, CA, CT, IL, ME, MD, MA, MN, MO, NH, NJ, NY, OR, PA, RI, TX, WA, WV) have laws that prohibit or severely restrict hospitals from assigning mandatory overtime to nurses.
- While nurses, patient advocates, and other organizations have organized in other states to pass safe staffing legislation similar to California's, they have encountered well-funded opposition campaigns, anchored by state hospital associations. Most recently, the Massachusetts Health and Hospital Association spent $25.18 million to defeat the high profile 2018 ballot initiative campaign.

American Nurses Associations' "Living Legend" on Why Safe Patient Limits are Import

Leah Curtin, ScD (h), RN, FAAN served as editor-in-chief of Nursing Management for 20 years. Since 2008, Curtin has been the Executive Editor of American Nurse Today, the official journal of the American Nurses Association. She has been described by an ANA journal editor as a "living legend in nursing." In this 2016 article, Curtin describes in detail the nursing experience, research and morality behind safely limiting the number of patients assigned to each registered nurse.

American Nurse Today
Official Journal of ANA
Clinical. Peer-reviewed. Trusted.

A conversation about the ethics of staffing

What good are "services" that harm people anyway? This is clear, easy to understand, and it demands safe staffing. Are there exceptions? Yes, but the exceptions should be limited to times of natural disaster or war (both of which require a plan). Any other exceptions should be few and far between: There is no acceptable ethical reason that excuses unsafe staffing as anything other than a rare exception to the rule.

That being said, there has been so much research done in the last 20 years, it can honestly be noted that so much medical, nursing, and systems research has been published that we know that something as simple as ratios of patients to RNs improves care.

Fortunately, a great deal of study and research has been done in the last two decades to help determine safe care. ... there really is no justification in saying, 'We just don't know.' Or 'The data are inconclusive.' Or 'It's just a judgment call.' These statements, every one of them, are at the very least, untrue.

the American Nurses Association contends that ensuring adequate staffing levels has been shown to:

- reduce medical and medication errors
- decrease patient complications
- decrease mortality
- improve patient satisfaction
- reduce nurse fatigue
- decrease nurse burnout

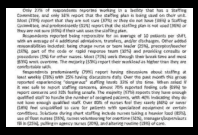
We know we put patients at risk if we do not

History of Nurse Activism / Legislation (cont.)

- 2021-NY-Legislation will create clinical staffing committees at general hospitals, composed of RNs, LPNs, ancillary staff members who provide direct care and hospital administrators. The committees will be required to develop staffing plans and specific guidelines for how many patients are assigned to each nurse and how many ancillary staff are assigned in each unit. Plans must be adopted by the committee and sent to the state Department of Health by July 1, 2022.
- The measure also includes the creation of an advisory commission to determine the effectiveness of the staffing committees. The state health department can levy penalties against hospitals that fail to create or abide by the standards. The second law pertaining to nursing homes requires facilities to meet a minimum daily average of 3.1/2 hours of nursing care per resident. The two laws are set to go into effect in January 2022.

History of Nurse Activism / Legislation (cont.)

- In December 2018, the ANA-IL published a survey in their newsletter for ANA-IL members only. The data is quite critical against the validity of the Illinois Acuity Based Staffing Law of 2008.
- 1. Majority of nurses are unaware of staffing committees therefore, hospitals are not utilizing staffing committees to determine safe staffing
- 2. Hospitals staff with dangerously high ratios
- 3. ANA-IL is aware but offers no solutions other than to "listen to nurses"



AMERICAN NURSES ASSOCIATION ILLINOIS

History of Nurse Activism / Legislation (cont.)

- IL SB 2153 Nurse Staffing Improvement Act (passed the IL Senate)
- Strengthen the already existing Nursing Care Committees at hospitals by allowing them to prepare a staffing plan and requiring hospitals to explain their reasoning for not adopting the plan;
- Require Nursing Care Committees to meet at least six times a year and increasing the number of direct care nurses on the committee to at least 55 percent;
- Requiring the Nursing Care Committee to issue an annual report to the hospital's governing board, including recommendations for future changes to nurse staffing;
- Impose fines on hospitals that do not comply with the written staffing plan;
- Deposit collected fines into Hospital Licensure Fund in order support nurse scholarships;
- Add $2 million, provided by hospitals, to the Hospital Licensure Fund from academic years 2021-2022 through 2024-2025; and
- Providing a 2.5 percent income tax credits for nurse educators.
- Fines by IDPH may be imposed as follows: if a hospital fails to implement a written staffing plan for nursing services, a fine not to exceed $500 per occurrence may be imposed; (ii) if a hospital demonstrates a pattern or practice of failing to substantially comply with a plan of correction within 60 days after the plan takes effect, a fine not to exceed $500 per occurrence may be imposed; and (iii) if a hospital demonstrates for a second or subsequent time a pattern or practice of failing to substantially comply with a plan of correction within 60 days after the plan takes effect, a fine not to exceed $1,000 per occurrence may be imposed

IHA Illinois Health and Hospital Association

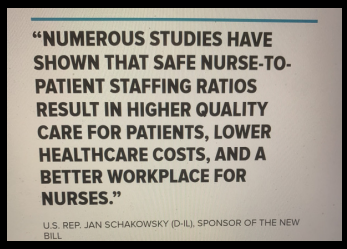
ION Illinois Organization of Nurse Leaders

AMERICAN NURSES ASSOCIATION ILLINOIS

Federal Staffing Legislation

Federal Staffing Legislation (cont.)

- HR 3165 / S 1567 U.S. Rep. Jan Schakowsky (D-IL) joined U.S. Sen. Sherrod Brown (D-OH) in introducing the Nurse Staffing Standards for Hospital Patient Safety and Quality Care Act, which gives hospitals two years—and rural hospitals four years—to develop and implement nurse staffing plans that meet minimum RN-to-patient ratios; adjust staffing levels based on acuity, nursing care plans, and other factors; and ensure quality care and patient safety.
- According to the bill, a hospital would be required during each shift, except during a declared emergency, to assign a direct care RN to no more than the following number of patients in designated units:



Federal Staffing Legislation (cont.)

- 1 patient in an operating room and trauma emergency unit
- 2 patients in all critical care units, intensive care, labor and delivery, post-anesthesia, and burn units
- 3 patients in ante-partum, emergency, pediatrics, step-down, and telemetry units
- 4 patients in intermediate care nursery, medical/surgical, and acute care psychiatric units
- 5 patients in rehabilitation units
- 6 patients in postpartum (3 couplets) and well-baby nursery units

Federal Staffing Legislation (cont.)

- Staffing plans developed together with direct care nurses: Hospitals will be required to develop staffing plans within one year after enactment date. Hospitals must involve direct care nurses (chosen by direct care nurses from their unit) and other direct care healthcare workers or their representatives (chosen by those direct care healthcare workers) in the development and the annual evaluation of their staffing plans. After two years, plans must comply with minimum ratio standards.
- Enforcement: Hospitals that fail to comply with the nurse staffing plan requirements could face financial penalties.
- Whistleblower protection: The bill protects a nurse's right to refuse an assignment that violates the minimum ratios. It also protects any hospital employee who reports a violation of this act.
- Reimbursement: The bill allows for hospitals to receive additional Medicare reimbursement related to costs incurred related to compliance with this bill.
- Promoting nurse workforce: The bill creates a preceptorship program to provide practical clinical experiences and training for students and early career nurses and a mentorship program to help new and transitioning nurses adapt to the hospital setting.

Nurse Staffing Research

- 2002- Hospital nurse staffing and patient mortality, nurse burnout, and job dissatisfaction. LH Aiken, SP Clarke, DM Sloane, J Sochalski, JH Silber. JAMA 288 (16), 2002 1987-1993
- Results: After adjusting for patient and hospital characteristics (size, teaching status, and technology), each additional patient per nurse was associated with a 7% (odds ratio [OR], 1.07; 95% confidence interval [CI], 1.03-1.12) increase in the likelihood of dying within 30 days of admission and a 7% (OR, 1.07; 95% CI, 1.02-1.11) increase in the odds of failure-to-rescue. After adjusting for nurse and hospital characteristics, each additional patient per nurse was associated with a 23% (OR, 1.23; 95% CI, 1.13-1.34) increase in the odds of burnout and a 15% (OR, 1.15; 95% CI, 1.07-1.25) increase in the odds of job dissatisfaction.
- Conclusions: In hospitals with high patient-to-nurse ratios, surgical patients experience higher risk-adjusted 30-day mortality and failure-to-rescue rates, and nurses are more likely to experience burnout and job dissatisfaction.

Nurse Staffing Research (cont.)

(cont.) Implications of the California nurse staffing mandate for other states
LH Aiken, DM Sloane, JP Cimiotti, SP Clarke, L Flynn, JA Seago, J Spetz, ...
Health services research 45 (4), 2010 904-921

- 2010- In a landmark 2010 research project, the most comprehensive study done on the California RN staffing ratios law, with the country's foremost nursing research director Linda Aiken, PhD, RN of the Center for Health Outcomes and Policy Research at the University of Pennsylvania School of Nursing, concluded that ratios are the single most effective nursing reform to protect patients and keep experienced RNs at the bedside
- The study found that CA RNs on average, care for 2 or fewer patients in general surgery units than RNs in PA and NJ. Fewer patient assignments means fewer CA RNs miss changes in patient conditions because of their workload and ultimately translated into fewer deaths. The study found that NJ hospitals would have 14% fewer deaths and PA 11% fewer if they matched CA ratios in surgical units.
- Aiken states, "One of the best natural experiments occurred when CA enacted mandated nurse-to-patient ratios. When it was implemented on Jan 2004, the hospitals that were not in compliance to the staffing ratios had to change on that day and they did. Our research has shown that staffing did change substantially in CA hospitals- even in safety net hospitals, which have been very difficult to get to change on hospital nurse staffing... Almost 15 years later CA still has the best nursing staffed hospitals in the country. The state has seen steeper declines in mortality and improvements in other indicators than other states."

Nurse Staffing Research (cont.)

- "From a policy perspective, our findings are revealing. The California experience may inform other states that are currently debating nurse ratio legislation including Massachusetts (Coalition to Protect Massachusetts Patients 2008) and Minnesota (Ostberg 2008), or other strategies for improving nurse staffing, such as mandatory reporting of nurse staffing, as enacted in New Jersey (New Jersey Revision of Statutes 2005; Rainer 2005;) and Illinois (Kevin and Stickler 2007), and mandating the process by which hospitals determine staffing as in Oregon (Oregon Revision of Statutes 2005). There are multiple strategies to improve hospital nurse staffing; state-mandated nurse staffing ratio is one. Improved nurse staffing, however it is achieved, is associated with better outcomes for nurses and patients."

- "There has never been one shred of evidence to show more nurse staffing made things worse, but there have been a lot of studies to show they made things better," says Aiken. She also notes that all of the fears the hospital industry in California expressed were unfounded. "No hospitals closed, and the public didn't pay more even though it was an unfunded mandate. The hospitals just shifted their resources."

Aiken LH, Sloane DM, Cimiotti J, et al. Implications of California nurse staffing mandate for other states. Health Serv Res. 2010;45:904–921.

Nurse Staffing Research (cont.)

- These conclusions are backed up by a 2018 meta-analysis of other research, which found for every increase of one nurse, patients had a 14 percent decrease in risk for inhospital mortality.
- An earlier analysis produced similar results, showing in 2007 that an increase of one full-time registered nurse in a unit per day would result in nine percent fewer hospital-related deaths in the ICU, 16 percent fewer deaths for surgical patients and six percent fewer deaths for medical patients.

Nurse Staffing Research (cont.)

- In long-term care facilities, patients with more direct RN time (30 to 40 minutes daily per patient) reported fewer pressure ulcers, acute care hospitalizations, urinary tract infections, urinary catheters, and less deterioration in their ability to perform daily living activities.

- While increased nurse staffing greatly improves patient outcomes in hospitals with positive nurse working conditions, it has little to no effect in hospitals that otherwise have poor nurse working conditions. Good nursing work environments are characterized by positive working relationships between doctors and nurses, active nurse involvement in hospital decision making, management responding to nurse patient care concerns, continuing education programs for nurses and constant quality improvement for patient care programs.

Nurse Staffing Research (cont.)

- "In the weeks before the surge of patients with COVID-19, hospital nurses in NY and IL were already struggling with high patient workloads and frequent operational failures including missing supplies and missing or broken equipment.
- Patient-to-nurse ratios ranged considerably across hospitals in both states from means of 3.3 to 9.7 on adult medical-surgical units. Half of nurses were experiencing high burnout, and one in four planned to leave their job within a year.
- Over two-thirds of nurses would not recommend their hospitals to family and friends needing care, and almost half reported unfavorable patient safety ratings. Patients corroborated nurses' assessments with over a third of patients rating their hospitals less than excellent and reporting they would not definitely recommend it.
- Unfavorable patient and nurse outcomes are strongly associated with poorer nurse staffing."

Nurse Staffing Research (cont.)

- "Pending nurse staffing legislation in both NY and IL, which continue to be actively considered despite societal and economic disruptions caused by COVID-19, stipulates that nurses take care of not more than four adult medical or surgical patients at a time outside of intensive care. The data presented demonstrates that the vast majority of NY and IL hospitals currently staff worse than the level proposed in pending legislation. In CA, the only state with implemented staffing legislation, nurses are not allowed to care for more than five adult medical or surgical patients at a time.
- The majority of NY and IL hospitals are currently understaffed relative to the benchmarks in pending legislation in their own states and the benchmark passed 20 years ago in CA. Similar variation in staffing and widespread understaffing were observed in ICU units across hospitals in NY and IL. Although CA had somewhat better staffing before implementing its nurse staffing policy, nurse staffing levels have experienced greater sustained improvement in CA compared with both NY and IL, as well as other states.
- Our findings demonstrate wide variation in staffing within NY and IL, as well as significant understaffing relative to currently proposed legislation.18 19 AHA Annual Survey data derived from reports by hospital administrators confirm worse staffing in these two states relative to many other states, including CA where minimum nurse staffing has been legislated."

Nurse Staffing Research (cont.)

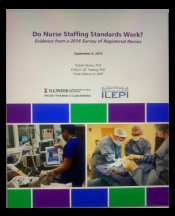
- "Proposed legislation that would improve nurse staffing levels in Illinois would save the state's hospital industry almost $1.4 billion in nurse turnover, staff injury rates, and patient care costs, according to new research by the Illinois Economic Policy Institute (ILEPI). These savings alone would offset 75% of the cost of hiring the additional nurses that hospital lobbyists say would be needed to implement safe patient limits in HR 2604 and SB 1908."
- "The study — which examined economic and public health research — found that the limits would save Illinois hospitals $401 million from reduced nurse turnover; $7 million from decreased injury rates for nurses; $876 million from reduced care costs; and $75 million from lower readmission rates within 30 days of discharge."
- Nurse staffing ratios could save Illinois hospitals $1.4B, study finds

https://illinoisepi.files.wordpress.com/2019/04/ilepi-the-fiscal-impact-of-safe-patient-limits.pdf

https://www.beckershospitalreview.com/finance/nurse-staffing-ratios-could-save-illinois-hospitals-1-4b-study-finds.html

Nurse Staffing Research (cont.)

- Results from an October 2018 national survey of registered nurses in hospitals (NursesTakeDC) reveal that:
- 47 percent of nurses in California report that staffing levels are based on the needs of patients in their units compared to just 32 percent in Illinois;
- 66 percent of nurses in California care for between one and four patients at a time during a shift compared to just 35 percent in Illinois;
- The average nurse in California has 4.3 patients at one time while the average nurse in Illinois has 5.2 patients at one time;
- 40 percent of nurses in California report that the patient-to-nurse ratio in their units is safe compared to just 18 percent in Illinois; and
- 55 percent of nurses in California fear retaliation for providing input about staffing in their unitscompared to 61 percent in Illinois.
- Additionally, while the Nurse Staffing by Patient Acuity Amendment to the Hospital Licensing Act requires Illinois' hospitals to create a staffing plan based on the recommendation of one or more "nursing care committees," only 29 percent of nurses in the state say that their hospital has a staffing committee. Of those, just 44 percent say that the recommendations determined by the committee are implemented in daily staffing decisions. Current law has not been effective at addressing the shortage of registered nurses.
- On the other hand, safe patient limits would produce positive workplace outcomes for nurses if enacted in Illinois. The policy would reduce patient-to-nurse ratios and ensure that staffing levels are based on the needs of patients. By improving occupational safety and increasing nurse retention rates, safe patient limits would promote better health outcomes for patients and save lives– all while having little to no negative impact on the financial performance of Illinois' hospitals



- "There are several reasons why hospital nurse staffing legislation efforts often fail to garner widespread support among key stakeholders. The first barrier, which our paper directly addresses, is the lack of local and timely evidence to demonstrate a need for such legislation. Using recent data in two states currently considering staffing legislation we describe the variation in hospital nurse staffing and the associated consequences in terms of nurse burnout and patient care quality and safety.
- The second major barrier is the common misconception about a US shortage of nurses, which would make the proposed legislation difficult to implement. However, the USA has more than doubled graduations of RNs over the past 15 years and the number of new RNs entering the workforce is at an all-time high of over 150 000 a year, more than enough to replace annual retirements.38 39 Moreover, CA, which successfully implemented minimum safe nurse staffing requirements, has fewer RNs (11.3 per 1000 population) than most other states and far fewer than NY (18.7 per 1000 population) or IL (16.7 per 1000 population). Differences in hospital nurse staffing by state have little to do with the supply of nurses.

Barriers to Passing Nurse Staffing Ratio Legislation

Barriers… (cont.)

During the COVID-19 emergency, some states approved temporary provisions to permit nurses licensed in one state to practice in another. This enabled greater mobility of nurses to work across state lines and in regions with high care needs. There is already an existing policy solution to local and short-term nurse shortages that might arise from implementing new nurse staffing legislation and during epidemics or other mass casualty situations—the Nurse Licensure Compact. Passed in 34 states but not in NY or IL or MA, the Compact enables nurses licensed in any Compact state to practise in any other via multistate nurse licensure. Adoption of the Nurse Licensure Compact by the remaining states could alleviate local or short-term nursing shortages.

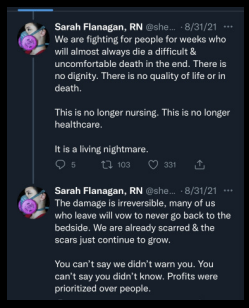
The third major barrier to enacting nurse staffing legislation is the potential additional costs hospitals would undertake in order to comply with regulations. While an evaluation of the costs associated with implementing the proposed policies was outside the scope of this analysis, previous research demonstrates a favorable business case for hospital investments in nurse staffing, including cost savings through shorter lengths of stay and avoided readmissions. After implementing their nurse staffing policy, CA hospitals saw sustained improvement in staffing including in safety-net hospitals which often operate on razor-thin financial margins. Moreover, there has been no evidence of hospital closures in CA as a result of the staffing legislation."

Answer: COVID 19

Question: What else is confounding nurse staffing?

Nurses Are Leaving Now

- Nurses, like many health care workers, are physically and emotionally exhausted after working in what has been described as a "war zone" for the better part of the past year and a half. One nurse on the front lines reported irreversible damage from the trauma of caring for extremely sick patients. Others are experiencing shortages of oxygen, equipment and other needed supplies to keep themselves safe and to keep their patients alive.
- As more nurses leave the workforce, patient care will no doubt suffer. Research has shown a relationship between nurse staffing ratios and patient safety. Increased workload and stress can put nurses in situations that are more likely to lead to medical errors. Lower nurse staffing and higher patient loads per nurse are associated with an increased risk for patients of dying in the hospital.



Sarah Flanagan, RN @she... · 8/31/21
We are fighting for people for weeks who will almost always die a difficult & uncomfortable death in the end. There is no dignity. There is no quality of life or in death.

This is no longer nursing. This is no longer healthcare.

It is a living nightmare.

5 103 331

Sarah Flanagan, RN @she... · 8/31/21
The damage is irreversible, many of us who leave will vow to never go back to the bedside. We are already scarred & the scars just continue to grow.

You can't say we didn't warn you. You can't say you didn't know. Profits were prioritized over people.

And how are hospitals staffing during the pandemic?

Richard Dorritie @NurseRic... · 3/16/21
NO! ANA gets it wrong...it is not our job to sacrifice, remember the quad aim! @ANAPresident @newyork_ana @ANANursingWorld We need to support each other and our communities. #NurseTwitter

32 40 131

Doris Carroll @DorisCarrollRN · 3/17/21
Quite the statement. No-- it's not in our DNA to "sacrifice". We are professionals. Treat us as such. Stop perpetuating the martyrdom myths. Just stop. Support nurses with positive messaging. @INAaction @kschorsch

No words

Staffing during the Pandemic

- Hospitals are desperate to fill nursing vacancies. One hospital system in South Dakota is offering incentives as large as $40k sign-on bonuses to recruit nurses to work in the clinical areas that are in most need. This may be a great attempt to draw nurses to an institution, but sign-on bonuses and incentives might not be enough to persuade some nurses to work at the bedside and continue contending with the current workload of the pandemic.
- Another strategy to fill vacancies is the use of travel nurses. Travel nurses work for agencies that assign them to hospitals that cannot fill vacancies with their own staff. Although this can be a successful short-term solution, the use of travel nurses is not sustainable over time and it does not help retain experienced staff nurses in an organization. Travel nurses make significantly more money than staff nurses, which may lure nurses away from permanent positions and in turn increase the staffing deficit for hospitals. The average salary for a travel nurse in the U.S. is $2,003 per week, with $13,750 in overtime per year. Some nurses even accept "crisis assignments," which can pay as much as $10,000 per week. That is significantly higher than the average of $1,450 per week ($36.22 per hour) for a staff nurse.

Staffing during the Pandemic (cont.)

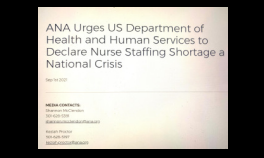
- Because hospitals cannot open beds if there are no nurses to staff them, some hospitals are being forced to shut down emergency rooms and turn away patients in need of medical care. That is a problem for not only hospitals in large cities; rural hospitals are also struggling. Alarmingly, some hospitals were rationing medical care.

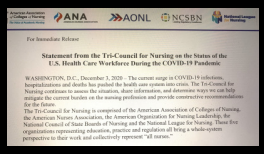
Staffing during the Pandemic (cont.)

- The long-term solution to the nursing shortage calls for systematic changes that value nurses and offer them a safe place to work. It must include:
- implementing appropriate salaries and flexible schedules,
- ensuring adequate nurse staffing, and
- creating jobs that allow aging nurses to continue working in direct patient care roles so they can remain in the workforce longer instead of retiring.
- The pandemic has made more people aware of the distressing conditions many nurses work in. But without systematic changes, the drain of nurses out of the profession – and its negative impact on patient care – will only continue.

Nursing Organizations Response to Pandemic

- SILVER SPRING, MD – The American Nurses Association (ANA), representing the interests of the nation's 4.2 million nurses, urges the U.S. Department of Health and Human Services (HHS) to declare the current and unsustainable nurse staffing shortage facing our country a national crisis. In a letter to HHS Secretary Xavier Becerra, ANA calls for the Administration to acknowledge and take concrete action to address the current crisis-level nurse staffing shortage that puts nurses' ability to care for patients in jeopardy.
- "The nation's health care delivery systems are overwhelmed, and nurses are tired and frustrated as this persistent pandemic rages on with no end in sight. Nurses alone cannot solve this longstanding issue and it is not our burden to carry," said ANA President Ernest Grant, PhD, RN, FAAN. "If we truly value the immeasurable contributions of the nursing workforce, then it is imperative that HHS utilize all available authorities to address this issue."
- ANA calls on the Administration to deploy these policy solutions to address the dire nurse staffing shortage crisis. HHS must:


ANA Urges US Department of Health and Human Services to Declare Nurse Staffing Shortage a National Crisis


ANA AONL NCSBN

For Immediate Release

Statement from the Tri-Council for Nursing on the Status of the U.S. Health Care Workforce During the COVID-19 Pandemic

WASHINGTON, D.C., December 3, 2020 – The current surge in COVID-19 infections, hospitalizations and deaths has pushed the health care system into crisis. The Tri-Council for Nursing continues to assess the situation, share information, and determine ways we can help mitigate the current burden on the nursing profession and provide constructive recommendations for the future.

The Tri-Council for Nursing is comprised of the American Association of Colleges of Nursing, the American Nurses Association, the American Organization for Nursing Leadership, the National Council of State Boards of Nursing and the National League for Nursing. These five organizations representing education, practice and regulation all bring a whole-system perspective to their work and collectively represent "all nurses."

Nursing Organization Response to the Pandemic (cont.)

- Convene stakeholders to identify short- and long-term solutions to staffing challenges to face the demand of the COVID-19 pandemic response, ensure the nation's health care delivery system is best equipped to provide quality care for patients, and prepared for the future challenges.
- Work with the Center for Medicare and Medicaid Services (CMS) on methodologies and approaches to promote payment equity for nursing services and remove unnecessary regulatory barriers to APRN practice.
- Educate the nation on the importance of the COVID-19 vaccine to provide resources for widespread administration of the COVID-19 vaccine and any subsequent boosters.
- Sustain a nursing workforce that meets current and future staffing demands to ensure access to care for patients and prioritize the mental health of nurses and other health professionals.
- Provide additional resources including recruitment and retention incentives that will attract students to the nursing profession and retain skilled nurses to the demands of patient care.
- "ANA stands ready to work with HHS and other stakeholders on a whole of government approach to ensure we have a strong nursing workforce today and in the future," said Dr. Grant. "Our nation must have a robust nursing workforce at peak health and wellness to administer COVID-19 vaccines, educate communities, and provide safe patient care for millions of Americans. We cannot be a healthy nation until we commit to address underlying, chronic nursing workforce challenges that have persisted for decades."

Political Advocacy-Requires personal awareness and desire for change

- Understanding that the status quo no longer works thinking "even I could do better than what is in place" is your indicator of readiness for new leadership to make a change! (McBride, 2011)
- Nursing Process and Political Process ARE similar
- NURSING PROCESS: Assess and diagnose; Plan interventions; Implement the care; Evaluate
- POLICY PROCESS: Recognize & identify a problem; Formulate policy; Implement the policy changes; Monitor and evaluate the results (Patton et al., 2015)
- 5 Stages of Political Activism
  Awareness-Interest-Engagement-Development-Advocate (Fuller, 2015)

Perception of nursing & nurses begins with us. What if…

- A journalists contact list would contain information on a full range of nursing sources.
- Journalists would contact nurses routinely on healthcare topics nurses would appear regularly on media outlets being "expert guests" on influential programs like 60 Minutes.
- No longer would medical research be perceived as the ONLY research leading to health improvements...nursing research would be seen as dynamic, evolving and expanding our knowledge about healthcare and the human condition.
- Nurses would educate patients, their families, friends, neighbors about nursing work patients would be fully cognizant that nurses are key to their survival and recovery.
- Patients facing medical treatments would inquire on nurses qualifications, staffing pt. to RN ratios and available nursing services for home & communities.
- (Buresh & Gordon, 2000)

Steps to Raise the Visibility of Nursing

- Step one - only nurses can truly inform the public about nursing;
- Step two - is for every nurse to make public communication and education about nursing an integral part of their nursing work;
- Step three - it is for nurses to overcome the internal obstacles that silence them!
- Nurses have the means, motivation and opportunity to make it happen.

(2000, Buresh & Gordon)

Means – Motivation - Opportunity

- Means - Communicate with editors, legislators, social media, organizations, call into talk shows, testify at a legislative hearing by using our sheer numbers we can acquire significance commensurate with our role in healthcare.
- Motivation – Instead of complaining nurses are their worst enemies…counter negativism regularly compliment their nurse colleagues for something they have done well in their work! Think of what we have accomplished in the last 50 years (education, research etc).
- Opportunity – we have the opportunity to advance the public understanding of health issues that touch individuals and families lives. We are innovators in pain management, post op and terminal care. Emergency room nurses organizing families to be with loved ones while they save their lives, geriatric nurses bringing care into the homes, and how to improve healthcare delivery systems!!!

Learn Neegotiating Tips- STRENGTHEN YOUR VOICE!

- Negotiation is a basic means of getting what you want from others. It is a back and forth communication designed to reach an agreement when you and the other side have some interests that are shared and others that are opposed.
- Negotiation can help you get something you want from others
- There must be communication between you and the party you want something from.
- Not all of your interests will be shared with the other party.

(Whitley, 2004)

Basics of Efffective Negotiation

- PREPARE-PREPARE-PREPARE
- COMMUNICATE CLEARLY
- UNDERSTAND THE POWER DYNAMICS
- SEPARATE THE PEOPLE FROM THE PROBLEM
- BUILD RELATIONSHIPS
- STRATEGIES TO STRENGTHEN SKILLS: Be confident, reliable, a collaborator, frame solutions in a way that benefits the other party, select a diverse group on your team.
- LISTEN and try to understand the other party's issue - Start with what you agree on first! (Whitley, 2004)

Legislative Process - Use your nurse constituent voice

- Step one: Identify your state and federal legislators - are you a registered voter? https://www.govtrack.us/congress/members
- Step two: Do you know the bills and where are the bills in the legislative process? https://www.govtrack.us/congress/bills/browse
- Step three: Have you built a relationship with your elected legislators to become their nurse expert on health policy matters? Tell your elected official you deliver nursing care - you are speaking to them as a direct care nurse. Have your 5 minute speech ready.
- Step four: Have you joined with others in achieving collective power? The sleeping giant of licensed nurses have the necessary numbers to influence change - be patient - be relentless!

Construct Your Message

- Talking to a legislator may feel intimidating, but you are the healthcare expert! You teach lay persons all the time to understand complex issues...you got this!
- Keep it short. After listening to your "elevator speech" in a few sentences your prospective audience should know what you do, and what you want. Limit your pitch to 60 seconds. Legislator meeting will be no more than 20 - 30 minutes. Make your pitch up front.
- Have a grabber - an opening line that grabs the person's attention and piques their interest in hearing more. This is where your personal story comes in...connect it to a particular research fact to support your particular story.

Your Elevator Speech

- Show your passion. Your energy and dedication will help you sell your proposal.
- Make your request - what is your "ask"? At the conclusion of your elevator speech, mention what you need. In this case the legislator's support on a particular legislative proposal. Getting the person to take the next step is crucial. Can you count on their vote? Ask! It is the primary reason you make the appointment to meet with them.
- Practice! Rehearse your elevator speech so that when the opportunity to use it comes up you are ready to deliver it! Always be prepared to give your pitch so you can use it in a chance encounter. It is a great teaching tool for others to hear. Memorize it. Revise it keep it updated and fresh.

(2013, Pagona)

State and Federal Legislators want constituents to provide answers to 4 questions…don't forget!

1. What actions do constituents want me to take?
- If a Senator Vote "Yes" to the Senate Bill AND become a bill sponsor.
- If a House of Representative Vote "Yes" to H.R. Bill AND become a bill sponsor.

2. Why do constituents want me to do that?
- Patient safety improved by delivering nursing care according to the way I was educated to practice.
- Reduces patient mortality and morbidity and saves overall healthcare costs!
- Nursing research supported with scores of evidence based studies why a more manageable work assignment, meaning more nurses with less patients have better outcomes.

3. What are the current and/or potential local impacts?
- California Ratios proves it is good business for over a decade!
- No California hospitals were "closed" due to Nurse Ratios law.
- Retention of nurse staff - reduction in nurse turnover up to savings of $80,000/nurse.
- Less hospital litigation due to less patient falls, infections with improved care and patient outcomes hospital holds onto its reimbursement with less hospitalization re-admission sanctions for Medicare patients.

4. What are constituents' personal stories or connections to the policy?
- Use your own words, your individual experience that your nursing education, skills, expertise, decision making/actions and interventions made a difference caring for your patient(s)!

Legislators prefer to receive information BEFORE the meeting

- It is important that you are prepared, but it also stands to reason that your legislators will appreciate you sending your information ahead so they are prepared!
- Send your information ahead BEFORE your meeting on the particular bill you wish to address with your legislators – they will be able to give fuller attention if they have a head's up on what you wish to speak to them about!

Time to step up…

- The opportunity to speak to your legislators whether local, state or federal on particular legislative proposals, as a nurse health policy expert can be shared at many tables where your knowledge and abilities can lead the way!

Don't forget to make your "ASK"- what action you want the legislator to take on your particular bill

- Personal Visit – Face to Face communication is the MOST powerful!
- Send your information ahead before the meeting
- Make an appointment to schedule your visit; do not be late and make your stay brief
- Introduce yourself; concisely establish your credibility (share what you do; where you work; your years of being a nurse and your association affiliation)
- Know the bill number, where the bill is in the title of bill and the issue
- Be clear about your position. Be prepared: have your talking points to keep your thoughts organized
- Do not forget to LISTEN – someone may have spoken to the legislator on the opposite side. All legislation is negotiated - the opposition may have valid points that you can counter/clarify with facts
- Be polite and do not get mad or confrontational. MAKE THE ASK (you want their commitment which is their VOTE on the proposal that aligns with your view)
- If you are unsure of an answer to the legislator's questions – be honest and tell them you will get back to them with the answer
- Leave the legislator your Factsheet/Position statement and your business card!
- Make sure you thank them and request a follow-up after your meeting!

Other ways to share your knowledge, expertise, contribute and lead as a nurse!

- Nursing groups, leadership are always options for professional growth, but consider other avenues to grow…
- The movement to become involved politically has been exploding. Becoming a voter, encouraging others to vote engage in political discussions educating others on the deficits and remedies to improve healthcare as an expert!
- Running for office may be something you consider now more than ever before! Changes in the political horizon may pull you to get involved in a candidate's campaign providing health expertise educating them on what good health policy should be.
- Consider serving on a community board to grow your experience! Opportunities serving local boards such as: School Boards, Fire Protection District Boards, County Boards, Specialty Organization Boards, Village Boards, Church Boards, Township Boards, Hospital Boards, Not-for-Profits are everywhere!

Get organized! All it takes is a collective voice of like-minded nurses-and much hard work

We didn't back down…we won in 2014 and 2017

Strike Rally 2017

September 2020 Strike -800 nurses

- Staff ratios, free charge nurses, control of staffing committee, maintain steps, wage increases were are major proposals

Organizing, negotiating and winning

Contract language included a 90 day rolling supply of PPE and hazard pay for ALL nurses

How Nurses Advocate for Nurses

- April 2020
- Unfortunately only 1200 nurses were interested
- "A senator says that nurses are playing vards and over 100k sign up; A TV show host states why is that nurse wearing a doctor's stethoscope and cose to a million nurses jump on board

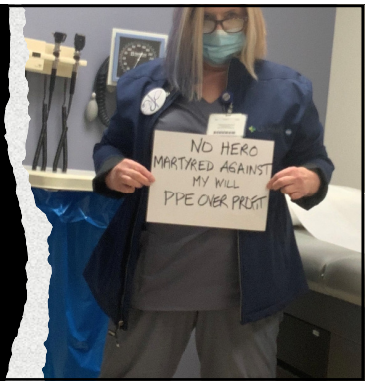
PLEASE SHARE! **Who's In?** **PLEASE SHARE!**

1. I would like to initiate a class action lawsuit against hospitals and the American Hospital Association for perpetuating unsafe working environments due to lack of PPE. I will pay the attorney fees, just need your commitment.
2. To gain media attention, I would like nurses to send me life size cardboard standout of themselves with a sign, "We need PPE", "Dying at the Bedside", etc. so I can put them around the White House. I will file the permits with the WH and DC police. If I get 10,000 nurses to agree, we will sure get coverage! *(I'll rent a moving truck to bring them down to DC and hire people to help me set them up outside the White House due to no gathering policy)*

Laura Gasparis Vonfrolio RN, PhD afeduprn@aol.com

No Hero-Martyred Against My Will

- Would have been my lifesize cutout on the front lawn of the Capitol



April 6 2020

- "It's difficult — to decide to come to work, to answer the calls, emails and texts of nurses in need of answers, who wonder if they will be infected or bring it home to their family. I wonder why hospital administrators failed to prepare for this pandemic. It's difficult. I am not a hero. Nor a martyr. Nor is any nurse I work with. We are here because we care for each other and our patients. And we will survive." — Doris Carroll, registered nurse, vice president, Illinois Nurses Association
- https://www.chicagotribune.com/coronavirus/ct-coronavirus-living-nurse-appreciation-week-20200506-3bncnfrxl7bbxnjlmiuvancmamfq-story.html

"IF NOT US, WHO, IF NOT NOW, WHEN?" John F. Kennedy

- John F. Kennedy said this in 1962 when sharing with the country his ambitions for space travel to the moon.
- It is up to "us" to lead the way "now" in decisions finding the proper balance of nurses to patients receiving the appropriate skilled nursing care by qualified professional nurses based on their individual patient health care needs.
- Nurses must include steps of political advocacy as they ascend the summit- directing, leading and shaping the healthcare system. Why, because a world without nurses is not a place I wish to live in, or for my family or friends. Nurses are assets to the healthcare delivery system and it is time we are heard, it is time we must lead!

NursesTakeDC

- a grassroots nursing organization of direct care nurses whose goal is educate and motivate nurses to become politically active; and inform their legislators to sponsor and vote on health care policy (DC 2018)

"Nursing Advocates Gauge Nurses' Mental State, Staffing Issues" - MedScape October 8 2021

Recently I attended a seminar by the AIDS Education and Training Center Program. Speaker Renslow Sherer, MD, presented data about the efficacy of COVID vaccines and the need for booster dosing for people with HIV. Near the end of his talk, Sherer shared a poignant thought that rang true for me:

- *How we survived during the AIDS epidemic is quite similar to what we are facing now.*

In the fallout from the COVID pandemic, "we are all suffering from PTSD," said Sherer. All of us. It reminds me of those years in the late 1980s and early 1990s when we had little to offer our patients with HIV. The feeling of hopelessness among nurses who could only stand by as their patients endured tremendous suffering is now called "moral distress."

"The term 'moral distress' was first coined by [philosopher Andrew] Jameton who observed amongst nurses a tendency to feel distressed when they were forced to act, because of institutional constraints, in [a] way that was contrary to their beliefs," according to a 2019 Health Care Analysis article. "Jameton consequently suggested that moral distress arises when 'one knows the right thing to do, but institutional constraints make it nearly impossible to pursue the right course of action.'"

An article published in August in Nursing Ethics reports that repeated, unrelenting moral distress can lead to moral injury. "Moral injury involves a deep emotional wound and is unique to those who bear witness to intense human suffering and cruelty."

Along with my nursing colleagues, I have experienced moral injury throughout the COVID pandemic. In February, I retired after 38 years in nursing. I was at the peak of my career in nursing and union activism.

- https://www.medscape.com/viewarticle/960519?src=

Nursing Advocates Gauge Nurses' Mental State, Staffing Issues…

- I walked away from nursing partly to care for my 87-year-old mother in her own home in Florida, but mainly because I had reached my limits — physically and emotionally — to staff safely in my facility. And this is what the country is facing now: nurses leaving their chosen profession in the time of a pandemic.
- The pain that nurses are feeling is indeed palpable.
- NursesTakeDC (NTDC), a grassroots, nonprofit nursing organization, launched a staffing and moral distress survey on October 1, which runs through October 31. Responses are anonymous. To be a part of the study, please complete the NTDC Safe Staffing Survey.
- We need the nation to hear you. Your input will help NTDC support federal and state legislation on safe staffing. Nurses must be heard so we can promote patient safety. Silence is consensus, so tell us what you are experiencing in your workplace and share our survey with other nurses.

https://www.medscape.com/viewarticle/960519?src=

Silence = Consensus Do not forget what 4 million nurses can do!

Resources

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