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UNDERSTAND PREVENT
& CURE CANCER

Lynne M. Dixon
 Legislator, District 9
 Chairperson
 Health and Human Services Committee
 The Erie County Legislature
 92 Franklin Street - 4th Floor
 Buffalo, New York 14202

Dear Ms. Dixon,

The Department of Patient Care Services at Roswell Park Cancer Institute wholly supports the position of NYONEL in opposition to BILL number A6571, which proposes mandatory nurse to patient staffing ratios. The use of State mandated staffing ratios are biased, unsupported by a body of research, and take decisions away from the experts who are caring for the patients. Patients and their acute care situations are not numbers to be divided by a randomly determined denominator. Indeed, the course of nursing care and treatments is a dynamic and fluid process that requires constant adjustment and consideration of the changing patient needs around the clock.

A one-size-fits all approach does not account for the individuality of patients and their care requirements. The determination that patient care can be reduced to purely mathematical calculations denies the nature of nursing and removes the decision making from those closest to the patients.

The public deserves safe and competent care and as such, staffing levels must be held accountable at the individual facility levels. Patient acuity tools are available for the discreet evaluation of patient care and staffing levels. These tools should be readily available and used to facilitate the decision making of nursing leadership. Additionally, bedside nursing leaders must be also be supported in their moment to moment decision-making as patient care requirements change. The "mathematics" of patient care should be based on proven methodologies and careful examination of the patient population to be served, not a number that cannot be supported.

Mandated staffing levels remove the ability of the nursing care team to make adjustments and to provide care for varying acuities of patients: a patient who is close to discharge from the facility will have different nursing needs than a patient who has just been admitted. Also, during their course of care a patient who may require a 4:1 ratio (patient to nurse) may experience a sudden change requiring 3:1 care. In this scenario another nurse may have their assignment adjusted to pick up one more patient changing that ratio to 5:1, which based on the professional assessment of the nurse making the decision may be a safe and reasonable patient care assignment.

Under this proposal, the flexibility for a registered professional nurse, holding an independent license to practice, will not be permitted to make this type of decision. The mandated staffing levels will restrain that ability and impose a rigid clinical scenario that impedes rather than promotes safe patient care.

Beyond the expense of increased staffing, there are additional issues that will emerge:

- The delay in admission of patients to clinical sites where ratios need to be met: the law will compel facilities to meet the mandated staffing level in order to provide care for patients. Absenting the requisite staffing level in the presence of emergency admissions, the facility will have to make adjustments in nursing levels, not patient acuity, in order to provide care.
- Lives will be lost when refusal / or significant delays to take patients occur due to staffing where patient census would exceed maximum staffing. In these situations the facility will be in violation of the law if they admit patients where ratios are not met.

The issue of safe staffing is everyone's responsibility, and the shortage of nurses is where the attention of our learned legislators should be directed. The education of nurses through appropriate funding and the support of nursing education as a lifelong endeavor are much needed measures. Funding to support research in nursing to address staffing levels and patient acuity would promote the ability to make safe patient care decisions.

Mandating staffing levels is a quick response to a problem that cannot be solved as summarily as this solution proposes. Time is needed to critically evaluate the levels of nurses required at the bedside of various patient populations; oncology nursing is quite different than general medical-surgical nursing and as such requires a different approach.

Truly, a one-size-fits all approach will not yield the desired result: safe patient care by competent and capable nurses. This proposed legislation will create more problems in the clinical care areas than it intends to solve.

Sincerely,



Maureen Kelly, RN, MS, OCN, NEA-BC
Vice President / Chief Nursing Officer

Cc: Karen M. McCarthy