NYC HEALTH+ HOSPITALS

New York City Council Hearing

Oversight:

State of Nursing in NYC – Staffing and Retention

Committee on Hospitals

Natalia Cineas, DNP, RN, NEA-BC, FAAN

Chief Nurse Executive

NYC Health + Hospitals

November 30, 2022

Good afternoon Chairwoman Narcisse and members of the Committee on Hospitals. I am Dr. Natalia Cineas, Chief Nurse Executive and Co-Chair of the Equity and Access Council at New York City Health and Hospitals (Health + Hospitals). Thank you for the opportunity to testify regarding the state of nursing at Health + Hospitals. While Health + Hospitals is only one component of a much larger health care delivery system and workforce landscape in our City, we are proud of what we do. Our team of about 8,000 nurses is at the core of our mission to provide care to all New Yorkers. Our nurses are on the front lines of our hospitals, clinics, and nursing homes, delivering high-quality and compassionate care to our patients.

Currently, there is a nationwide and industry-wide shortage of nurses, from which H+H is no exception. While we have had staffing challenges like most other health systems across the country, we continue to provide uninterrupted care, and have taken steps to retain our current nurses and fill vacancies. We are engaged in a variety of efforts to provide incentives for currently employed nurses to remain in our system, which include converting temporary positions to permanent positions, partnering with CUNY to offer over 50 nursing advanced credit-bearing certificate and degree programs to current nursing staff, and loan forgiveness. We have also established several professional development opportunities for nurses, including a Preceptor Program, Clinical Ladder Program, Nurse Residency Program, and Nurse Recognition programs. In particular, our Nurse Residency program enables student nurses to transition confidently to become licensed professional nurses through group seminars on topics like decision-making, conflict resolution, end-of-life care, health care quality, patient safety, and more. In addition, participants receive support, build relationships with nursing peers, and develop leadership skills. As a result, nurse retention has more than doubled for new nurses in the Nurse Residency

program over the last three years. These retention incentives also play a crucial role in our recruitment efforts.

Health + Hospitals recruits nurses to fill vacancies through traditional means, innovative strategies and working with partner institutions. Our traditional methods include conducting monthly hiring fairs and posting advertisements on job listing sites like Indeed, LinkedIn, and others, while making it as convenient as possible for candidates to interview and onboard with us by offering virtual and on-the-spot interviews, as well as on-the-spot onboarding. Our innovative strategies include our Nurses4NYC campaign, which has a dedicated webpage and social media presence to fill nursing positions in high need areas. The campaign disseminates mini-documentary videos featuring individual nurses from different facilities and specialty areas. We are excited about our partnership with CUNY to expand career pathways for graduating nurses to enter our System, which is proud to be the largest employer of CUNY nurses in the city. Our enhanced partnership builds upon existing initiatives, like having over 1,000 CUNY nursing students support COVID-19 vaccination efforts in spring 2021.

Recognizing the toll that the pandemic has taken on nurses and other frontline healthcare workers, Health + Hospitals has taken proactive steps to promote wellness among our nursing staff. In particular, our nurse development programs, including the Nurse Residency Program, provide nurses with support and mentorship. In addition, we have worked to implement staffing models to reduce our nurses' workload. Nurses can also take advantage of our Helping Healers Heal, or H3 program, which focuses not only on addressing the emotional and psychological needs of our nurses in response to adverse events but also on proactively establishing relationships and spaces to promote overall wellness and resiliency. H3 offers an anonymous internal support hotline where staff can receive

psychological and emotional counseling from licensed clinicians, as well as individual and group settings where staff can receive support. We are proud of our wellness rooms, which provide a calming space for staff to decompress in many of our facilities, and are grateful for the public and private support that has enabled us to upgrade them.

NYC Health + Hospitals/Kings County and NYC Health and Hospitals/South Brooklyn Health were recently recognized for their commitment to creating a healthy work environment for their nurses through the prestigious Pathway to Excellence designation from the American Nurses Credentialing Center (ANCC). NYC Health and Hospitals/Kings County and NYC Health and Hospitals/South Brooklyn Health are the first and second hospitals in Brooklyn to receive the designation and are two of only three facilities in New York City with the credential. The Pathway to Excellence designation requires a rigorous process to evaluate progress in six standards: shared decision-making, leadership, safety, quality, well-being, and professional development. We appreciate this recognition, and are committed to ensuring that our nurses feel empowered and valued in the workplace.

It is the mission of Health + Hospitals to deliver high quality health services with compassion, dignity, and respect to all, without exception. We are immensely grateful for and proud of the work that our nurses do every day to advance our mission, and are likewise committed to supporting them day in and day out. Thank you to the committee for the opportunity to testify and for your continued support of Health + Hospitals. I look forward to our continued partnership and am happy to answer any questions you may have.

New York City Council Committee on Hospitals

Hearing Testimony:
"State of Nursing in NYC – Staffing and Retention"

Lorraine Ryan, Senior Vice President
Legal, Regulatory and Professional Affairs

Introduction

Chair Narcisse and members of the City Council Committee on Hospitals, my name is Lorraine Ryan, Senior Vice President at the Greater New York Hospital Association (GNYHA), which represents every public and voluntary hospital in New York City, as well as hospitals and health systems throughout New York State, New Jersey, Connecticut, and Rhode Island. GNYHA is proud to serve these hospitals and health systems and the dedicated caregivers that make them run.

Thank you for the opportunity to speak at this important hearing. New York's hospitals, GNYHA, and I as a nurse have the deepest respect and admiration for nurses and their essential role. GNYHA and our members believe it is critical to rebuild and expand New York's health care workforce so that we emerge from the COVID-19 pandemic stronger than before. The magnitude of hospitals' and caregivers' heroic response to the pandemic cannot be overstated. They undertook the largest deployment of health care resources in US history, but the scale of the response took a significant toll on both hospital resources and the workforce.

My testimony today covers our efforts to address the statewide staffing crisis, New York's new staffing law, worker burnout, and nurse recruitment and retention in the wake of the pandemic.

New York's Current Health Care Staffing Crisis

Hospitals prioritize their staffing needs to ensure the delivery of the highest quality patient care. However, the COVID-19 pandemic significantly worsened many New York City hospitals' staffing difficulties, especially critical safety net institutions. Staffing flexibilities, such as the authorization of out-of-state licensed staff to practice in New York, have been a key tool in helping New York's hospitals and other health care organizations maintain high-quality patient care throughout multiple COVID-19 waves. In recognition of the statewide staffing crisis, New York Governor Kathy Hochul issued a declaration of disaster emergency on September 27, 2021, specifically for health care staffing and has extended it numerous times.

The Governor's Executive Order (EO) provides hospitals and nursing homes with the necessary flexibility to maintain safe, high-quality patient care despite the staffing crisis. The EO authorizes certain out-of-state health care workers, including licensed practical nurses (LPNs), registered nurses (RNs), and nurse practitioners to practice in New York. It also expands scope of practice for certain health care workers (including many types of nurses) and allows out-of-state, retired, and recent or nearly graduated health care workers to practice when organizations need them to address immediate staffing challenges. GNYHA supports extending or making permanent many of these provisions, which have proven effective and beneficial for the health care workforce and patients alike.

The pandemic's drain on the health care workforce and nursing in particular have increased the demand for staff from travel nurse agencies. The demand was greatest during the first wave of the

COVID-19 pandemic when many New York hospitals contracted with outside agencies to reinforce their staffing levels in the face of rapidly rising COVID-19 hospitalizations. These agencies have been able to attract critical nursing staff from other health care institutions with compensation arrangements that many safety net and other institutions simply cannot match. To this day, even the most well-resourced hospitals are losing nurses to staffing agencies. High inflation, chronically inadequate Medicaid and Medicare reimbursement rates, and overall underfunding of safety net institutions have made it difficult for many hospitals to match the pay rates offered by staffing agencies.

The Hospital Clinical Staffing Committee Law

Last year, good faith negotiations between management and unions broke a longstanding impasse on proposed staffing legislation in New York. These negotiations included GNYHA, the Healthcare Association of New York State, 1199SEIU, the New York State Nurses Association (NYSNA), and the Communications Workers of America. This effort produced the Hospital Clinical Staffing Committee Law, which requires hospitals to establish clinical staffing committees to collaboratively develop the staffing plan for each unit in the hospital. The law codified an existing approach to nurse staffing that included unit level managers and other members of the frontline team to formulate unit level staffing plans based on patient acuity and available resources. The hospital community is strongly committed to the success of this law, as it broke the longstanding impasse on staffing legislation.

Every hospital in New York now has clinical staffing committees to collaboratively design their clinical staffing plan. These committees are equally represented by management and the workforce, including both RNs and ancillary members of the frontline team such as LPNs, patient care technicians, nursing assistants, certified medical assistants, and unit clerks. GNYHA supported this law because it enables staffing decisions to be made where they are made best—at the local level and accounting for the unique needs of communities and patient populations. Importantly, it also gives RNs and other frontline workers a concrete role and voice in designing staffing plans. Hospitals continue to work on implementing the law and we look forward to examining the results with stakeholders.

Addressing Health Care Worker Burnout

Hospitals have long prioritized the safety, health, and wellbeing of their workers and recognize that the pandemic has exacerbated burnout in the health care workforce. That is why hospitals have strengthened their existing employee wellness programs that seek to address nutrition, physical activity, stress management, and chronic disease prevention and management. These programs work best when tied to other initiatives that impact the health care workforce including occupational risk factors, "second victim" programs, and workplace violence prevention and mitigation.

Hospitals understand the emotional and psychological toll of caregiving, and many GNYHA members have incorporated emotional and mental health programming and resources into their broader wellness programs. These include forums in which staff can discuss the emotional impacts of caregiving such as Schwartz Rounds, self-care skill building and practice opportunities (e.g., yoga and meditation), peer support programs (especially immediately after crisis events), and referrals to counseling through Employee Assistance programs or other pathways.

GNYHA also helps our members develop and improve their employee health and wellbeing programs. Since 2015, GNYHA has periodically convened chief wellness officers and other interested wellness leaders to share best practices and discuss emerging issues. GNYHA also sponsors conferences and webinars on many topics related to employee health and wellbeing, including a wellbeing fundamentals series to support hospitals in building a strong workforce wellness division. Focus areas have included health care worker burnout and resilience, employee-centered workers' compensation programs, establishment of second victim programs, and a yearlong learning series on Workplace Violence Prevention and Mitigation.

Recruitment and Retention

It is vital that policymakers support hospitals in their efforts to recruit and retain full-time nurses. Nurse recruitment and retention has always been a top priority for hospitals because of nurses' vital role in patient care. GNYHA is grateful for New York City's support for nurse residency programs in our hospitals through the New York Alliance for Careers in Healthcare.

GNYHA supported several workforce training initiatives in the 2022 New York State budget to cover the costs of new programs, provide compensation to allow workers to train full-time support staff, and develop new training techniques to increase hospitals' training capacity. These provisions include funding hospitals and other health care employers to provide bonuses of up to $3,000 to frontline, hands-on health and mental hygiene workers. GNYHA strongly advocated for this provision to include as many of New York's hardworking health care workers who gave their all during the worst of the pandemic as possible. GNHYA also supported the creation of the Nurses Across New York program, which provides loan repayment for nurses who agree to serve in underserved areas. GNYHA also supported the creation of the New York State Health Workforce Innovation Center to test new models of care and identify solutions that would promote a stronger and more resilient workforce. We will continue to advocate for further workforce investments in the next State budget and defend against any potential cuts.

GNYHA also believes that allowing licensed health care professionals to practice to the full extent of their licensure strengthens worker retention by making work more rewarding. That is why we support the aforementioned EO's scope of practice expansions and advocate for legislation to do so as well. We are hopeful that a 2018 law that allows hospitals to establish standing orders for the care of newborns, enabling attending RNs to quickly render routine care to healthy newborns after

birth, will be expanded to allow nurses with the appropriate training and experience to safely render care in other clinical areas pursuant to a standing order. GNYHA supports a bill in Albany (RESPECT Nurses Act, A.7128/S.4847) that would authorize the Department of Labor (DOL) to establish nursing recruitment and retention initiatives across the State. This would include funding for remote, "internet-facilitated" education opportunities that have proliferated because of the pandemic. It would also allow DOL to provide funding to colleges, universities, and hospital-based nursing schools. GNYHA will continue to vigorously advocate for further investments in the health care workforce.

Hospitals also have a demonstrated history of good faith engagement with unions during contract negotiations, a key part of their recruitment and retention efforts. Prior to the new law establishing clinical staffing committees, past contract negotiations between NYSNA and hospitals in New York City resulted in commitments to maintain a certain number of nurses per unit, per shift via agreed-upon staffing plans. Those ratified contracts also included a provision giving hospital nursing leadership and RN staff the flexibility to allocate patients among nurses according to their professional determination of appropriate patient care.

Conclusion

The keys to rebuilding our health care system are to further invest in New York's heroic health care workforce, shore up chronically inadequate Medicaid reimbursement rates, and support struggling safety net hospitals. The pandemic's additional strain on health care workers and hospital finances has made addressing them ever more important. We continue to advocate in Albany and Washington, DC, for these investments and to defend against potential cuts and would welcome the City Council's support in this endeavor. We look forward to working together to ensure that New York's nurses and broader health care work force emerge from the pandemic stronger and healthier than before.

Thank you for the opportunity to testify today. I am happy to take questions.

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

New York City Council Committee on Hospitals
Oversight Hearing - State of Nursing in NYC – Staffing and Retention
November 30, 2022, 1:00 PM Committee Room - City Hall

Testimony of the New York State Nurses Association
Pat Kane, RN, Executive Director

My name is Pat Kane, and I am the Executive Director of the New York State Nurses Association. NYSNA represents more than 40,000 nurses across the State. That include more than 20,000 City nurses in private hospitals and the NYC Health + Hospitals system in the City that are currently in negotiations or soon will be negotiating new contracts.

These negotiations are taking place in the context of an intense staffing crisis that is not the result of a lack of nurses.

The staffing crisis is the result of a mass exodus of nurses from hospitals and nursing homes because they are fed up with understaffing caused by hospital management, poor working conditions, inadequate pay, and the stress of trying to provide safe care for patients while management ignores our concerns and "nickel and dimes" us.

This staffing crisis and its causes are the focus of much of the testimony that you will hear today from many front-line NYSNA nurses and our President Nancy Hagans.

I want to focus on the issue of hospital industry efforts to gut our health insurance coverage and shift more of the costs for this reduced coverage to their RN staff.

In our negotiations the employers are claiming poverty in the face of higher health insurance costs for their nurses and trying to cut our benefits and shift more of the costs to their nurses in the form of higher deductible and co-pays.

First, I want to first point out that these claims of poverty are bogus – the hospitals can afford to pay for our health benefits.

The large hospitals are making a lot of money:

- Presbyterian made more than $1 billion in profits in 2021 and is sitting on more than $19 billion in assets
- Mount Sinai made more than $185 million in profit and has more than $6 billion in assets

- Northwell made more than $177 million in profits (plus $460 million in investment income) and also has a hoard of more than $19 billion in assets

These hospitals are also on a spending spree when it comes to executive pay packages.

The CEOs and executives of the big hospital networks are giving themselves big raises and handing out executive bonuses like Halloween candy:

- The CEO of Presbyterian made more than $12 million in 2019
- The CEO of Mount Sinai made $5.6 million in 2019
- The CEO of Northwell made almost $4 million in 2019
- In 2020 364 top executives at New York hospitals received more than $73 million in bonuses
- 10 executives received more than a million in bonuses and another 40 got at least $500,000
- These hospitals have hundreds of executives who receive a million or more in compensation each year – at Presbyterian for example there are at least 29 executives who earned a million or more in 2019
- By way of comparison, the CEO of the 11 hospital Health + Hospitals public network received about $700,000 in pay.

Second, I will note that it is the hospitals that are the cause of the health insurance cost increases.

Health insurance costs been been growing at a rate that far outpaces the rate of inflation and the pay of nurses and other workers.

In the last 12 months the inflation rate in NY City was about 6% (lower than national average), but healthcare costs rose by 7.9%. Hospital price increases are the major drivers of increasing health care costs.

Since 2009 hospital prices have gone up by 80%, compared to less than 50% for non-hospital care and 30% for prescriptions.

Much of the increase in hospital costs is the result of price gouging and profit maximizing by these same hospital CEOs that pay themselves so well.

These private hospitals charge exorbitant prices that are on average 316% of the rates paid by Medicare and for some hospital systems reach more than 390% of the Medicare rate according to an analysis by the SEIU 32BJ member health plan.

There are plenty of examples and data showing the degree of price gouging – for example, a normal vaginal birth at NYC Health & Hospitals cost $11,000 while the same procedure costs $41,000 at Montefiore, $33,000 at Presbyterian, and $24,000 at Northwell.

It is beyond ironic to hear these hospitals say they can't afford our healthcare coverage when they are making huge profits and complaining about the same healthcare costs that they themselves have jacked up.

Finally, I want to point out that RN health costs are higher now because they worked through the pandemic and were disproportionately exposed to and sickened by COVID (while the CEOs were mostly calling in from home).

COVID related costs have added to the costs of healthcare for nurses because of the cost of treating them and their family members when they got COVID, getting COVID tests, and dealing with the impact of long-COVID.

So, what the hospitals are trying to do to our health care coverage?
They want to:

- Impose managed care programs to limit access to diabetes, COPD, Asthma, Hepatitis and oncology care
- Restrict access to physical therapy chiropractors for a profession with one of the highest rates of Musculo-skeletal injury rates
- Require step therapy programs, exclude high-cost generic drugs and increase pharmacy copays to limit our access to medications, and
- Increase emergency room and ambulance co-pays.

What do hospitals need to do to provide health coverage for nurses?

1. They need to keep their hands of our health coverage – nursing is one of the most dangerous occupations and we need decent health coverage if we are going to attract and retain our nurses.

2. The hospitals should pay up for our health coverage and stop complaining – we know they can afford it.

3. If they want to lower the costs of our coverage they should start by lowering the amount that they charge us and other patients when we need health care services.

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

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Testimony of the New York State Nurses Association
Nancy Hagans, RN, President, NYSNA Board of Directors

My name is Nancy Hagans, and I have worked for almost 30 years at Maimonides Medical Center in Brooklyn.

I am the elected President of the New York State Nurses Association. We represent more than 40,000 nurses across the State.

I am also the President of the 1000 member NYSNA unit at Maimonides.

That includes 20,000 public and private sector 20,000 nurses in New York City that are currently or soon will be negotiating new contracts.

New York hospitals and nursing homes are currently facing a serious staffing crisis that threatens our ability to provide timely and quality care to our patients.

Nurses are leaving the bedside and our hospitals are not able to keep the nurses we have or find new nurses who are willing to put up with the bad conditions in the workplace.

The main problem in New York is not that we don't have enough nurses to meet demand – there are thousands of nurses in New York who just don't want to take hospital jobs.

The causes of the crisis in the nursing workforce are obvious, but the hospitals don't want to invest the resources that are needed to stabilize the situation.

The most immediate problem is chronic understaffing.

Hospitals try to save a few dollars on payroll by ignoring our contractual staffing ratios and the requirements to improve staffing under the new state staffing law.

When there aren't enough nurses and their patient assignments are too heavy, the patients suffer and the nurses get worn down and start looking for new jobs.

A second big problem is that the pay for nurses is not enough to make them want to put up with the stress of poor staffing and working conditions.

RN salaries in the last two years are not keeping pace with inflation and are actually lower in terms of real value. We are currently bargaining for new contracts for 1000s of nurses and the hospitals are not open to pay rates that will keep nurses at the bedside.

Another factor in the exodus of nurses are the poor working conditions.

Nurses are so overworked that they don't get their meal and rest breaks and managers give nurses a hard time when they try to take their vacations,,get sick or need to take personal time off.

Nursing is a dangerous job that has one of the highest rates of on-the-job injuries and illnesses, and that only got worse during COVID.
The punitive and dangerous conditions combined with a growing feeling that the management of their hospitals doesn't care or listen is making the exodus of nurses worse.

Another issue is hospitals attempt to reduce health coverage costs by cost shifting to nurses and reducing benefits.

It is very ironic that the hospitals are the major cause of increasing insurance costs but want us to pay for it.

Health care will be a big factor in our current negotiations, and if management tries to cut our benefits, we will fight back hard.

Another factor is the use of temporary nurse staffing by hospitals that got worse during COVID.

The hospitals were understaffed before COVID and the pandemic left them scrambling to find nurses. They were already using too many temps, but now they can't get enough staff to take regular jobs and rely more and more on temps.

The agency and traveler nurses make 2 to 3 times more than regular staff and they can pick and choose when and where they work.

Many nurses have gotten so frustrated that they have quit and taken temporary job for the higher pay and flexibility.

If we are going to grow the nursing workforce, we have to stop relying on temporary staffing.

The COVID crisis did not cause the problems we are now facing. They were already there – COVID just made the existing situation worse by taking the mask off the crisis.

The hospitals systems in New York are now crying poverty and telling us they can't pay for better staffing and have to cut our benefits, but they have plenty of money.

They pay their CEOs and top executives millions of dollars and give them big bonuses every year.

Many of the big hospital systems that dominate in New York make billions in profits every year and sit on even more billions in assets. They have the money they need to address the staffing crisis, but don't want to.

There are safety net hospitals like Maimonides and Health + Hospitals that face cash flow problems, but a big part of that is caused by the wealthy big systems that go after the most lucrative patients to maximize their profits and leave the safety net hospitals without enough revenue to improve their facilities.

NYSNA Recommendations to address the registered nurse shortage in New York City:

- NY City-area hospitals must agree to fair contracts with their nurses in the current round of bargaining.
- RN pay rates must be increased
- Staffing levels and nurse-to-patient ratios must be improved.
- Hospitals must keep their hands off our health benefits.
- Hospitals are non-profits that don't pay taxes and are not supposed to hoard money – The City should look at their tax exemptions and use its zoning and regulatory power to make them improve working conditions and patient care.
- Hospitals have to stop relying on temporary staffing and use the huge amounts of money they pay for temps to build up their permanent workforce.
- The City should push hospitals increase tuition support, mentorships, apprenticeships and other programs to address racial and social inequities and recruit local youths to work in our hospitals.
- Most important, hospitals need to listen to and respect their nurses.

New York State NURSES ASSOCIATION One strong, united voice for nurses and patients

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Testimony of the New York State Nurses Association
Nancy Hagans, RN, President, NYSNA Board of Directors

My name is Nancy Hagans, and I am a registered nurse employed for almost 30 years at Maimonides Medical Center in Brooklyn. I am the elected President of the New York State Nurses Association, Representing more than 40,000 nurses across the State, including more than 20,000 nurses in New York City. I am also the elected President of the NYSNA bargaining unit representing more than 1,000 nurses at Maimonides Medical Center.

The Nurse Staffing Crisis in New York City Hospitals and Nursing Homes
New York hospitals and nursing homes are currently facing a severe and ongoing staffing crisis that threatens our ability to provide timely and quality care to our patients.

Between 2020 and 2021 the national RN workforce decreased by more than 100,000 nurses or 1.8% in absolute terms. When the decline in the total numbers of nurses in the workforce is compared to projected workforce growth rates necessary to keep pace with increased healthcare needs and an aging population, the RN workforce was 6.2% or 200,000 below projections. The decline in younger nurses was even more pronounced – a decline of 4% in absolute numbers and 8.8% relative to projected workforce growth. Within the data on the overall decline in the nursing workforce, there has also been a shift in nurses away from hospital employment (a 3.9% absolute decline) to less stressful non-hospital settings (a 1.8% increase).[1]

Nurses are quitting their jobs or opting to retire at very high rates. According to a 2022 survey, 58% of nurses were actively looking or planning to look for employment away from the bedside or intending to retire within the next year.[2] Perennially high turnover rates worsened during the COVID crisis, with the turnover rate of hospital staff RNs increasing nationally from 15.9% in 2019 to 27.1% in 2021. The Northeast, which includes New York, experienced the highest increase in turnover rates of any region in 2021 – rising from 13.2% to 25.4%.[3]

[1] See: Health Affairs, A Worrisome Drop In The Number Of Young Nurses, Auerbach, Buerhaus, Donelan and Staiger (April 13, 2022), available at https://www.healthaffairs.org/do/10.1377/forefront.20220412.311784/.
[2] See: Trusted Health, The State of Mental Health In Nursing (2022), at https://www.trustedhealth.com/blog/the-state-of-mental-health-in-nursing-in-2022-trusted-health, an annual survey conducted by a temporary/traveler staffing company.
[3] See: NSI Nursing Solutions, 2022 NSI National Health Care Retention & RN Staffing Report**,** available at https://www.nsinursingsolutions.com/Library.php.

Rates of turnover and job dissatisfaction were more prevalent among younger nurses – more than 50% of nurses below the age of 40 reported that their commitment to continuing to work in nursing had decreased since 2020.[4]

The nurses who are leaving their jobs at the bedside in hospitals and nursing homes are not being replaced by new hires, leaving hospitals across New York with extremely high vacancy rates. In hospitals, the average RN vacancy rate has more than doubled, rising from 8% in 2019 to 17% in 2022.[5]

According to data from the Bureau of Labor Statistics, there were 183,300 RNs actively employed across New York, of whom about 71,000 worked in hospitals and nursing homes prior to the onset of the pandemic.[6]

The RN staffing shortage in New York, however, is not the result of a lack of nurses. According to the State Office of the Professions, there are more than 355,000 RNs licensed to practice in New York, of whom 258,000 are New York residents.[7] There are thus more than 170,000 RNs living in New York who are out of the workforce and not working in hospitals or nursing homes.

The main problem in New York is not that we don't have enough nurses to meet demand, but rather that nurses are unwilling to take jobs in our hospitals and nursing homes under current industry conditions and employer staffing practices.

Causes of the RN Workforce Crisis

1. Understaffing

Employers increasingly use bare bones staffing models to cut payroll costs. Instead of scheduling enough RNs and other staff on each unit to allow nurses to provide safe and proper patient care, hospitals and nursing homes assign more and sicker patients to fewer nurses.

Hospitals and nursing homes often refuse to agree to improved staffing levels in collective bargaining agreements or under the new staffing laws enacted in New York to ease RN workloads. Even when higher staffing levels are agreed to, many employers regularly and routinely fail to comply with the contractual standards.

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[4] See: Trusted Health, Frontline Nurse Mental Health Survey (2021), 48% of nurses reported that their commitment to nursing was lower, but "nurses between the ages of 20 and 29 and 30 to 39 were 24 percent and 15 percent more likely to report that their commitment to nursing had decreased, respectively. Looking across specialties, nurses who work in acute care, emergency, critical care, and pediatrics were the most likely to report that their commitment had decreased."

[5] See: NSI Nursing Solutions, 2022 NSI National Health Care Retention & RN Staffing Report**,** available at https://www.nsinursingsolutions.com/Library.php, p. 8.

[6] See: Bureau of Labor Statistics https://www.bls.gov/oes/current/oes_ny.htm#29-0000. The estimate of RNs employed in New York's hospitals and nursing homes is drawn from the NYS Department of Health Study of Nurse Caregiver Minimum Staffing Levels and Other Staffing Enhancement Strategies and Patient Quality Improvement Initiatives released in August 2020, available at https://www.health.ny.gov/press/reports/,

[7] Total RNs licensed in NYS: 355,195, including 258,443 NY residents, 86,023 residing in other states, and 10,729 residing in other countries. See: http://www.op.nysed.gov/prof/nurse/nursecounts.htm

When nurse patient loads are too high, nurses experience increased stress, do not have time to take meal and rest breaks, are physically and mentally worn down, and are unable to provide the quality of care that patients need and is required by professional nursing standards.[8] Understaffing thus negatively affects the quality of patient care and produces real harm that further demoralizes the nursing workforce and accelerates the exodus from the bedside.

2. Inadequate pay

Pay rates for nurses have not risen sufficiently to attract enough RNs to take jobs in hospitals and nursing homes, contributing to the spike in turnover and vacancy rates and worsening staffing levels.

RN salaries are not keeping pace with inflation, resulting in effective salary cuts that have coincided with the increased pressures of the ongoing pandemic. According to BLS data for the Metropolitan NY City area, the annual inflation rate for all items (CPI) was 4.35% in 2021 and 6.03% in 2022.[9] During this time frame, salary increases for RNs generally ranged from 3% to 4% per year in private sector hospitals, resulting in a 2.2% to 4.5% net decrease in the real value of RN salaries over the last two years.

Despite the erosion of real pay rates, the ongoing trauma and stress of poor working conditions, and the spike in turnover and vacancy rates, hospitals employers are refusing to provide pay increases sufficient to make up the lost ground caused by inflation in the last two years and necessary to attract and retain nurses.

While RN salaries have been shrinking, it should be noted that already exorbitant executive and management salaries in our hospitals have continued to balloon. Top executives at New York City area hospitals increased their compensation by 10% between 2019 and 2020, reaching an average total compensation of about $1.1 million.[10] During the height of the pandemic in 2020, more than 250 hospital executives across New York State were rewarded with $73 million in bonus payments after their hospitals received $6 billion in CARES Act funding bailouts.[11] Examples of excessive

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[8] Hospitals that staff at a 1:8 nurse-to-patient ratios experience five additional deaths per 1,000 patients compared to a hospital staffed at a 1:4 nurse-to-patient ratio, and the odds of a patient death increase by 7% for each additional patient assigned to a nurse – JAMA, Aiken, et al. (2002), available at: https://jamanetwork.com/journals/jama/fullarticle/195438. New York hospital mortality rates for Medicare patients would have been reduced by 4,370 lives and $720 million in savings for shorter length of stay and avoided readmissions from 2019 to early 2020 (before the onset of the COVID pandemic) if New York had implemented minimum nurse-to-patient ratios – Medical Care, Aiken et al. (2021), available at https://www.researchgate.net/publication/349770167_Is_Hospital_Nurse_Staffing_Legislation_in_the_Public's_Interest_An_Observational_Study_in_New_York_State/link/604a4195a6fdcc4d3e56a2dc/download; State Attorney General James issued a report in 2021 that found a direct correlation between poor staffing levels and higher mortality rates among nursing home residents – NYS Attorney General, ***Nursing Home Response to COVID-19 Pandemic (Jan. 2021)***, available at https://ag.ny.gov/press-release/2021/attorney-general-james-releases-report-nursing-homes-response-covid-19, pp 24-31.

[9] BLS Annual CPI-U, all items, NY-NJ Metropolitan Area, October to October index comparisons, available at: https://data.bls.gov/timeseries/CUURS12ASA0?amp%253bdata_tool=XGtable&output_view=data&include_graphs=true.

[10] Source: Review of NYS Institutional Cost Report data filed by hospitals.

[11] See: https://www.lohud.com/story/news/investigations/2022/09/19/how-we-revealed-73m-in-bonuses-for-ny-hospital-executives-in-2020/69496617007/. The 364 top hospital executives received a total of $361 million in salaries, bonuses, and perks, with 10 of them receiving bonuses in excess of $1 million, and 40 are receiving in bonuses in excess of $500,000.

executive pay include the CEO of the New York-Presbyterian system, who received $11.9 million in salary, bonuses and perks, and the CEO of Montefiore who received $7.4 million.[12]

3. Abusive working conditions

Nurses working in our hospitals and nursing homes are routinely subjected to a range of abusive working conditions that discourage them from remaining in the workforce. These employer practices include excessive discipline for use of sick time, denial of legally and contractually required meal and rest breaks, excessive use of overtime (voluntary and mandatory) to staff units, regimentation of nurses' work, erosion of nursing practice standards, refusal to approve earned vacation and personal leave days, and bullying or punitive management practices.

The impact of employer abuses, exacerbated by the horrible work conditions of the COVID pandemic, is reflected in nursing survey data. In 2022, 53% of nurses reported that they are dissatisfied with the level of support provided for their mental health and well-being by employers, 75% reported feeling burned out, 66% reported compassion fatigue, 64% reported a decline in their physical health, 50% reported experiencing trauma, extreme stress or PTSD, 46% reported feeling moral injury due to ethical dilemmas related to rationing patient care, and 22% reported physical attacks, intimidation or verbal assaults by patients or family members at work.[13]

BLS data related to workplace injury and illness rates further explain the feelings and frustrations expressed by nurses in surveys. Nurses and other workers in our hospitals and nursing homes normally experience among the highest injury and illness rates to be found in any industrial sector. The COVID pandemic made the situation much worse. Prior to COVID, hospital and nursing home nurses suffered injury and illness rates at work that were 2 to 3 times higher than those of most other workers. During COVID the injury and illness rates of other workers generally declined or remained the same, while those for nurses and other healthcare workers jumped to levels that were 4 to 6 times higher than the general average.[14]

The abusive and dangerous conditions faced by nurses on the job, combined with a growing feeling that the management of their hospitals is indifferent to the conditions that they face on a daily basis is a major factor in the exodus from the RN workforce.

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[12] It should be noted, by way of comparison, that the CEO of the public NYC Health + Hospitals system received less than $700,000 in 2019 to oversee and manage a larger system with 11 hospitals accounting for about 20% of hospital capacity.

[13] See: Trusted Health, The State of Mental Health In Nursing (2022), at https://www.trustedhealth.com/blog/the-state-of-mental-health-in-nursing-in-2022-trusted-health.

[14] BLS: Rate of Workplace Injury and Illness (by number of incidents per 100 workers), New York State:

New York State Data	2019	2020	2021
Total Average All Workers	2.8	2.7	2.7
Total Average Private Sector	2.2	2.2	2.2
Manufacturing Sector	2.7	2.3	2.6
Service Sector	2.2	2.2	2.2
Education	1.7	1.2	2.6
Hospitals (Private Sector)	**5.0**	**9.4**	**6.4**
Nursing Homes (Private Sector)	**5.2**	**8.0**	**6.8**
Local Govt. Hospitals	**7.0**	**12.1**	**6.7**
Local Govt. Nursing Homes	**8.4**	**14.9**	**12.3**

See: Bureau of Labor Statistics at https://www.bls.gov/iif/state-data/archive.htm#NY

4. Inadequate health and retirement benefits

Thousands of nurses working in New York City's private sector hospitals are currently in negotiations for new collective bargaining agreements. In these negotiations employers are responding to increased health insurance costs by attempting to shift health insurance costs (imposing premiums or increasing deductibles and co-payments) to their staff RNs and to reduce the level of covered services that are covered by our health care plans.

The cost of health insurance for private sector workers has been growing at a rate that far outpaces the pay of nurses and other workers. According to BLS data, hospital services costs have increased by more than 80% since 2009, while non-hospital medical care has increased by less than 50% and drug costs by less than 30%.

Much of the escalation in hospital costs is attributable to private hospital systems manipulating their payer mixes to maximize revenues and generate surpluses by charging higher rates to privately insured patients and reducing or entirely avoiding low-income Medicaid and uninsured patients.[15]

Because Medicare and Medicaid reimbursement rates are set directly by the Federal and State governments, hospitals cannot increase the amounts that they charge to treat those patients. The only payer reimbursement rates that hospital systems can control is the negotiated price that is reached with private insurers. This dynamic gives powerful hospital systems both the incentive and the power to charge higher rates to private insurers.

Many hospital systems aggressively compete with each other for lucrative patients and market share, spend large amounts of money on advertising and marketing strategies, and focus on maximizing their revenues and net assets by demanding high reimbursements from private insurers and their patients. On average, hospitals charge private insurers roughly 240% of the Medicare rates that are paid by the Federal government for the exact same patient care and services. In the New York city area, rates charged by some hospitals can range up to 350% of the Medicare rate, and there are also wide variations in charges from hospital to hospital.[16]

Given the pattern of exorbitant prices charged by private hospital networks, it is not surprising that hospital costs have increased at a pace that exceeds the rate of growth of RN and other direct care staff pay, that hospital price inflation is a major driver of health insurance cost increases, and that these same hospital systems regularly generate hundreds of millions in profits every year.[17]

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[15] The fractured nature of the American healthcare payment system is a major factor driving private hospital systems to maximize revenues. In New York Medicaid covers about 32%, Medicare about 14%, private employer-sponsored/group and individual insurance about 50%, and about 5% are uninsured. Because Medicare and Medicaid reimbursement rates are set at or below the actual cost of providing care, hospitals charge more than the cost of care to privately insured patients in order to offset the costs of Medicare, Medicaid, and uninsured patients. See: Kaiser Family Foundation data, and NYS DOH Medicaid enrollment reports.

[16] For example, the charge for a normal, vaginal birth in 2019-2021 ranged from $41,740 at Montefiore, $33,729 at NY Presbyterian, $22,774 at Mount Sinai and only $11,101 at NYC Health + Hospitals. Similarly wide ranges of charges applied for other inpatient and outpatient treatment. See: SEIU 32BJ Report, Hospital Prices: Unsustainable and Unjustifiable (March 17, 2022), available at https://tinyurl.com/hospital-prices.

[17] To name three examples derived from a review from a review of audited hospital financial statements for 2021: The

Moreover, because RNs and other hospitals workers were more likely to be exposed to and sickened by COVID, there has been an explosion in the costs of care paid for by their health insurance plans, including increased in-patient and emergency treatment, COVID testing, and treatment of long-COVID and other lingering health symptoms associated with the pandemic.

It is, accordingly, ironic that hospital systems are seeking to shift the costs of employee health care to their nurses and to reduce the health benefits provided to them when they are ones who are driving the escalating costs of health care.[18]

A similar dynamic is at play with respect to pensions and retiree health benefits. Hospital employers seek to maximize their already hefty revenues and profits by reducing the costs of employee benefits. Every dollar saved on health insurance benefits is an added dollar of hospital profits.

5. Role of temporary RN staffing models

Many hospital employers increasingly rely on temporary agencies to provide nurses to staff their hospitals. This "just-in-time" approach to staffing can be cheaper than employing regular full-time if the temporary staff is used sparingly to supplement regular staff leaves of absence or to cover short-term seasonal spikes in patient volume. During COVID, however, many hospitals became overly reliant on temporary staffing and continue to use large numbers of temporary nurses, in some instances amounting to 10% or more of their total nursing hours.

The overreliance on temporary staff has destabilized the RN workforce, worsened staffing levels, undermined patient care and negatively impacted hospital finances.

It should be noted that the hourly rates for temporary agency or traveler nurses can range from 2 to 3 times the hourly rate for regular RN staff.[19] During the height of the pandemic, temporary nurses or "travelers" could receive up to $10,000 per week, as well as housing, travel and other expenses or incentives to provide their services.[20] This disparity in pay immediately provides a financial incentive for nurses to quit their regular full-time jobs and take agency or traveler nurse positions, often in other states or regions, and worsens the nursing shortage in New York. The higher rates of pay for temporary nurses also cost hospitals millions of dollars in extra labor costs.

In addition to the financial impact on the stability of the workforce, the extensive use of temporary nurses is disruptive of patient care, undercuts nursing unit cohesion, and worsens the working

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New York-Presbyterian Hospital system generated net operating revenue (profit) of $1.024 billion on $9.86 billion in operating income; the Mount Sinai system generated net operating revenue (profit) of $185.4 million on $3.43 billion in operating income; the Northwell system generated net operating revenue (profit) of $177.4 million (with an additional $460.5 million in investment income) on $14.5 billion in operating income.

[18] According to the October 2022 BLS CPI report for the NYC Metropolitan Area, the rate of inflation for all factors was 6%, but the rate of medical inflation was 7.9% (of which hospital costs were the major driver). See: https://www.bls.gov/regions/new-york-new-jersey/news-release/ConsumerPriceIndex_NewYorkArea.htm.

[19] The starting salary for staff RNs in New York hospitals ranges from about $45 to $50 per hour. With experience, education, certification, and shift differentials added, the rates of pay can reach up to $75 per hour for highly experienced nurses.

[20] See: https://nurse.org/articles/new-york-travel-nurse-jobs-covid19-incentives/.

conditions of the remaining regular staff RNs. The agency/traveler staff are often not from the local community served by the hospital and are often not trained or oriented to the units that they work on. As temporary contract employees, they can refuse to work on weekends or to take difficult assignments, leaving the regular staff to take on even more work and patient obligations and further exacerbating the effect of poor working conditions. Their presence in hospitals was often a cause or contributing factor that leads more regular staff nurses to quit or retire.

The traveler/agency nurse industry has grown rapidly since 2019, with hospital spending on temporary nurses almost doubling from $6.2 billion a year to $11.9 billion in 2020. It is expected that the temporary nursing industry will continue to grow as employers continue to lose regular staff.

Any effort to stabilize and grow the hospital nursing workforce will require a concerted effort to reduce and ultimately eliminate the routine use of temporary RNs.

6. COVID and other ongoing health crises

The onset of the COVID pandemic and increases in other communicable disease rates (influenza, monkey pox, RSV) have made working conditions worse and have exposed nurses and other healthcare workers to a flood of extremely sick patients adding to the stresses of the job.

In addition to the increased patient loads, nurses were often forced to work with inadequate PPE and other protections against infection, causing many of them to themselves become sick and to fear for the health of their families.

During the pandemic nurses also suffered from heightened "moral distress" when inadequate staffing and concerns for the safety of staff and patients and the high mortality rates of patients pushed many nurses to leave the bedside.

The COVID pandemic did not create the crisis in RN staffing in our hospitals – all of the destabilizing factors that are causing nurses to leave the workforce were already in place. The pandemic merely accelerated and intensified these already existing factors and amplified an existing staffing crisis.

7. The large hospital systems have the financial ability to stabilize and grow their RN workforce

The private sector hospital system, as we have already noted, are currently engaged in negotiations for new collective bargaining agreements that will cover more than 10,000 private sector RNs represented by NYSNA.

In these ongoing negotiations, the employers are claiming that they are broke and that they can't afford to agree to RNs demands for better staffing, for wage increases that exceed the rate of inflation, to provide nurses with good health benefits they need to keep themselves and their families healthy, and to improve working conditions that are driving nurses out of hospital work.

Many of the most powerful private hospital systems are highly profitable and maintain significant net assets, as indicated on their audited financial statements for 2021:

- New York-Presbyterian made $1.024 billion in profits on $9.86 billion in revenues and sits on $19.67 billion in assets;
- Mount Sinai Hospital made $185.4 million in profits on $3.43 billion in revenues and sits on $6.45 billion in assets;
- Northwell Health made $177.4 million in profits (with an additional $460.5 million in investment income) on $14.5 billion in revenues and sits on $19.45 billion in assets;

We understand that not all hospitals are making profits on the scale that these big systems do. Many smaller community hospitals that play a safety-net role are structurally unable to generate this kind of money for the simple reason that they take care of poorer patients who are more likely to be on Medicaid or uninsured. But even though they are not profitable or eke out a small positive margin, they too have the ability to take the measures that are needed to stabilize and grow their RN workforce.

NYSNA Recommendations to address the registered nurse shortage in New York City:

1. NY City-area hospitals must make a serious effort to make up for their mistakes by reaching fair contracts with their nurses in the current round of bargaining.
2. RN pay rates must be increased to make hospital nursing more attractive.
3. Hospitals should implement improved staffing levels to ease workloads, improve working conditions, provide better patient care, and reduce turnover rates.
4. Hospitals must keep their hands off the health benefits of their nurses – any effort to shift costs or reduce benefits will disrupt continuing operations and will only accelerate the loss of regular staff.
5. The city should consider local regulation or incentives for hospitals to monitor and restrict abusive practices, including expanding protections for use of leave time, prohibiting punitive or abusive workplace practices, and other action to improve workplace conditions.
6. Explore ways to limit the use of temporary staffing models and curb the disruptive business practices of hospital employers and the operators of temporary staffing agencies.
7. Explore options to increase the supply of new nurses through increased tuition support, expanded apprenticeship and training programs and other support for new nurses willing to work in our hospitals.
8. Address the racial and class disparities in the nursing workforce by creating programs by encouraging and supporting local youths to go into nursing programs and to take jobs with the hospitals that serve their local communities.
9. Use the regulatory, zoning, and real estate taxation powers of the City of New York to encourage or require hospitals to provide more direct community services and better working conditions for nurses.
10. Listen to and respect your nursing workforce.

Testimony of Carmen De Leon, President of Local 768, District Council 37, AFSCME
Before the New York City Council Committee on Hospitals/

Good morning, Chair Narcisse and members of the committee. My name is Carmen De León, and I am the President of Local 768 DC37, AFSCME. I am not here to just submit testimony as the President of Local 768, but as an Associate Respiratory Therapist Level I who worked at Harlem Hospital, during the height of Covid-19 in 2020. I came to show support for our NYSNA Sisters and Brothers, for the recruitment and retention problems faced by them. I am here on behalf of all DC 37, regarding recruitment and retention, for all of the professions working in the Health and Hospital system because we are all union members and when one of us is hurting we show up to support.

To move forward and speak directly to why we are all here today. In preparation, I reflected on what the world of hospitals looked like before, during and after the pandemic. Let me first say there has been a nursing shortage for years, I know this because my mother who started her career in the 1960's, and was a LPN before retiring in 2002 at the age of 65. As a child in the 70's I remember the strikes that took place as nurses fought for better pay and working conditions. While nursing shortages may have been less severe at times this is no longer the case. Staffing shortages for nurses is critical, as well for many of the titles who work as a part of the team giving care to the patient. In a critical unit whether a Medical ICU, Surgical ICU or a Cardiac ICU ideally the team will consist of a Doctor, a nurse, a respiratory therapist, a patient care assistant, and believe it or not the unit clerk. The Doctor is there to diagnose and prescribe medication, the nurse is the primary caretaker of the patient from medication to cleanliness, to nutrition and advocacy on behalf of the patient when needed. When one of the last three support staff are missing, because they themselves are working short staffed, parts of the respiratory therapist job, patient care assistant job, and unit clerks job, falls to the nurse. More than just adequate staffing is needed across the board in order to have a well-functioning team, giving the best possible patient care, with the best outcomes for the patients who walk through the door needing care.

When I look at the amount of money the hospitals take in and the salary and bonuses the CEOs, CFOs it is like a Fiefdom, they are the lords of the manor living well off of the returns of the labor by the workers, and the workers are the serfs receiving bread crumbs. It just bogles the mind at the exorbitant yearly salary and bonuses received by the heads of the hospitals. (I do not quote facts and figures because I know the Nurses have done so already).

I would like to end with two last thoughts. The first, there has to be a better way to enforce the safe staffing ratios for nurses. If other states can implement this then why can't the City of New

York do the same? It seems shameful to call ourselves the "Greatest City in the World," and yet staffing ratios have changed very little if at all. The last thought is, there is nothing more heart breaking, depressing, and feeling hopeless then to stand by and watch a patient pass away, because there is no tool in the toolbox to fix this person. There is no medication to give because you are maxed out, or what we call wide open on the drugs already being given. This was a scenario in all hospitals, during the height of Covid-19, being repeated six, seven, eight times or more a day. It was the nurses, doctors, respiratory therapist, patient care assistants, unit clerks, chaplains, environmental personnel and volunteer hospital staff from other areas within the hospital, by the bedside so the patient would not pass away alone, because their family members could not do this during Covid-19. I am ending here with this last piece because I want everyone to know what nurses and all hospital workers endured during this pandemic and which may reverberate for years to come. Money will bring staff through the door but better working conditions is what will retain the staff.

Again I would like to thank you for your time, and the space to speak my piece.

In Solidarity

Carmen De León
President Local 768,
District Council 37, AFSCME
Associate Respiratory Therapist Level I -Harlem Hospital

REPORT TO THE Council Committee on Hospitals
NYC Health + Hospitals/Metropolitan Community Advisory Board

COVID-19

Metropolitan continues to be a resource for the East Harlem community in response to the ongoing COVID-19 pandemic. The number of COVID-19 admitted patients varies by day but has been relatively low over the past 6 months, and consists mainly of unvaccinated individuals.We are incredibly proud of the efforts made by hospital administration and staff in patient care, testing, and vaccine delivery. The hospital has shown its ability to respond quickly in times of crisis to meet the ongoing needs of the pandemic.

As we continue to our mission serving the East Harlem and Upper East Side community, the ability to recruit nurses remains a struggle due to salary levels of our municipal hospital system. With the new City of New york transparency law for posting positions, we see the discrepancy with public health hospitals. Rising inflation has significantly increased the cost of living in our city making it difficult for financial sustainability.

Currently, the City does not provide tuition reimbursement though these programs may be offered by a member's respective labor union. The City Council and Mayoral administration must develop more innovative ways to provide assistance to prospective nurses and currently nurses given the heavy cost burden of student loan debt. We anticipate nursing shortages to continue until the city embraces a more efficient and smoother onboarding process. The ability for the system to recruit seasoned strong nurse leaders will continue to present challenges unless we work collaboratively on creating enhanced work environments, cultivating impactful wellness programs. Thanks to the work of our hospital leadership we are fortunate to hire a Workforce Wellness Director to our team focused on ensuring that our staff have opportunities to practice wellness at work; wellness programs include Wellness Walks, Zumba exercise and Pet Therapy with our K-9, "Gus the Dog".

While I will highlight that Metropolitan's Nurse/Patient Ratios are strong at the facility we must think about innovative ways to better incentive the teaching experience for current practitioners. Teaching as an adjunct can be more financially fruitful than teaching full-time. Additionally, nurse professor requirements can hinder the ability to recruit as a nurse professor is required to have a masters with a PHD preferred.

We call upon the Council, Mayor and State Legislators as we transition into the January 2023 Legislative Session, Please give our hospitals the resources they need to recruit and retain the new generation of nurses many of whom have experienced severe burnout post covid. We must work together to cultivate ways to address these issues. There is a need for more training programs and expanded recruitment for nurse clinical & administrative support roles (ex. Patient Care Associates). While we anticipate nursing shortages to continue to present challenges to the entire hospital system, we need to be creative.

We thank HHC Central Office for working with Metropolitan Hospital and making sure we had the institutional support and resources for effective recruitment. Nursing staff have praise our Chief Executive Officer, Cristina Contretas for her commitment to respecting the nursing practice as it's own core function. We thank Ms. Contretoras and the entire hospital leadership for supporting our community.

Infrastructure/Equipment

Metropolitan needs a new emergency room in order to meet the growing needs of the East Harlem community. The hospital needs the capacity to efficiently diagnose and treat patients in the emergency room, and an unmodernized and inadequate facility reduces that care and endangers both patients and staff. Our ability to recruit seasoned and experienced nursing staff will continue to be challenging until we secure the support of our municipal, and state legislators.

Issues impacting the communities served by the facility

Safety is also a major concern in the community as crime, especially major traumas like shooting, have been increasing over the past year. Recruitment will continue to be a challenge not only for our hospital but hospitals/community health clinics who serve our communities. Our CAB shares the concerns of the larger community around high crime levels and the impact on residents of all ages. There is increased need for mental health and substance use services in the community, especially after the pandemic. The Community Advisory Board remains committed to working with hospital administration, HHC system leadership and community partners to better address this evolving issue. We must work with our educational partners on all levels to ensure patients ultimately get the care they deserve.

Respectfully submitted,

William Smith
Chair, Community Advisory Board
NYC Health + Hospitals/Metropolitan
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NCSBN
Leading Regulatory Excellence

111 E. Wacker Drive, Suite 2900 · Chicago, IL 60601-4277

November 21, 2022

Committee on Hospitals
The New York City Council
City Hall Park, New York, NY, 10007

Dear Council Members,

As the New York City Council convenes this important committee to discuss the state of nursing, I am writing to you on behalf of the National Council of State Boards of Nursing (NCSBN)[1] to highlight the Nurse Licensure Compact (NLC) and its ability to be an important solution to aid the nursing workforce crisis.

To ensure adequate staffing levels can be maintained at the city level, broad solutions to maintain and recruit nurses must be initiated at the state level. Modern health care delivery requires that nursing care, today and in the future, be seamless across state lines, both for in-person and telehealth nursing care delivery. The 100-year-old model of nurse licensure in New York is not flexible enough to best meet this need. The NLC, which has been successfully operational for more than 20 years, allows a registered nurse (RN) and licensed professional/ vocational nurse (LPN / VN) to hold one multistate license, with the privilege to practice in their home state and other NLC states, without obtaining additional licenses. The NLC is currently enacted in 39 U.S. jurisdictions including the neighboring states of New Jersey, Pennsylvania, and Vermont.

The COVID-19 pandemic, and its devastating effects on New York City, has only exacerbated the need for licensure portability. At the onset of the pandemic, hospitals and health care professionals were understaffed and overworked, waiting for relief in the form of executive orders which provided for added flexibilities. While hospitals in non-compact states, such as New York, were forced to wait for executive action to allow for more healthcare professionals to come into the state, facilities in NLC states were able to recruit nurses from across all NLC states to practice immediately and address acute shortages emerging across COVID-19 hotspots.

The state of nursing in New York continues to feel the effects of the pandemic. According to the Governor's Office, as of June 2021, New York's healthcare workforce was 3% below pre-pandemic levels, and 11% below where it would need to be by the end of 2022 to keep up with pre-pandemic projected demand[2].

[1] NCSBN is an independent, not-for-profit organization representing boards of nursing from each state and territory of the United States, including New York.
[2] "Governor Hochul Announces Direct Payments to Healthcare Workers as Part of $10 Billion Healthcare Plan." *Governor Kathy Hochul*, 2022, https://www.governor.ny.gov/news/governor-hochul-announces-direct-payments-healthcare-workers-part-10-billion-healthcare-plan

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While executive orders were helpful to supplement staffing shortages in a time of crisis, these provisions are not designed to be long-term solutions to pervasive problems. Executive Order #4[3] is still in effect in response to the imminent disaster severe understaffing has created in New York. However, there is no guarantee how long this order will remain in place, and this creates uncertainty among facilities and nurses in relying on the current temporary policy environment. Beyond any acute shortages felt across facilities at the moment, more broadly New York is facing a projected shortage of more than 39,000 RNs by 2030[4]. This ongoing staffing shortage is a direct threat to public health and safety. Quality of healthcare should not be dependent on a state of emergency, the people of New York deserve a safe, long-term solution to this crisis.

Governor Kathy Hochul recognized the need for a permanent solution to added flexibilities for healthcare professionals. In Governor Hochul's 2022 State of the State Address, the NLC was cited as a key element to grow the healthcare workforce as it would attract workers at a time of great need by allowing nurses to easily relocate to and practice in New York, either in person or via telehealth[2]. Governor Hochul included NLC legislation in her budget proposal, which was then accepted by the Senate in Article VII Legislation for Health and Mental Hygiene. We were incredibly encouraged by the positive discussion in the New York State Legislature in 2022 surrounding the NLC as an important tool to aid in the severe staffing shortage while simultaneously ensuring public protection. We are encouraged for conversations to continue in the upcoming 2023 session.

Thank you for the opportunity to present this tangible and permanent state-level solution to aid in nurse staffing and retention, the effects of which would be incredibly impactful in New York City. We look forward to New York becoming a member of the NLC.

Respectfully,

Nicole Livanos, JD, MPP
Director, State Affairs, NCSBN
nlivanos@ncsbn.org

[3] Executive Order. No. 4: Declaring a Statewide Disaster Emergency Due to Healthcare Staffing Shortages in the State of New York, 2021.
[4] "Study of Nurse Caregiver Minimum Staffing Levels and Other Staffing Enhancement Strategies and Patient Quality Improvement Initiatives." *New York State Department of Health*, Aug. 2020, https://health.ny.gov/press/reports/docs/2020-08_staffing_report.pdf

Testimony: Lilia Espinosa, RN
11/30 Hearing on State of Nursing in New York City

My name is Lilia Espinosa. I want to thank the committee for holding this hearing today.
I have been a medical surgical unit nurse at Mount Sinai Main Hospital for 6 years. I am speaking out now because the hospital has no plan to retain nurses or improve staffing levels. On top of this, hospital executives are proposing cuts to our healthcare and benefits. This is unacceptable.
We are proud of the work we do and we proud of the work we did during the height of the covid pandemic. Nurses were applauded as heroes. Someone needed to step up and we did. Now, we are asking hospitals management and executives to step up with a real plan to address the staffing crisis they created.

Now, every day, we face unsafe conditions. Currently, there is a 1-7 ratio at the med-surg unit. A ratio of 1-7 was used in emergency situations and now this is the norm. It creates a hectic and exhausting environment where we cannot provide adequate care. Nurses are getting increasingly more burned out and patient care is suffering. We are fed up with the lack of support from hospital administrators and management.

Like many of my colleagues, I am speaking out today because we know hospitals have the means to address our concerns. They pay executives millions of dollars. They spend millions more on public relations campaigns like "Mount Sinai: We Find a Way." Yet, they have done nothing to address the hiring, recruitment and retention of nurses. Now, they want to cut our healthcare benefits!

My colleagues and I wonder why Mount Sinai, one of the nation's flagship hospitals, doesn't "find a way" to hire and retain nurses and make their hospitals safe and desirable places to work?

I call on the hospital to commit to a fair contract with a real plan to retain nurses that includes a just increase in wages and benefits, and a real staffing plan that puts patients over profits. Nurses and patients cannot wait any longer. I call on the hospital trustees to stop any cuts to our healthcare.

Thank you for your time and holding this hearing.

1199SEIU
United Healthcare Workers East

Testimony of Iona Folkes, Member of RN Division, 1199 SEIU UHWE

Good Afternoon Members of the City Council,

My name is Iona Folkes, I am a nurse and a member of 1199SEIU. I have been a nurse at St John's Episcopal-South Shore for over 25 years caring for vulnerable patients who need care.

First, I would like to thank the City Council for holding this hearing to allow us to speak on these issues. Since the pandemic, the issues in the healthcare system have become a major story. The cost of healthcare, staffing shortages, and concerns of equity have been highlighted by COVID-19 and I appreciate the growing concern and newfound interest.

However, chronic understaffing in hospitals is not a new problem. Nurses and have been experiencing understaffing in the workplace and fighting against it for years. The number of nurses on duty is extremely important to patient care and nurse morale. In the hospital, we are often overworked because of staffing shortages, doubling our responsibilities and patient load, which leads to burnout. The nursing industry has an extremely high turnover rate. I have seen many people come into the job excited to help their patients, naïve to the reality of the unhealthy work environments, lack of administrative support and understaffing we endure.

When there is a shortage of nurses on the floor, the work must still get done. We are working with patients who require care and assistance, a lack of available staff does not change these patient needs. Instead, the responsibilities now fall to the nurses who are on schedule, who already have their designated patients and responsibilities. By the time COVID came around, a lack of emergency preparedness and the PPE and equipment shortages increased the stress we faced in the hospitals and drove nurses out of the profession many loved and worked towards their entire lives.

Employers need to take the effects staffing shortages have on nurses more seriously. There needs to be an enforced nurse to patient ratio that requires employers to hire and retain the nurses needed to run their facility. We also need to explore initiatives that will effectively retain nurses in the profession. We want to be able to work safely in our work environments, with enough nurses to safely care for patients and keep our communities healthy.

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Testimony of Pauline James, Member of RN Division, 1199 SEIU UHWE

Good afternoon Members of the City Council,

My name is Pauline James, I am a member of 1199SEIU and have been an RN for over 15 years working at Brookdale Hospital, which is a Level II Trauma hospital. I would like to thank the City Council for taking the time to have this hearing to hear about the staffing issues we are currently facing in the industry.

I am a nurse in the emergency department, a unit with patients that require emergency, lifesaving care such as gunshot, stroke, and cardiac arrest patients. However, we are a unit experiencing daily extreme staffing shortages. A typical day shift can leave us short of almost ten nurses, while night shifts oftentimes are much worse and have half the nurses needed to provide the care that our patients need. The rapid turnover and shortage of nurses on the floor can negatively impact patient care and the quality of our communities. It also negatively impacts us as nurses who are pushed to do double and triple the workload thus causing burnout and fatigue. Our families see us coming home late and extremely tired after working a 12 or even a 24-hour shift, doing double the tasks because enough nurses are not on staff.

Because of the work environment and the hassle that comes from understaffing in the hospital, we are seeing nurses leave the industry at rapid rates. Many are realizing their worth and are moving to industries where they can earn enough to support themselves and their families especially with the high living costs we face in a city like New York.

My hospital was drastically affected by COVID-19, especially the emergency department. Many of our nurses retired earlier than initially planned and there has been a limited number of new nurses coming in, of which many quickly resign. We have grown reliant on agency nurses, who are often undertrained and don't know the necessary protocol to work in the emergency department. We need to improve hospital work environments, putting safety and quality first and ensuring the number of nurses in every unit of the hospital is enough to cover the number of patients who need care. Better wages and hiring incentives are two ways we can begin to attract more nurses to the industry and retain the nurses we already have who are experiencing extreme burnout. We must remember that one day we too shall become sick; we will need experienced registered nurses to care for us; we need them now to provide the care that our current patients need.

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1199SEIU
United Healthcare Workers East

Testimony of Scheena Tannis, Member of RN Division, 1199 SEIU UHWE

Good Afternoon Members of the City Council,

I would like to first thank the Committee on Hospitals for holding this hearing so we can discuss this extremely important issue. My name is Scheena Tannis and I am the assistant head nurse in coronary care unit at Brookdale and I have been a nurse for 17 years.

The staffing and retention of nurses is an extremely important issue in hospitals. The understaffing and increased turnover of nurses has been an issue for many years. In my unit we have always faced issues of staffing shortages, however COVID came and exacerbated the problem. Currently we are less than ideally staffed which is a major cause for concern because it places greater responsibilities on nurses that are already dealing with the difficulties of their own duties. These types of additional responsibilities leave the potential for mistakes to be made which unfortunately can put patients at risk, which is not what any nurse wants to do. We never want to make a decision that puts a patient at risk or have them deal with issues that arise from a lack of care because a nurse is unable to attend to them on time. But until the staffing crisis is addressed, this will be the unfortunate reality in many hospitals.

There are many things that have been contributing to the growing staffing shortages, post COVID. We have seen an increasing number of intermediate to newer nurses deciding not to remain on staff and others opting for travel contracts where money is more lucrative or working for agencies where they can get higher wages than staff nurses. Because of this we are now seeing a rise in traveling nurses and agency nurses in the hospital, sometimes outnumbering the staff nurses on the floor. Many of these nurses are new to the profession, with limited experience and no commitment to the institution or patients which often shows in their performance on the floor. Unfortunately, this can place a heavier burden on staff nurses who have to care for their patients while taking on these responsibilities as well.

We are seeing many nurses make the decision to leave the industry because of wages and work conditions. New nurses coming into the industry are extremely concerned about their salaries and how they will manage student loan debt, saving, buying a home, and starting a family. In an industry as demanding as nursing, we will continue to have high turnover because of the abuses we face and lack of administrative support that comes with low wages and increased responsibilities. There is a new generation of nurses committed to finding balance and financial freedom.

To address this, we need to build more robust programs that help new nurses transition into practice programs to aide nurses in the sandwich generation who are raising children while simultaneously caring for their aging parents. There needs to be higher salaries commensurate to the hard work being completed. We should be getting wages that we can use to own a home, send our kids to college, take care of aging parents, and still enjoy a vacation.

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Committee of Interns and Residents SEIU

Testimony 11/30

Testimony 1 - Shane Solger

- Good afternoon. My name is Dr. Shane Solger. I'm an Internal Medicine and Emergency Medicine resident physician in Brooklyn and a delegate for my union the Committee of Interns and Residents/SEIU.

- Thank you for the opportunity to testify today in support of my nursing colleagues and about an important public health matter: the chronic understaffing and unsustainable working conditions experienced by our city's healthcare workers.

- Like my nursing colleagues, I've spent the past few years on the frontlines of the pandemic and every day I see up close how the understaffing, and under-resourcing is harming healthcare workers.

- I want to be very clear: addressing understaffing and the working conditions of healthcare workers is an urgent matter of public health. Nurses and physicians are responsible for the health and wellbeing of every patient that walks through our doors— and we do everything possible to make sure they receive the best possible care.

- Nurses in the hospital I work in have told me that they are so overburdened with tasks that they are often split between administering medications and taking vital signs. I've had some nurses show me their patient load in the ED as an explanation for why they couldn't administer medications on time. I recall on one occasion, I had to leave a critical care unit even though I was the only physician covering overnight, to draw time sensitive labs on a patient that was awaiting a bed in our cardiac care unit, because the nurse in the ED was tasked with the care of my patient having a heart attack, as well as 3 other critically ill patients and 6-7 other less sick patients.

- I have worked in the pediatric ED for the last two weeks, and we've had one nurse to take care of anywhere from 10 to 15 patients, irrespective of how sick they've been. In some instances, they've pleaded with us to place IVs or shown us where to find medications so that we could help them with their nursing tasks.

- In medicine we work as a team, when any part of that team is being disrespected or pushed to breaking point it impacts all of us. There is not a single resident physician in this city that doesn't have a story to tell on how they have seen the lack of nurses impact their work and the care we can deliver.

- I used to be a physician in the Navy, and when I practiced in California, we had mandatory staffing ratios that were respected, and an on-call system for the nurses so that when nurses

called out, there was someone to come in to maintain those safe ratios. The nurses had appropriate ancillary staff support so that they could work to the top of their licenses, and weren't using their training to take and document vital signs.

- The bottom line is this: NYC hospitals must invest in its healthcare workers. We need fair contracts and safe staffing, so we can improve our healthcare system and ensure NYC is the healthiest it can be.

- CIR members stand in solidarity with NYSNA members across the city who are fighting for fair contracts. Like us they are putting their lives on the line everyday and fair contracts are the absolute minimum they deserve.

Testimony 2 - Libby Wetterer

- Good Afternoon. My name is Dr.Libby Wetterer, i use she/her pronouns and I'm a resident physician at Montefiore. I'm also a member of the newly formed resident union at Montefiore the Committee of Interns and Residents SEIU.
- I became a doctor to accompany patients and communities towards health, and I'm fortunate to work with so many wonderful nurses, physicians, and other caregivers who are so dedicated to — and passionate about— providing exceptional care for the diverse and historically underserved communities in the Bronx. And I am so grateful for this opportunity to testify on behalf of my colleagues and this community.
- Nurses and residents are absolutely essential, and without us, Montefiore's hospitals and clinics could not function. We take care of patients from admission to discharge, and because Montefiore is the dominant health system in the Bronx, that means we are responsible for the health and well-being of a large portion of the entire borough.

- While we love our jobs, our working conditions are pushing us to our breaking points. Due to understaffing, our patient loads and the number of hours we work continue to increase. And because so many other hospital departments are also understaffed, we are forced to take on tasks outside the scope of our regular responsibilities. We spend so much of our time looking for lab draws, making repetitive calls to ensure imaging studies are done, and trying to find simple things like a working printer for a prescription. It adds up and takes away the time we could be caring for patients and often the only times we have to take a break, let alone an extra moment to read more or learn to make use better doctors.

- In addition to adding additional hours and responsibilities, nurses and residents at Montefiore often don't have access to basic necessities that help sustain us during our long shifts, like *food*. The hospital does not have cafeteria services open at night and out two vending machines are often not stocked. When you are working a 24 or 28 hour shift, you need to be able to nourish yourself.

- What happens when you're working such long hours without rest, food and under such extreme stress? You can faint on the job. You burn out. Your blood pressure skyrockets. You yourself are not healthy, yet we are expected to take care of patients during a triple epidemic.

- These issues and the many others that I'm sure my nursing colleagues will raise are the reason why residents at Montefiore have decided to unionize with the Committee of Interns and Residents SEIU, so we can have a real voice in our working conditions.

- NYSNA members have supported us in organizing and stood in solidarity with us as Monte has refused to recognize our super majority or even meet with us, and today i'm proud to stand in support of NYSNA and their calls for Monte and all hospitals across the city to respect their nurses and settle fair contracts with their nurses and to properly invest in all their staff.

Testimony 3 - Colleen Achon

- Good afternoon. My name is Dr Colleen Achong. I'm an Internal Medicine Resident in Brooklyn and a Regional Vice President for the Committee of Interns and REsidents SEIU..
- I want to thank you for the opportunity to testify today and I want to thank NYSNA members who are leading the fight for not only fair contracts for themselves but also safe staffing, because fighting for safe staffing is fighting for the wellbeing of doctors like me and for the patients I serve.
- As a Vice President for CIR I speak with residents across the city regularly and what I consistently hear is that we are regularly forced to take on duties outside of our own because of short staffing, leading to longer work hours at a cost to our own wellbeing.
- I want to share a story from a colleague at Montefiore Medical Center, where residents are working to form their own union right now. The Bronx was the epicenter of the epicenter of the first wave of COVID-19, when hospitals were beyond overwhelmed. Montefiore nurses and residents stepped up —they took on more patients and worked additional hours— to provide care under truly exceptional circumstances.
- Yet now almost 2 years later, Montefiore residents and nurses find themselves working under the same extreme conditions as in 2020. They tell me the ratio of patients to caregivers has increased, their responsibilities have increased, and there are times when there is only one single X-ray technician in the entire hospital. This is unacceptable for one of the largest hospital systems in New York City.
- I want to make clear that these stories of understaffing pre-date the pandemic hitting the city, the pandemic exacerbated the staffing issues that were already there and is past time that our hospitals address them.
- When we don't have enough nurses it makes our job as doctors incredibly difficult. Right now at far too many hospitals across this city, not only are there not enough nurses, but the nurses we do have are struggling to pay their bills, exhausted from long hours, and constantly feeling disrespected. It is no surprise that we're seeing our nursing colleagues leave medicine because they've had enough.
- We have to reverse this trend that is not only seeing nurses leave medicine but doctors and other healthcare workers too.
- Our nurses need fair contracts. Hospitals need to invest in their workers who are putting their lives on the line instead of lining the pockets of executives.
- We don't want to be called heroes or told that we are all family, we want decent wages and safe staffing so we can care for our patients without having to sacrifice our own wellbeing.

Testimony: Alexandra Loaiza
11/30 Hearing on the State of Nursing in New York City

Good afternoon.

My name is Alexandra Loaiza. I have been a registered nurse for over twenty years and currently work in the Pediatric Emergency Room of the Children's Hospital at Montefiore (CHAM) in the Bronx.

Thank you for giving us this forum to share our experiences with you.

The Pediatric Emergency Department at CHAM is designed to accommodate twenty-five patients at the most, plus one family member per patient, for a total of 50 people. On some days, we can have up to 100 patients, their siblings and a parent present. We cannot say "Give us a moment to regroup for the next patient".

We are located in a cramped and overcrowded basement level area with the exhaust fumes of ambulances wafting into the emergency room at times. We have to squeeze through stretchers, examine patients in chairs and give medications to anxious children in hallways. We are constantly maneuvering through chaos. A lack of space and too few isolation rooms mean we cannot appropriately care for patients. It is impossible to provide for the dignity, privacy, or even a bed at times to and ill and feverish child.

Recently, we had a newborn baby come in with a minor complaint who had to sit between patients who were Covid positive, RSV (respiratory infection) positive and flu positive. This could be a dangerous and unfair situation to put families in. To exacerbate the situation, that family may go back into the community and further spread disease just because they came into the emergency room and asked for care.

Understaffing puts patients at great risk. The Emergency Department needs ratios that closer align to those mandated for Intensive Care Units.

Families bring their children to our Emergency Department to be treated and cured. Instead, because of unsafe conditions, their children may be exposed to diseases that they bring back out into the community.

Nurses work 12-hour shifts. Most of the time we don't have the chance to go to the bathroom. Many of us have suffered from urinary tract infections as a result. Taking a short break in order to drink water is vital because we must be fully masked and wear face shields while on the floor.

Nurses are resigning and taking high-paying traveling jobs. The hospital has to invest in hiring and retaining enough nurses to keep patients safe and incentivize nurses to stay. This would ease the painful burden felt by those of us who choose to work at Montefiore and allow us to care for our patients.

Testimony: Ari Moma, RN
11/30 Hearing on the State of Nursing in New York City

Good afternoon. My name is Ari Moma. I am a psychiatric nurse at Interfaith Medical Center in Brooklyn.

Every day I feel the strain of our working conditions. At our current staffing levels, it seems impossible to deliver the care that every patient deserves. I am worried about how bad it could get this winter.

I used to work as a nurse at New York-Presbyterian Methodist, before hospitals used COVID-19 as an excuse to close down their inpatient mental health units. From the big academic medical centers to the safety-net hospitals, New York City cannot afford to ignore the nurse staffing crisis any longer.

New York City hospitals haven't just been ignoring the crisis—they've been creating it. Hospitals have been making excuses to maximize their profits.

After the height of the pandemic, for example, New York Presbyterian froze hiring. Nurses left in droves and were never replaced.

Instead of creating retention incentives for nurses, NYP executives paid themselves millions of dollars. As the pandemic raged in 2020, NYP received federal CARES Act money and turned around and paid its CEO nearly $12 million in salary, bonuses and perks.

They closed down the less profitable healthcare services like mental health that our communities desperately need, because they put their profits over the health and safety of their nurses, patients and communities!

It's outrageous. Too many nurses got sick on the job. Now hospital trustees of the NYSNA benefit fund are jacking up fees for healthcare services and looking to pass the costs onto their nurses and cut our benefits.

Nurses are demanding better for our patients and ourselves. The future of quality care is at stake. NYC nurses are united and are fighting for fair contracts with:

We thank our allies in the New York City Council for their solidarity, for understanding that our fight is your fight and that our working conditions are your patient care conditions.

We are ready to do whatever it takes to win respect for nurses and our patients. Thank you.

Testimony: Craig Berke, RN
11/30 Hearing on State of Nursing in New York City

Good afternoon.

Thank you for holding this hearing today and taking the time to listen to the experiences of nurses.

My name is Craig Berke. I have been a registered nurse for twelve years and currently work in the Emergency Room at Flushing Hospital.

I would classify our current situation as a healthcare crisis. Because of the short staffing and unsafe working conditions, nurses are fed up and exhausted. Many nurses have made the decision to work for a traveling nurse agency in search of higher pay and easier working conditions, with less responsibility.

Hospitals have pushed nurses beyond our limit, and we need radical change. They have created a staffing crisis by failing to hire and retain enough staff nurses, leaving the rest of us to work our shifts short-staffed. Hospitals haven't done enough to keep nurses at the bedside. Now, instead of rewarding us for our hard work during the pandemic, they're fighting against us.

Our patients are suffering because of short staffing too. In the emergency department each nurse should be assigned six patients. There are times when nurses are charged with caring for more than fifteen. This is unacceptable.

As a result of deficits in staffing, nurses do not call out and work overtime. Nurses end up working a 16-hour shift which can become exhausting for nurses and unsafe for patients.

Flushing Hospital used to hold its commitment and service to the community in the highest regard. Unfortunately, this commitment has been lost, but we want to help recommit itself to the community. We need the safe staffing and to do just that.

Thank you for the opportunity to highlight what must change to provide New York City the care it deserves.

Testimony: Deborah Ceraulo, RN
11/30 Hearing on State of Nursing in New York City

Good afternoon. My name is Deborah Ceraulo and I am a nurse at Morgan Stanley Children's Hospital at NY-Presbyterian Hospital. I am very glad to be here today to share my experiences with you.

My colleagues and I are fighting for a fair contract that recognizes that nurses need good healthcare for ourselves and our families. As we bargain our contract, I am becoming exceedingly concerned about the future of our healthcare.

I care for a 24-year-old daughter with a chronic illness. Jenny takes 24 medications daily, including several costly injectables. She has multiple doctor visits each week. Her medicines and medical care are literally keeping her alive.

I provide my family's healthcare. The thought that my benefits could be reduced is very stressful. I just don't know what we would do. I know I'm not the only one who relies on our good healthcare benefits.

Good benefits are a major factor in nurse retention and NYP hasn't done enough to keep nurses at the bedside. More patients die when there aren't enough nurses; and more nurses leave the bedside when they are forced to work short-staffed.

Now, instead of rewarding us for our hard work during the pandemic they're fighting against us. How will NYP be able to retain experienced nurses without good benefits?

Nurses won't be able to stay healthy or keep our families healthy without quality healthcare.

Hospital executives paid themselves millions during the pandemic in sky-high salaries and bonuses. We're calling on them to invest in keeping nurses healthy and in hiring and retaining enough nurses to keep us and our patients safe.

After all that nurses have been through during this pandemic—the risk that we put ourselves in to save the lives of our patients. How DARE NYP consider cutting our healthcare!

If hospital management could hear me right now, I would hope that they would have the compassion and empathy to understand the importance of nurses' healthcare benefits and commit to keeping them intact!

I am a nurse. I have dedicated my life to taking care of others. I ask that my family and I get what we deserve – quality healthcare!

Thank you for taking the time to listen to my story. I look forward to having you join us in our fight to protect our healthcare.

Testimony: Flandersia Jones, RN
11/30 Hearing on State of Nursing in New York City

My name is Flandersia Jones and I am a Director-At-Large at NYSNA. I work in the telemetry unit at BronxCare Health System and have been a nurse for 18 years. I am here with my colleagues to share my concerns about staffing and retention.

In the telemetry unit, patients require constant electronic monitoring. These are the patients who have experienced heart attacks or strokes and must be kept under close observation. On a good day, each nurse in my unit is responsible for caring for four patients. On a bad day, we care for eight and many nurses see bad days.

Nurses are stretched thin and when we have more patients than we can manage. Patients are not receiving the care they need because we simply cannot get to them in time. More patients are at risk of dying when there aren't enough nurses at the bedside; and more nurses leave the bedside because they are tired of working short-staffed.

This is why we are fighting so hard for safe staffing ratios in our contracts.

Beyond the telemetry unit, there is a high turnover rate at BronxCare that exacerbates the staffing crisis. Competition is high. Younger nurses are leaving for better wages. More experienced nurses are left to carry an increasingly heavy workload which leads to burnout; and burnout causes sickness. Sick nurses call out, which leads to less staffing, which creates more burnout. This is a vicious cycle that must be addressed if we are to continue taking care of our community and our patients.

We're calling on our bosses to invest in hiring and retaining enough nurses to keep patients safe. Nurses like me continue to care because we care about the Bronx community, that many of us call home.

Thank you.

Testimony: Julia Quantz, RN
11/30 Hearing on State of Nursing in New York City

Good afternoon. Thank you for scheduling this hearing so that my colleagues and I can share our experiences with you.

My name is Julia Quantz. I am an operating room nurse at New York-Presbyterian Hospital. I have been a nurse for 15 years.

I am deeply concerned about NY-Presbyterian Hospital's plan to reduce our healthcare benefits. Nurses are fed up, exhausted, and are leaving in droves. Hospitals have pushed us to our limit and we are demanding change.

As a result of the physical demands of the job, I am going to school to become a Psychiatric Nurse Practitioner, which will be significantly less taxing on my body. I wonder how much nurses have to sacrifice to get the health insurance we deserve.

I provide healthcare for my family. Due to a recent and serious diagnosis, I suffer from the heat, and am often fatigued. I work with patients receiving open heart surgery. Some days I can't even scrub in.

It is vital that I have affordable access to the care that I need. My condition is not progressing as acutely as it could because I am able to obtain proper medical care.

Hospital executives paid themselves millions during the pandemic in sky-high salaries and bonuses. It is shameful that Presbyterian's greed could deny me the care that I need and cause my illness to worsen.

Thank you.

Testimony: Kiera Downes-Vogel, RN

11/30 Hearing on the State of Nursing in New York City

Good afternoon, my name is Kiera Downes-Vogel and I have been a Labor and Delivery nurse at Mount Sinai West for 4 years. Labor and Delivery is a special unit because we are essentially a hospital within the hospital.

We have triage, a small emergency department, where pregnant people come to when they are in labor, when they are sick or after accidents. We have inpatient rooms which are used for laboring patients and also pregnant people who are not in labor, but need monitoring and nursing care. Additionally, we have an operating room and recovery room where cesareans and other procedures are performed and patients are closely monitored after surgery.

In our last union contract the hospital management and NYSNA agreed to a staffing grid that would maintain 17 nurses on shift day and night. But our staffing almost never meets the number 17, patients are lucky if we are scheduled for 15.

Research has shown that appropriate staffing improves patient health, prevents death and reduces nurse turnover. Our current staffing has only exacerbated nurses leaving because they are frustrated and exhausted.

When you are short staffed you have to make sacrifices, your assignment is just too heavy. But what do you sacrifice? You can't sacrifice the orders and duties, you have to administer your medications and monitor your patient's status. You cannot sacrifice your documentation, because this is the legal record showing what you do. But time is not infinite and you cannot be in two places at once. Nurses are not just there to check your temperature, give you meds and report to doctors. We are educators, supporters and fierce patient advocates. So we sacrifice the relationship with our patients and their support people. We sacrifice teaching, building trust and getting to know them.

This is the non-quantifiable, unmeasurable real work that nurses do.

TURN OVER

On our unit we are supporting and monitoring a person doing what seems impossible, birthing a human. Nursing support and education is crucial in what is arguably the most physically and mentally challenging exercise that a person undertakes.

When staffing is short, management sacrifices our breaks. By consistently having lower staffing than our job demands, we frequently don't get breaks to eat and rest. For a labor and delivery nurse, even going to the bathroom requires someone else to be watching over your patient, monitoring the fetal heart rate, responding to call bells, and making sure that the vital signs, that can change critically in an instant, are stable. Our profession is physically, mentally and emotionally exhausting. Many of us work 12 hour shifts, where our step counters routinely track 6, 10, 12 thousand steps, on a single hospital unit. We have been called heroes but we are not superhuman, we need to eat, we need to rest, we need to decompress. When we don't we are at risk of making mistakes, and when we make mistakes people can get hurt.

When staffing gets even shorter, and it does, we run the risk of actual harm. Medications and assessments have to be prioritized and sometimes a medical complication is worsened because we were unable to catch it in a timely manner. Why? Because we simply cannot be in two places at once. Because we are drowning. Our job feels unsafe, for us, for our patients. In labor and delivery sometimes this means that in a birth, when there should be two nurses present, one for the birthing person and one for the baby being born, there is only one nurse. Sometimes in that single room, we need to be in two places at once, but we cannot.

There is truth in our chant, safe staffing saves lives. And we, the citizens of New York, can say that in our hospitals we will provide staffing that is supported by evidence to protect patients and nurses. And this may mean that a change has to come to how our hospitals are managed and our nonprofit executives are paid. As an example, the state of California has safe staffing legislation and somehow still manages to keep their hospitals open and running.

Testimony: Lorena Vivas, RN
11/30 Hearing on State of Nursing in New York City

Good afternoon,

My name is Lorena Vivas. I have been an Emergency Room and Intensive Care Unit nurse for more than 27 years, the last 19 at Mount Sinai Hospital.

I am speaking out today because I am witness to the ongoing systemic and deliberate destruction of our profession. When I started out as a young nurse in 1995, I was given ample time to train. We had safe patient ratios. I went home with peace of mind knowing that I was able to give my patients the best care that I could.

Today, our hospital has over 500 vacancies for nursing positions. This is a problem that was created by greedy hospital administrators who have perennially understaffed the hospital in order to maximize profits. The COVID pandemic just made the problem worse.

Nurses rang the alarm much earlier. We had frequent meetings with leadership. In 2019 we finally created a safe staffing grid that was, unfortunately, not implemented by the hospital as promised. Again, they prioritized profit over patient safety.

Hospitals prey on the good conscience and dedication of nurses. They count on the fact that we will show up every day even if we know we are walking into hell. Despite being overworked, traumatized and abused, we do our jobs and remain the most trusted professionals in the nation. But we need your help right now.

Non-profit hospitals benefit from generous tax breaks on the premise that money and resources will "trickle down" to the community and the workers.

My hospital makes billions of dollars each year. They took in $2.8 billion in endowments from the publicity generated by the work of COVID heroes, the nurses, who the public clapped for everyday during the pandemic.

Our CEO received a whopping $12.5 million total compensation in 2018. In 2020, he took in more "humble" pay of $7.3 million total compensation.

Healthcare heroes saw colleagues die, get horribly sick, and develop PTSD. We were given a fake silver dollar coin that says "Covid Hero." I keep it as a reminder of how little our lives are worth to corporations and how much they care only for themselves.

I thought I signed up to work for a non-profit company. In actuality, they operate like a Fortune 500 company.

I want to end this with a personal story. I am a New Yorker, and hence, New York tough. In November 2019 I was diagnosed with malignant thymoma and had open chest surgery to remove the tumor and half of my left lung. I could have easily sat out the pandemic. However, I felt it was an opportunity to give love back to the city that has treated me like its own. Within 6 months, I returned to work in the COVID ICU, putting my personal safety at risk. I never saw it as a sacrifice. And, neither did my coworkers. Believe me when I say that I am one of thousands of stories- we all had a choice to resign. We did not.

I hope that you, who have been elected to make this City a better place and who we have entrusted in the way our patients put their trust in us, will be as true and as brave as the nurses who are in front of you now.

I extend a personal invite to to shadow us at work to see how we struggle working in unsafe and understaffed conditions. Before it is too late. Please, help us save our profession.

Thank you.

Testimony: Massogbe Britton
11/30 Hearing on the State of Nursing in New York City

My name is Massogbe Britton. I have been a registered nurse for ten years and have worked at the Montefiore Moses campus for eight years.

Thank you for calling this hearing.

I currently work in the Cardiac Critical Care Unit which provides care for patients experiencing diseases of the heart. Prior to that time, I worked on a Medical Surgical unit. Even then, before the COVID pandemic, we were struggling with staffing levels.

The nurse-to-patient ratio on my unit should be 1-3. We are responsible for monitoring and analyzing heart rhythms, interpreting ECGs, noting arrhythmias, and intervening in emergency situations.

COVID changed everything and now, nurses are responsible for at least four 4 patients at one time. Staffing levels have not returned to normal.

When we can't perform our duties as nurses, the work becomes stressful and emotional. Understaffing takes a toll on the mental health of the ENTIRE care team, not just the nurse. Healthcare workers throughout the hospital need motivation, support, and respect.

Management cannot be blamed for the emergence of the pandemic. However, hospital systems are taking advantage of COVID.

New nurses are not afforded necessary training opportunities and mentorship. The staffing crisis is discouraging and is causing senior nurses to leave the field earlier than before. A fair contract, that addresses staffing shortages, can begin to change this.

Management needs to take a look at where they spend their money and redirect funds to ensure quality care for patients and safe working conditions for nurses.

Thank you for your time today.

Matt Allen
11/30 Hearing on the State of Nursing in New York City

I am not here today to complain about how stressful my job is, or to seek empathy as a burned out healthcare worker.

I am here today to raise serious concerns about the hospital systems we work in, and express the life and death impact this has on the residents of NYC.

Myself and my fellow nurses should be seen today as whistleblowers, because there is corporate greed and corruption taking place daily in this city. And it's not happening in Wall Street. It's happening in the supposed non-profit hospitals who are charged with caring for New Yorkers. We are looking at you Mount Sinai, NYP, and Montefiore.

The facts have been stated already:
Extravagant CEO salaries and benefits
Millions in federal funding without oversight
Billions in tax breaks
Charging insurance companies 300% more than Medicare

And yet another glaring example of their greed, is their willingness to allow nursing vacancies to pile up into the hundreds and do nothing about it!

For each nursing vacancy they fail to hire, they are saving hundreds of thousands of dollars each month.
Mount Sinai Health System alone now has over 800 nursing vacancies! 800 at one of the leading academic and medical institutions in the city.

This is not new. Their nursing vacancies have been in the 700s for over a year now. They hire the minimal number of nurses each month, and do nothing to retain the nurse they have. This hospital is on fire and they have buried their head in the sand and claim poverty.

Meanwhile they have a nationwide ad camping touting they will "find a way" to cure any disease, but they can't find a way to hire and retain nurses.

And what is the impact of this? Do you think these hospital units have enough nurses in them? Do you think those patients are getting the quality and compassionate care they deserve?

Each day nurses are pleading Mount Sinai managers and administrators for help because they are so understaffed and not able to adequately care for their patients – and those pleas for help go ignored.

TURN PAGE OVER

They should be ashamed, but they don't care because all they see is a bottom line and the millions they are saving by allowing us to be short staffed.

They don't see the bedbound patient who has been waiting 30 minutes for a sip of water because the nurse is caring for 12 other patients.
Or the mom struggling to breastfeed her newborn for the first time without any support because the nurse is caring for double the amount of newborns she is supposed to.

Or the patient in palliative care crying out in pain because there is no spare hands to make sure he gets his pain meds on time.

But we here see it. We see the injustice of it. The inhumanity. And it is time you see it too.

We need to demand more of these hospitals. We are calling on all of our elected officials today to join us and do everything in your power to rein in these hospital corporations.

It's is time to wake up New York and see the truth! These are not charitable entities doing the best for our city, they are corporations prioritizing their profits over the healthcare of you and your family members.

Testimony: Nicole Portilla
11/30 Hearing on the State of Nursing in New York City

Good afternoon.
My name is Nicole Portilla. I am an RN with about ten years of emergency room experience

Since 2016, I've worked in the Emergency Department at New York-Presbyterian Children's Hospital of New York. During the COVID-19 Pandemic, I served on the frontlines while pregnant. I continue to serve today through the RSV epidemic.

I am here today to share how comprehensive coverage impacted my healthcare journey.

Earlier this year, my husband and I wanted to expand our family. However, a checkup mammogram revealed an abnormality. My NYP physician wanted to confirm the results with a second test, this time at an NYP facility. Despite the referral and efforts, I was turned away based on my age.

Fortunately, my insurance covered a mammogram outside the NYP system. The test confirmed that it was breast cancer. I received surgery, also out-of-network. My post-surgical care included radiation therapy. I decided to receive treatment at NYP while I continued to work for two reasons. First, I needed to maintain my health insurance. Second, I wanted to support my already understaffed colleagues as much as I could.

Cancer ended my chance at naturally expanding my family. But, my health insurance ensured that it didn't end my life. It gave me a path to get diagnosed and treated. Our current coverage will pay for the medication to keep the cancer from recurring. I am grateful for this chance and, God willing, I will survive to see my son grow up.

Unfortunately, NYP seeks to cut health benefits by:

- Decreasing in-network providers;
- Functionally eliminating the option for out-of-network coverage;
- Limiting pharmacy choices;
- Eliminating coverage for high-cost generic medications and "managed" conditions, ranging from asthma to cancer.

The considered changes will worsen healthcare in the NYP system. Reducing benefits will make it harder to retain or hire nurses. This will increase staffing shortages and diminish patient care. A system that values being "number one" should similarly value its frontline. During the pandemic, we nurses were celebrated as heroes. Now that the focus has shifted, we are being cast aside for the bottom line.

Personally, while many nurses left, I stayed at NYP. Even when it failed me, when I was most vulnerable, I supported the NYP system. Now, it is considering changes that would make its frontline staff choose between receiving lifesaving healthcare or financial death. The potential cuts feel like a personal assault.
As a nurse, a mother, and a cancer survivor, I urgently and respectfully ask for your help in protecting our healthcare so that we can continue to care for New Yorkers.

Thank you.

Testimony: Nicole Rodriguez, RN
11/30 Hearing on the State of Nursing in New York City

Good afternoon.

My name is Nicole Rodriguez. I work at Mount Sinai West on a medical/surgical/telemetry unit. I have worked there for five years.

During the pandemic, my unit was transformed into a Covid unit. Every day I gowned up in the PPE I would need to wear for my entire 12-hour shift. I cared for and treated covid positive patients all day. I had patients who were anxious, couldn't breathe, and some who were dying.

Every day presented a new challenge. I had to be my patients' family member when loved ones couldn't visit. I held shaky and anxious hands, wiped tears and Face Timed with loved ones. I remember hugging a patient who was terrified that she was going to die. She asked me "you're not afraid to touch me"? I responded "no, I am not afraid. We are going to get you better together. And, she did get better and was able to walk out of our hospital.

I treated an older gentleman who was dying. All he wanted to do was to see his wife again and tell her he loved her. I helped facilitate that FaceTime call, and tried not to cry as I watched my patient say goodbye to his wife for what he thought might be the last time. I cried with and for patients while providing them with the best quality care I could provide. That is the kind of nurse I am.

I love the career I chose. I build lasting relationship with my patients and still talk to some of them. When your family comes to the hospital, they become mine too. I'm here for every one of my patients fully, whether they need emotional or physical support. I will answer your calls and make sure you are up to date on your family members' health care plan. I will comfort you too.

However, because of staffing levels, I'm starting to burn out. I am struggling to keep up. We are going to lose more good nurses like me. A 1:7patient to nurse ratio is unsustainable.

I was offered the opportunity to be floated off my unit to get relief from working on a Covid unit but I stayed in solidarity with my coworkers, and to care up for my patients. I went home after shifts thinking, it will get better one day. Well, now the time has come for it to get better, and it hasn't.

I was a healthcare hero. Now I feel like a zero. I am nine months pregnant. I have shifts with no break. I can't take a break because we are staffed with two nurses to 14 patients. It's not safe or ethical for a nurse to leave the unit for a break when another nurse has to cover 14 patients. It's not safe and no nurse would put patients at risk, but administration has no problem putting their nurses at risk. We are told "it is what it is".

TURN PAGE OVER

Nurses are leaving the bedside because they are getting burnt out and don't feel appreciated. Seasoned nurses who have worked bedside for years are leaving. We have new nurses training new nurses. The hospital is hiring travelers to create a quick fix. But even those nurses are leaving. We need good nurses to stay at the bedside to help train the newer nurses who need more orientation than any other generation. Their clinicals during the pandemic were online.

Retention is so important. We need competitive wages to keep up with inflation, the cost of living and congestion pricing. We need respect. We found a way to take care of our patients and community during the pandemic and now it's time this community and hospital administration take care of us.

My hospital wants to cut my healthcare. I cannot tell you how unappreciated that makes me feel. I began with a short part of my experience of working during the pandemic. There is much more to it. I have two years' worth of experinces that I hold in my heart and in my head. When I am ready, I will need to speak to a psychiatrist about it, and I will need a great healthcare plan to back me up. I shouldn't have to worry if I can afford my care, or if a highly recommend physician is in my plan. I should have the feeling that I work in a hospital and my healthcare is the best.

Our hospitals should be providing us with competitive healthcare. Hospital administration shouldn't cut our healthcare and provide us with the raises we deserve. We did our part, we deserve recognition and respect. Mount Sinai's slogan is "we find a way". Well now, I need them to "find a way" to give back to their nurses. I don't want to leave bedside but I will if I have to because I have to put my family and myself first.

Testimony: VANESSA WELDON
11/30 Hearing on the State of Nursing in New York City

My name is Vanessa Weldon, and I am a home care nurse at the Montefiore Home Health Agency. I was born and raised in the Bronx, I still live in the Bronx, and I have been taking care of the Bronx community as a home care nurse at Montefiore for the past 22 years.

I am here to talk about Montefiore's care for my community. Montefiore says on its website that it is "distinguished among premier academic medical centers for its deep commitment to the community." And our community desperately needs that care. In terms of overall health outcomes, the Bronx is the unhealthiest county in New York State. We also come in dead last in healthcare access, with the least access to primary care physicians, dentists, and mental health providers.

Montefiore is failing our community. At the Home Health Agency, we have seen a significant cut in the staffing. Three years ago, we had about 100 nurses, and we had two mother-child health programs to take care of high-risk pregnant mothers and their babies. Montefiore filled a small--but important-- gap in this community, one that provided preventative care in the face of the highest infant mortality rates and highest maternal death rates in the city.

Now we have only about 50 nurses, one of the mother-child programs has been cut, and the other one is being "quiet cut." At first, Montefiore said they would suspend the closure of the program after nurses spoke out about how the closure would harm mothers and babies in the Bronx and Yonkers. Then they went back on their word and continued slowly cutting the program out of existence.

Overall, our patient census went from about 1,000 patients at any given time to about 650. Home care nurses are seeing less patients every day and spending less time with the patients they do see, because of constantly new guidelines and ever-increasing complex documentation to justify funding. We still cover the same geographic area, so the travel time between patients has increased. There are fewer intake nurses, so the processing time for referrals has increased.

All this means that our community members who are recovering from surgery, are elderly, or needing mother baby support, many of whom have comorbidities, are getting less care. To add insult to injury, when we have to choose between patients we can accept and those we can't, we will be told to take the Westchester patient and not the Bronx patient. This makes me so angry.

I hear from patients, including my own family members, that they feel that Montefiore has abandoned them. Young pregnant mothers with pre-eclampsia are ending up in emergency care with strokes. Community members who can travel will go to Montefiore's Westchester facilities because those ERs have waiting rooms and their wait times are so much shorter. It really seems like Montefiore prefers patients with money. And we know that racial disparities in healthcare have deadly health outcomes for communities of color. The system has broken down, all the way into healthcare, and it shouldn't be that way.

I want the public to know that nurses are fighting for quality care for the community. Hospitals must listen and respond to community input with the healthcare services that people need. We want to be able to say that Montefiore has improved the health outcomes of our community. To do that, Montefiore needs to stop putting profits before patients. They can do more, and they need to take care of the community they say they are committed to.

Testimony: Vivienne Phillips, RN
11/30 Hearing on the State of Nursing in New York City

Good afternoon.

My name is Vivienne Phillips. I have been working at Kingsbrook - One Brooklyn Health for over 30 years. I started my nursing career as an emergency room nurse at Kings County Hospital. I graduated in 1976, so I have been caring for the Central Brooklyn community for many years.

I've worked as an emergency room nurse, an ICU nurse, and more. Now I am a case manager at Kingsbrook, so I am responsible for coordinating care, educating and discharging patients safely, interacting with insurance, coordinating the referrals and social workers—basically making sure my patients are getting the treatment they need.

Case management work is really important because our patients can be very sick. Many have chronic illnesses. Many have poor health and several diagnoses.

The understaffing of nurses at my hospital does not help. When you come to the hospital, you want a nurse who's not overwhelmed and stressed out. Who doesn't have several other patients down the hall they are also trying to look after. In a hospital, you need timely and accurate observation and care.

It is very upsetting to constantly feel like you are falling short as a nurse. It makes it hard to retain nurses. Our pre-pandemic conditions were not ideal, but COVID-19 magnified our problems tenfold. Our patients are sicker than ever, and we are more understaffed than ever.

There was this idea that hospitals in Brooklyn could reduce acute care beds and essential health services, and primary care services would expand to serve our community's needs, but it is not going to plan. There are not enough primary and preventative care services available, patients have not been educated and empowered on how to access these services, and now there are fewer and fewer hospital-based services to serve their needs.

I feel like we are failing our community because I can see patients suffering. I can see the negative outcomes. The people at the top making the decisions are so far removed from the reality that nurses see every day, that they won't adjust the plan to meet the needs of our patients.

But that's what we are asking for. We are asking hospital executives to listen to the nurses. We understand that we are caring for human beings. They need to be treated with dignity. They need equitable, quality care.

It is unacceptable that a nurse at Kingsbrook is caring for 8 patients, and just a couple miles away, a nurse at another hospital is caring for a safe standard of 4 patients.

Nurses look at the evidence, read the studies, and see firsthand with our patients that safe staffing saves lives. I saw that very personally recently from a different perspective. I became a patient at a hospital that was not a safety-net hospital. I was so terrified as a patient. I had a nurse at my bedside who saw the change in my condition and was able to react quickly. I felt so grateful that there was enough nursing staff that day in that hospital, because my outcome could have been very different.

I want my patients to experience that level of safe, quality care always.

I want a fair contract that guarantees safe staffing. That helps recruit and retain nurses for quality care and for health equity.

I want a fair contract that includes community input about the services our patients want and need. I want to do everything we can to improve the health of our community.

The safety-net hospitals have been functioning for too long in survival mode. But we need them to thrive, not just survive.

The safety-nets helped New York City survive this pandemic. We need them now more than ever.

We want the same for our patients. We want them to do more than just survive—we want them to thrive.

It's time for our safety-net hospitals to invest in patient care and the frontline nurses who deliver it, so we all can thrive!

State of Nursing in NYC: Understaffing crisis and what we can do to recruit and retain nurses at the bedside

Nurses are fed up, exhausted, and are leaving in droves. Two-thirds of nurses across the country say they're planning to quit in the next two years. Low morale and traumatic experiences during the pandemic are driving some nurses to leave the profession altogether.

NYC can't afford to ignore the nurse staffing crisis. As we head into winter, with pediatric hospital beds already full because of the current surge in RSV and other respiratory illnesses, and with the possibility of more COVID surges on the horizon, we don't have a moment to spare to address this crisis.

Nurses put their lives on the line to protect their patients during the COVID-19 pandemic and they feel abandoned and betrayed by hospital executives. Understaffed, sometimes without the PPE they needed to stay safe, nurses have seen their colleagues get sick with COVID, they've seen colleagues die or become permanently disabled. Long-COVID complications and PTSD will haunt thousands of nurses' health for years.

Hospitals created a staffing crisis by failing to hire and retain enough nurses, leaving frontline caregivers to work understaffed. After the height of the pandemic, many New York City hospitals froze hiring, meaning that open nursing positions remained vacant and nurses continued to work understaffed. Hospitals haven't done enough to keep nurses at the bedside, and now, instead of rewarding nurses for their hard work during the pandemic they're fighting against frontline caregivers who are fighting for fair contracts with safe staffing, community-focused care, and quality healthcare benefits with no cuts or increased costs for nurses.

Hospital executives paid themselves millions during the pandemic in sky-high salaries and bonuses. NYS hospitals paid top earners $73 million in bonuses in 2020 as the pandemic raged on, after receiving $6 billion from the CARES Act. NewYork-Presbyterian paid its CEO $11,928,405 in salary, bonuses and perks, and Montefiore paid its CEO $7,422,610 in salary, bonuses and perks in 2020. Yet these same hospitals cry broke when it comes to doing what's needed to hire and retain enough nurses at the bedside.

Safe staffing saves lives. More patients die when there aren't enough nurses at the bedside; and more nurses leave the bedside when they are forced to work understaffed.

Facts about safe staffing:

- Safe staffing reduces turnover in hospitals. Replacing a burned-out RN costs between $82,000 and $88,000 according to The Journal of Nursing Administration.
- Hospitals that staff 1:8 nurse-to-patient ratios experience five additional deaths per 1,000 patients than a 1:4 nurse-to-patient ratio (Journal of the American Medical Association, 2002).
- The odds of patient death increases by 7% for each additional patient the nurse must take on at one time (Journal of the American Medical Association, 2002).
- A study by Dr. Linda H Aiken, PhD, RN, FAAN, FRCN, estimates that there would have been 4,370 fewer in-hospital deaths in a 2-year period among Medicare patients if New York State hospitals had implemented safe staffing during the time of the study. (Medical Care, 2021).
- Nursing homes in New York state that entered the pandemic with lower staffing scores saw higher fatality rates (NYS Office of the Attorney General, 2021).

Nurses need good healthcare to stay on the job. Nursing jobs are physically demanding. Many RNs have gotten COVID-19 at work. Others are suffering from PTSD from the trauma of seeing so many patients die at the height of the pandemic. When they get sick nurses often turn to their own hospitals for care. But some NYC hospitals have been jacking up fees for healthcare services, meaning they're profiting from getting nurses sick. Now, hospital trustees of the NYSNA benefit fund are looking to cut healthcare for nurses.

Solutions to keep nurses at the bedside:

- **Hospitals need to settle fair union contracts with frontline nurses** and treat caregivers with respect, instead of just paying themselves millions.
- **Maintain quality healthcare for nurses** by increasing employer contributions to the NYSNA benefit fund instead of cutting care for COVID nurse heroes.
- **Hire and train more nurses** so that caregivers aren't forced to work understaffed.
- **Listen to nurses** who have been on the frontlines and give them a voice in patient care and health and safety.
- **Hold hospital executives accountable** for investing in community care and training the next generation of nurses.

Testimony: Zulma Gutierrez, RN
11/30 Hearing on State of Nursing in New York City

Good afternoon. My name is Zulma Gutierrez. I work at Montefiore Hospital in the Neurology Intensive Care Unit which opened up just 4 years ago. It has become very busy post COVID. We are chronically understaffed. As you can imagine, our Neuro- ICU is a complicated unit. Travel and floating nurses, who are often used to supplement staffing, do not have the transferable skills they need to work in this unit.

Our patients are often confused and need full-time monitoring. We don't use sedation because we need to monitor the mental status of our patients. Working short staffed is hazardous for patients as well as staff.

We have only two senior nurses working the night shift. Both nurses are chronically ill due to the overwhelming workload. The patient load can be tripled or even quadrupled at night. Our patients have many needs and we don't have the support to carry out routine checks.

We take care of patients who have had surgical thrombectomies where a surgeon makes an incision into a blood vessel. The clot is removed and the vessel is repaired. This patient requires monitoring every 15 minutes because they are vulnerable to bleeding out. An untrained nurse from another unit may check blood pressure, but may miss checking the pupil. Simple mistakes can be deadly on our unit.

I see what could be the impacts of short staffing on other units. We have had a significant number of postpartum patients on my unit. I remember a 31-year-old patient that was brain dead. Nobody expects this as a result of delivering a child.

Our nurses are overworked and suffer from mental exhaustion. There is no time for planning. We must hit the floor running. The day is a spin. The pressure on us to work short staffed gives the impression that management doesn't want us to provide the compassion that comes with nursing. I only continue to stay because I work in the neighborhood where I grew up. It's MY neighborhood. I'm speaking up for my community, my patients, and my family members.

Our nurses struggle to afford living on their own. After all we have faced during COVID we should not have to beg management for a fair contract, it should be understood. If we care for our nurses, our nurses will have the ability and stamina to continue providing care for the people of New York City.

Thank you for your time today.

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: 11/30/22

(PLEASE PRINT)

Name: Matt Allen

Address: [redacted] Washington Ave

I represent: NYSNA

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THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: SCHEENA IANNIS

Address: [redacted] JERSEY ST DEER PARK NY 11729

I represent: 1199SEIU RWD DIVISION

Address: _____

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: IONA FOLKES

Address: [redacted] Harkey Court. Far Rockaway 11691

I represent: 1199 SEIU HWE.

Address: _____

Please complete this card and return to the Sergeant-at-Arms

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THE CITY OF NEW YORK

Appearance Card

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☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Flanderas Jones

Address: [redacted] Valentine Ave

I represent: New York State Nurses

Address: [redacted]

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THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: 11.30.2021

(PLEASE PRINT)

Name: Nicole Portilla

Address: [redacted] 183rd St [redacted]
Bx, NY 10453

I represent: NYSNA

Address: _____

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: ARI MOMA

Address: [redacted] E 50th St. Brooklyn, NY 11236

I represent: NYSNA

Address: _____

Please complete this card and return to the Sergeant-at-Arms

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Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: 11/30/22

(PLEASE PRINT)

Name: LILIA ESPINOZA

Address: 245 W. 132ND St. Apt 1 NY, NY 10027

I represent: NYSNA

Address: _____

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: Nov 30 2022

(PLEASE PRINT)

Name: VIVIENNE PHILLIPS

Address: [redacted] Cortelyou Rd [redacted]

I represent: NYSNA

Address: _____

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: 11/30/22

(PLEASE PRINT)

Name: Vanessa WELDON

Address: [redacted] CROES Ave [redacted] Bx NY 10472

I represent: NYSNA

Address: _____

Please complete this card and return to the Sergeant-at-Arms

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THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: 11/30/22

(PLEASE PRINT)

Name: Zulma Gutierrez

Address: [redacted] Grand Concourse [redacted]

I represent: NYSNA Montefiore

Address: _____

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: 11/30/22

(PLEASE PRINT)

Name: Kiera Downes-Vogel

Address: [redacted] Eldridge St [redacted] NY NY 10002

I represent: NYSNA

Address: _____

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: 11/30/2022

(PLEASE PRINT)

Name: PAULINE JAMES

Address: [redacted] E99th ST BROOKLYN NY 11236

I represent: 1199SEIU RWD

Address: _____

Please complete this card and return to the Sergeant-at-Arms

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Lorena Vivas

Address: East 49th St 10017

I represent: Mount Sinai Nurses, NYSNA union

Address: NYC 131 West 33rd

THE COUNCIL
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Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: 11/30/22

(PLEASE PRINT)

Name: Deborah Cerzulo

Address: Lowell Ave Floral Park NY 11001

I represent: NYSNA

Address: _____

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Craig Berke

Address: Elm st. Lynbrook

I represent: NYSNA

Address: _____

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Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Julia Quintz

Address: W. 186th St. NY NY 10033

I represent: NYSNA

Address: _____

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THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Nhalia Cineas

Address: NYC Health and Hospitals

I represent: _____

Address: _____

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THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Lorraine Ryan

Address: _____

I represent: Greater New York Hospital Association

Address: _____

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THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: 11.30.2022

(PLEASE PRINT)

Name: Dr. Kelynne Edmond Oristel

Address: 498 Kosciuszko ST. BKLYN NY

I represent: The Haitian American Nurses IHC.

Address: _____

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