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**THE COUNCIL**

COMMITTEE REPORT OF THE HUMAN SERVICES DIVISION

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**COMMITTEE ON HOSPITALS**

*Hon. Carlina Rivera, Chair*

**June 24, 2019**

**Oversight: Safe Staffing Ratios in Hospitals**

**INTRODUCTION NO. 1351:** By Council Member Gjonaj, Rivera, Holden, King, Cabrera, Cumbo, Cohen, Torres, Lander, Brannan, Salamanca, Gibson, Ayala, Rodriguez, Chin and Maisel

**TITLE:** A Local Law requiring the New York City Department of Health and Mental Hygiene to conduct an outreach campaign specifically, but not exclusively, targeting schools and senior centers, to inform New York City residents about the types of urgent care and emergency care facilities present in the City, and the kinds of services they generally provide

**PROPOSED INT. NO. 1352-A:** By Council Member Gjonaj, Rivera, Holden, King, Cabrera, Cumbo, Cohen, Powers, Torres, Adams, Brannan, Salamanca, Gibson, Ayala, Rodriguez, Chin and Maisel

**TITLE:** A Local Law initiating a study conducted by the Department of Health and Mental Hygiene to understand causes of prolonged wait times at emergency departments, as well as the effects such wait times on patients’ health

**RESOULTION NO. 396:** By Council Member Cabrera, Salamanca, Rivera, Ayala, Lancman, Rose, King, Holden, Koo, Brannan, Maisel, Levine, Adams, Espinal, Moya, Miller, Powers, Reynoso, Perkins, Eugene, Barron, Cumbo, Rosenthal, Kallos, Richards, Cornegy, Chin, Cohen, Constantinides and Treyger

**TITLE:** Resolution calling upon the New York State Legislature to pass, and the Governor to sign A.1532/S.3330, collectively known as the “Safe Staffing for Quality Care Act,” to ensure that acute care facilities and nursing homes meet the appropriate staffing ratios for nurses and unlicensed direct care staff

**RESOULTION NO. 723:** By Council Member Gjonaj, Rivera, Holden, King, Cabrera, Cohen, Torres, Adams, Brannan, Grodenchik, Salamanca, Gibson, Ayala, Rodriguez and Maisel

**TITLE:** Resolution calling on the New York State Legislature to pass, and the Governor to sign, legislation requiring hospital emergency departments to improve their services to better inform patients of their potential wait time and other care options

1. **INTRODUCTION**

On June 24, 2019, the Committee on Hospitals, chaired by Council Member Carlina Rivera, will hold an oversight hearing titled, “Oversight: Safe Staffing Ratios in Hospitals.” In addition to a resolution regarding safe staffing practices, the committee will hear legislation intended to provide more transparency with respect to emergency room wait times and their effects on patients. New York City’s Health + Hospitals (H+H), the New York State Nurses Association (NYSNA), practicing nurses, physicians and other interested parties are expected to testify.

1. **BACKGROUND**

*Safe Staffing*

In 1999, California was the first state to pass legislation mandating minimum nurse-to-patient ratios (AB No. 394).[[1]](#footnote-1) Since then, there have been numerous reports, including one by the United States Department of Health and Human Services, which conclude that inadequate direct care staffing leads to adverse patient outcomes.[[2]](#footnote-2) In 2002, a study published by *JAMA* found that each additional patient added to a nurse’s work load is associated with a 7 percent increase in the likelihood of patient death within 30 days of admittance.[[3]](#footnote-3) Low nurse-to-patient ratios have also been associated with increased nurse burnout and lower retention.[[4]](#footnote-4)

Advocacy groups have used these findings to promote legislation to establish and enforce minimum nurse-to-patient ratios.[[5]](#footnote-5) To date, Massachusetts is the only other state to pass a safe staffing law that includes a specific nurse-to-patient ratio.[[6]](#footnote-6) Unlike the California law, which requires minimum ratios for all nurses,[[7]](#footnote-7) the Massachusetts law passed in 2014 requires a nurse-to-patient ratio of 1:2 in Intensive Care Units only.[[8]](#footnote-8)

Current New York State regulations require hospitals to have a director of nursing services who is responsible for “developing a plan to be approved by the hospital for determining the types and numbers of nursing personnel and staff necessary to provide nursing care for all areas of the hospital.”[[9]](#footnote-9) The Greater New York Hospital Association (GNYHA), an organization which represents over 160 hospitals and health systems, prefers this method because it allows flexibility for each hospital to determine and provide services appropriate for their unique patient needs.[[10]](#footnote-10) For example, differing technology used in each hospital leads to different care needs.[[11]](#footnote-11) Collectively, researchers have been unable to decisively conclude the most optimal nurse-to-patient ratios.[[12]](#footnote-12) Regardless, in contrast to the New York State Nurses Association’s (NYSNA) recommended safe nurse-to-patient ratios, which range from 1:1 in the Trauma Emergency Unit to 1:6 in the Well-Baby Nursery,[[13]](#footnote-13) there have beenreportsthat some nurses in New York City treat up to fifteen patients at a time.[[14]](#footnote-14) Hospital representatives have expressed concerns that the estimated several billion dollars needed to enforce suggested staffing ratios would be detrimental for struggling hospitals.[[15]](#footnote-15) However, the actual cost is unclear, as some studies have found that increasing staffing ratios can increase profits by leading to a reduction in adverse events and an increase in retention.[[16]](#footnote-16)

*Emergency Room Wait Times*

Millions of New Yorkers visit emergency departments every year.[[17]](#footnote-17) In 2016, there were a total of 6,858,624 emergency department visits in New York State, and 3,260,226 (or 46.4 percent) occurred in New York City.[[18]](#footnote-18) According to ProPublica, an independent, nonprofit newsroom that analyzed data from the Centers for Medicare and Medicaid Services (CMS), New Yorkers wait, on average, 28 minutes before seeing a doctor in an emergency department, and wait 170 minutes until they are sent home.[[19]](#footnote-19) However, wait times can vary widely by hospital, and many hospitals in New York City experience longer-than-average wait times.[[20]](#footnote-20) For example, the average wait time at Bellevue Hospital is 69 minutes, and Jacobi Medical Center in the Bronx has an average wait time of 110 minutes.[[21]](#footnote-21)

The strain on emergency departments has increased due to a number of factors, including a reduction in the numbers of emergency departments, an aging population, limited access to primary care providers and specialists for those with Medicaid, and a reduction in hospital beds.[[22]](#footnote-22) According to a study published by *Annals of Emergency Medicine*, long wait times can have dangerous effects on patients, such as increased risk of death and increased length of stay for those who end up being admitted to the hospital.[[23]](#footnote-23) Some patients experiencing long wait times decide to leave without being seen or leave against medical advice, which can lead to life threatening issues.[[24]](#footnote-24) While New York State has focused on reducing preventable emergency room visits over the past several years,[[25]](#footnote-25) the American College of Emergency Physicians has proposed other strategies to assist with emergency department overcrowding.[[26]](#footnote-26) Some examples include moving admitted patients out of the emergency department to different inpatient areas, and increasing outpatient access by extending primary care evening and weekend hours.[[27]](#footnote-27)

The American College of Emergency Physicians also notes that patients prefer to be provided with information and updates regarding their progress during a visit to an emergency department, so some hospitals have begun communicating estimated wait times to the general public.[[28]](#footnote-28) While there are potential advantages to advertising estimated wait times, there are also concerns that must be addressed including confusion around the definition of wait time and safety concerns.[[29]](#footnote-29)

1. **BILL ANALYSIS**

**Int. No. 1351**

The proposed legislation would require the New York City Department of Health and Mental Hygiene to conduct an outreach campaign specifically, but not exclusively, targeting schools and senior centers, to inform New York City residents about the types of urgent care and emergency care facilities present in the City, and the kinds of services they generally provide.

The proposed legislation would take effect 120 days after it becomes law.

**Proposed Int. No. 1352-A**

This bill would require the Department of Health and Mental Hygiene to study the causes of prolonged wait times at emergency departments, as well as the effects such wait times have on patients’ health.

The proposed legislation would take effect immediately after it becomes law, and the report summarizing the results of the required study would be due April 1, 2020.

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Int. No. 1351

By Council Member Gjonaj, Rivera, Holden, King, Cabrera, Cumbo, Cohen, Torres, Lander, Brannan, Salamanca, Gibson, Ayala, Rodriguez, Chin and Maisel

..Title

A Local Law in relation to information about health care services

..Body

Be it enacted by the Council as follows:

Section 1. a. Definitions. For the purposes of this section, the term “acute care facilities” means any facility that provides emergency care services or urgent care services, as defined under section 405.400 of title 42 of the United States code of federal regulations.

b. The department of health and mental hygiene shall conduct an outreach campaign to inform city residents about the types of acute care facilities in the city, and the differences between such acute care facilities. Such outreach campaign shall include, but not be limited to, schools and senior centers.

§ 2. This local law takes effect 120 days after it becomes law, except that the commissioner may take such actions as are necessary to implement this local law, including the promulgation of rules, before such date, and is deemed repealed two years after it becomes law.

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10/10/18

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Proposed Int. No. 1352-A

By Council Member Gjonaj, Rivera, Holden, King, Cabrera, Cumbo, Cohen, Powers, Torres, Adams, Brannan, Salamanca, Gibson, Ayala, Rodriguez, Chin and Maisel

..Title

A Local Law in relation to a study by the department of health and mental hygiene on the causes of rising wait times in emergency departments

..Body

Be it enacted by the Council as follows:

Section 1. a. The department of health and mental hygiene shall conduct a study analyzing the wait times in emergency departments in hospitals located within the 5 boroughs. Such study shall consist of a comprehensive analysis of the potential causes of delay and the effect such delays have on: (i) the delivery of health care services; and (ii) disparities in health care.

b. No later than April 1, 2020, the department shall submit to the mayor and the speaker of the city council a report summarizing the results of such study, disaggregated by each such hospital.

§ 2. This local law takes effect immediately and expires and is deemed repealed upon submission of the report required by subdivision b of section 1 of this local law.

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LS #8816

6/5/19

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Res. No. 396

..Title

Resolution calling upon the New York State Legislature to pass and the Governor to sign A.1532/S.3330, collectively known as the "Safe Staffing for Quality Care Act," to ensure that acute care facilities and nursing homes meet the appropriate staffing ratios for nurses and unlicensed direct care staff

..Body

By Council Member Cabrera, Salamanca, Rivera, Ayala, Lancman, Rose, King, Holden, Koo, Brannan, Maisel, Levine, Adams, Espinal, Moya, Miller, Powers, Reynoso, Perkins, Eugene, Barron, Cumbo, Rosenthal, Kallos, Richards, Cornegy, Chin, Cohen, Constantinides and Treyger

Whereas, In order to maintain low operating costs hospitals will reduce the number of nurses, because they comprise the largest clinical subgroup in hospitals; and

 Whereas, According to the United States Department of Health and Human Services (HHS), the inadequacy of nursing staff levels has led to poor patient outcomes; and

Whereas, Studies indicate that higher nursing workloads are associated with increased medication errors, increased rates of infection and even increased mortality rates; and

Whereas, A report published by the United States Department of Health and Human Services, indicates that better registered nurse (RN) staffing policies, such as reducing the number of patients assigned to individual nurses, results in better patient outcomes and lower costs to health care providers; and

Whereas, According to a report published by Health Services Research in 2012, nursing homes which have safe staff ratios have better quality facilities and improved functional status of the residents; and

Whereas, In 2004 California passed the Minimum Nurse Staffing Legislation, which required hospitals to institute nurse to patient ratios; and

Whereas, Studies have shown that nurses in California have reported a better quality of life and improved patient care as a result of the law; and

Whereas, In 2017, New York State Senator Kemp Hannon introduced S.3330 and New York State Assembly Member Aileen Gunther introduced A.1532, which are collectively known as the Safe Staffing for Quality Care Act; and

 Whereas, The Safe Staffing for Quality Care Act would require all acute care facilities in New York State to adopt specific nurse-to-patient ratios, set minimum staffing requirements and submit a staffing plan to the State Department of Health; and

Whereas, The Safe Staffing for Quality Care Act also includes such important provisions as allowing RNs to refuse work assignments if adequate staffing is not present, which safeguard the rights of nurses and patients alike; and

Whereas, Ensuring adequate nursing coverage for all patients is an important public health goal that will improve the quality of care in acute care facilities and nursing homes; now, therefore, be it

Resolution calling upon the New York State Legislature to pass and the Governor to sign A.1532/S.3330, collectively known as the "Safe Staffing for Quality Care Act," to ensure that acute care facilities and nursing homes meet the appropriate staffing ratios for nurses and unlicensed direct care staff.

ER

6/7/18

LS 8740/Res. 1774-2017

LS 675 and LS 7087

Res. No. 723

..Title

Resolution calling on the New York State Legislature to pass, and the Governor to sign, legislation requiring hospital emergency departments to improve their services to better inform patients of their potential wait time and other care options

..Body

By Council Member Gjonaj, Rivera, Holden, King, Cabrera, Cohen, Torres, Adams, Brannan, Grodenchik, Salamanca, Gibson, Ayala, Rodriguez and Maisel

 Whereas, According to the New York State Department of Health (DOH), there were a total of 8,049,234 emergency department (ED) visits in New York State in 2014; and

 Whereas, According to DOH, 3,853,470 ED visits occurred in New York City in 2014; and

Whereas, According to DOH, the adjusted rate of ED visits for New York City between 2012-2014 was 4,557.8 per 10,000 people; and

Whereas, According to ProPublica, New Yorkers wait on average 20 minutes before seeing a doctor in an ED, yet wait times can vary widely by hospital and by day and time; and

Whereas, According to ProPublica, some hospitals in the City have higher than average wait times, including Jacobi Medical Center in the Bronx, which had an average wait time of one hour and 53 minutes; and

Whereas, According to the American College of Emergency Physicians, long wait times can have dangerous effects on patients, such as increased risk of death and increased length of stay for those who end up admitted to the hospital; and

Whereas, According to the Journal of Emergency Medicine, some patients experiencing long wait times decide to leave the ED without being seen, which can lead to life threatening issues; and

Whereas, According to the American College of Emergency Physicians, advertising estimated ED wait times can offer advantages for ED staff, hospitals, and patients; and

Whereas, Patients with less urgent complaints would have the ability to select EDs with shorter wait times or to defer care until wait times improve if their conditions allow; and

Whereas, According to the Journal of Emergency Medicine, one study showed that 63 percent of patients would prefer to visit an ED with a wait time tracker, while only 21 percent were against the idea of a wait time tracker; and

Whereas, Senate Bill S. 2315, sponsored by Senator Marisol Alcantara, would require all EDs to have a physical wait-time clock and for the ED wait times to be available online; and

Whereas, In addition to wait time clocks, EDs should display the wait times at nearby EDs, allowing patients to make the decision to visit a neighboring ED with a shorter wait time, and all wait time information should be provided to local Emergency Medical Technicians (EMTs); and

Whereas, In addition to publishing wait times online, New York City should also allow wait times to be accessed via 311; and

 Resolved, The Council of the City of New York calls on the New York State Legislature to pass, and the Governor to sign, legislation requiring hospital emergency departments to improve their services to better inform patients of their potential wait time and other care options.

EB

LS 8660

12/04/2018

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