



NURSES OF PENNSYLVANIA

This is your lobby packet!

In order to move safe patient limits forward for hospitals and nursing homes, we need local nurses to reach out to key legislators across the state, schedule a meeting, and ask them to stand with us. Below are six steps, to an effective legislator meeting, and this packet includes materials pages for you, and pages to give to legislators.

Find a time to visit your legislator's office + let us know!

Find your State Representative and Senator. You can use NursesOfPA.org/Tracker to find them and where they stand on safe staffing. Call Mon-Fri 9am-4pm to schedule a time to meet them in their local office. Let us know when and where your meeting is by emailing us at info@nursesofpa.org.

Recruit a team of nurses to join you for your lobby visit

Legislators are most likely to listen to nurses who (a) live in their district and (b) show that they're not alone. Assemble a team by inviting nurses you know, and/or by asking us (info@nursesofpa.org) how to connect with nurses nearby. Use the sign-in sheet on Page 2 to keep track of who attends and how to reach them for future events. (Even if you know everyone, these are *really* helpful for us!)

Use the attached informational sheets to give to give them

The attached informational sheets have the bill numbers, what we're asking for, who we are, and evidence on why safe staffing laws will work and save lives. Pages 3-4 are materials to give to legislators in every meeting. Page 3 has our key talking points and what we're asking for. Page 4 is information about Nurses of PA. Pages 5-7 are a summary of additional research on safe patient limits, for either your use or to leave with your legislator if you like. Pages 8-9 have some basic talking points and tips. Page 10 is a list of co-sponsors on the bills, as of 9/24/21.

Share your experience of why safe patient limits save lives

Remember - *most legislators and their staff really don't know this, and you really do*. Don't shortcut this. If they don't understand why safe patient limits save lives, why would they support them?

Ask if the legislator will co-sponsor House Bill 106 / Senate Bill 240 for safe staffing in Pennsylvania's hospitals

Beware of legislators and staff saying "we fully support you", or "I'll vote for it if it comes up", or "I love nurses". If they really support us, then they will add their name to the safe patient limits bill as a co-sponsor.

Get a photo, make a plan to follow up as a team, and let us know how it went

Most meetings require follow up before your candidate or legislator fully signs on. Get a group photo, a clear and legible photo of the sign-in sheet and send them to share@nursesofpa.org. Exchange contact info with other nurses there, and make a plan to follow up by phone until your legislator signs on. Lastly, make sure to fill out our report form at NursesOfPA.org/LobbyReport to share details of how it went to incorporate your experiences into our lobbying plan and strategy!



NURSES OF PENNSYLVANIA

Meeting with: _____ Date: _____

Welcome! Sign in so we can stay in touch and share the outcomes and what comes next. **Please complete all fields.**

First Name	Last Name	Email	Cell	Zip Code
Florence	Examplername	Florence.Nightingale@Example.com	555-555-5555	15212

The Patient Safety Act

HB106/SB240



Hospital caregivers have been on the front lines of the COVID-19 pandemic. We have risked our lives to provide the best care possible despite being assigned an increasing number of patients as staffing levels continue to decline. We are doing all we can from the bedside, but we need legislators to act to ensure safe and quality care.

- Each year, **300 hospital patients die** as a direct result of unsafe staffing.
- **Safely staffed hospitals have lower emergency department wait times.** A 25% increase in the amount of patients assigned to emergency department nurses can result in a 100% increase in wait times.
- **Unsafe staffing puts kids at risk.** When nurses who care for children recovering from major surgeries are assigned more than four patients, each additional patient's likelihood of readmission goes up by almost 50%.

The expense to hospitals has been immense.

- The cost to replace a single burned out nurse was \$82,000 in 2012 alone.
- On average, each hospital is estimated to **lose \$300,000 per year** for each percentage point of nurse turnover.
- Hospitals often use temporary nurses to fill gaps in staffing when they're at crisis levels, but temporary nurses are often compensated at rates 25 percent to 40 percent above the average RN's wages, adding more costs to under-staffing.

We are calling on legislators to pass the Patient Safety Act (HB106/SB240) introduced by Senator Collett and Representatives Mehaffie and Tomlinson.

- The Patient Safety Act legislation would set minimum patient-to-nurse ratios in Pennsylvania hospitals dependent upon the acuity of the unit's patient needs.
- Legislation requires that staffing ratios be met across shifts, ensuring continuity and quality of care for patients.



Nurses of Pennsylvania

We are a grassroots movement of nurses united for patient safety and better quality care.

We were formed in May 2017 by 80 nurses in Pittsburgh and Scranton. Since then over 20,000 nurses have taken action with us in our movement for safe staffing legislation.

We are in every county, every house and senate district, and every corner of this state. An average of 65 people in all 203 House Districts and 102 people in all 50 Senate Districts have taken part in our movement for safe staffing laws.

We are union and non-union nurses. *(10% union, 90% non-union)*

We are bipartisan. *(24% Republican, 29% Democrat, 47% Independent)*

Nurses are taking our patient advocacy to the legislature.

Since we started in 2017, over 20,000 nurses have signed our petition for safe staffing laws. We have made over 2,000 calls to our legislators and held over 300 meetings with legislators, and we're just getting started!

Nurses are speaking out for our patients and our profession.

"When patients think of a nurse, they think of someone that will be taking care of them to assist them in getting better or at least feeling better. We owe them the best possible care we are capable of giving, and that means standing up for them not just inside the medical facility but here fighting for safe patient limits"

- Eileen Kelly RN, Sheffield

"The question is: if this was you or your family member would you want them to get the proper care they need? Because the only way to do that is to pass safe patient limits legislation."

- Debbie Vandover RN, York

"We, as nurses, are the holders of the sick and the dying, the helpless, or those who may simply have lost hope. We need safe patient limits now."

- Denelle Weller RN, State College

STAY CONNECTED:



Nurses of Pennsylvania



NursesofPA.org



@NursesofPA



@NursesofPA

Safe Staffing Standards: Benefiting Nurses and Patients

Research Summary

Short-staffing leads to more patients dying. Safe ratios would save patients' lives.

- **Every additional patient-per-nurse in a Pennsylvania hospital increases that patient's risk of death by 7%.**¹ Surgical patients in hospitals with 8:1 ratio have a 31% higher risk of death. In many PA hospitals, nurses now have 2-6 additional patients.
- Introducing safe nurse-patient ratio laws in Pennsylvania is projected to reduce hospital patient deaths by 10.6%.²
- Research from other states suggests that short-staffing increases patients' risk of death by between 4 and 6%. This risk is higher within the first 5 days of admission.³
- Lower patient-to-nurse staffing ratios have been significantly associated with lower rates of hospital mortality, failure to rescue, cardiac arrest; hospital-acquired pneumonia, respiratory failure; patient falls (with and without injury); and pressure ulcers.⁴
- Higher numbers of patients per nurse was strongly associated with administration of the wrong medication or dose, pressure ulcers, and patient falls with injury.⁵

Safe staffing saves money by reducing nurse burnout and reducing temporary staffing

- According to the American Association of Colleges of Nursing, the average RN cost-per-hire is around \$2,820.⁶ Other studies estimate the overall turnover cost per RN at \$65,000. Another study showed that the average hospital is estimated to lose about \$300,000 per year for each percentage point increase in annual nurse turnover.⁷
- In addition to enforcing mandatory overtime, employers often use supplemental nurses to temporarily fill gaps in nurse staffing. These temporary nurses are more likely to be concentrated in hospitals with poor staffing rates and inadequate resources.
- Temporary nurses are often compensated at rates 25 percent to 40 percent above the average RN's wages, further adding to cost and contributing to resentment among permanent nurses.⁸
- Supplemental nursing staffs are expensive, especially when they are brought in from outside agencies. Hospitals generally pay between \$250,000 and \$400,000 for staffing agency services for every one million dollars spent on temporary-nurse staffing.⁹
- As the percentage of temporary nurses employed goes up, the quality of patient care tends to go down. The percentage of nurse work-related injuries is significantly higher in hospitals where temporary nurses made up more than 15 percent of the total nursing staff.¹⁰

Safe Staffing Standards Are Cost Effective

- Safe staffing improves nurse performance and patient-mortality rates, reduces turnover rates, staffing costs, and liability.
- A 2009 study found that adding an additional 133,000 RNs to the hospital workforce across the U.S. would produce medical savings estimated at **\$6.1 billion** in reduced patient care costs. This does not include the additional value of increased productivity when nurses help patients recover more quickly, an estimated \$231 million savings per year.¹¹
- If hospitals could reduce their proportion of burned-out nurses to 10 percent from the 30 percent that is typical, according to the 2010 University of Pennsylvania study, hospitals could prevent

4,160 cases a year of the two most common hospital-acquired infections and save over **\$41 million**.¹²

- One study in the Journal of Health Care Finance reported that increased nurse staffing did, indeed, increase operational costs for hospitals; however, it did not decrease the hospitals' overall profitability.¹³
- Safe-staffing ratios also reduce the additional costs of supplemental nurses and staffing agencies, as nurse retention tends to go up with safe-staffing.

There is not a shortage of registered nurses in PA. But dangerous short-staffing is driving nurses to leave bedside care.

- Pennsylvania has (and will have) more than enough licensed registered nurses. The PA Department of Health regularly surveys all RNs and LPNs renewing their license. The most recent survey showed only 76% of RNs were employed in nursing, with 6% unemployed.¹⁴ Pennsylvania is projected to have a surplus of 5% (8,200) RNs by 2030.¹⁵
- Pennsylvania is also training and graduating more than enough registered nurses. Enrollment in Pennsylvania RN programs has increased by 49% since 2003 (from 15,651 to 23,278), and by 138% since 2002 (from 2,939 to 7,003).¹⁶
- There is, however, a serious problem with nurse retention. Nurse burnout and turnover in Pennsylvania has reached record-high levels in the last 2-3 years. Our survey of 1,000 bedside nurses last year found 79% reported increased turnover since they started.¹⁷
- Short-staffing is the single biggest driver of nurse burnout and turnover. In the PA Department of Health's most recent licensure survey, the highest factor of 'job dissatisfaction' was staffing (37% unsatisfied), and for respondents under fifty who were planning to leave nursing the most common reported reason was stress/burnout.¹⁸
- Improving staffing to safe levels would reduce nurse burnout/turnover, encourage more licensed nurses to return to the bedside, and make the single biggest difference in improving nurse retention, patient safety and saving hospitals the cost of high turnover.
- The introduction of safe ratio laws has been proven to increase the 'supply' of working nurses. After passing a ratios law in 2004, the California Board of Nursing reported a 60% increase in applications for nursing licenses from other states,¹⁹ a 4% increase in RNs overall, and an 18% increase in the number of applicants for the certifying exam.²⁰

Research Summary Endnotes

- 1 Aiken, Clarke, Sloane et al, 'Hospital Nurse Staffing and Patient Mortality, Nurse Burnout, and Job Dissatisfaction', *Journal of the American Medical Association*, 2002, <https://www.ncbi.nlm.nih.gov/pubmed/12387650>.
- 2 Aiken, Clarke, Sloane et al, 'Hospital Nurse Staffing and Patient Mortality, Nurse Burnout, and Job Dissatisfaction', *Journal of the American Medical Association*, 2002, <https://www.ncbi.nlm.nih.gov/pubmed/12387650>.
- 3 Needleman et al, 'Nurse Staffing and Inpatient Hospital Mortality', *The New England Journal of Medicine*, 2011, <http://www.nejm.org/doi/pdf/10.1056/NEJMs1001025>, Harless and Mark, 'Nurse staffing and quality of care with direct measurement of inpatient staffing', *Medical Care* 2010, <https://www.ncbi.nlm.nih.gov/pubmed/20548254>.
- 4 Aiken, Cimiotti, Sloane et al, 'The Effects of Nurse Staffing and Nurse Education on Patient Deaths in Hospitals with Different Work Environments', *Medical Care* 49(12):1047-1053, 2011, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3217062/>
- 5 Cho E1, Chin DL2, Kim S3, Hong O, 'The Relationships of Nurse Staffing Level and Work Environment With Patient Adverse Events', *Journal of Nursing Scholarship* 2016 Jan;48(1):74-82, <https://www.ncbi.nlm.nih.gov/pubmed/26642177>.
- 6 Robert Rosseter, "Nursing Shortage," American Association of Colleges of Nursing, July 15, 2011. <http://www.aacn.nche.edu/media-relations/fact-sheets/nursing-shortage>.
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- 8 Amy Every, "Best Practices for Controlling Labor Costs," *Healthcare Financial Management Association*, June 2008. <http://www.hfma.org/?ItemID>.
- 9 Amy Every, "Best Practices for Controlling Labor Costs," *Healthcare Financial Management Association*, June 2008. <http://www.hfma.org/?ItemID>.
- 10 C.J. Jones, "The Costs of Nurse Turnover, pt 2: Application of the Nursing Turnover Costs Calculation Methodology," *Journal of Nursing Administration*, 35.1 (2005), 41-9.
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- 12 Linda Aiken, et. al. "Implications of the California Nurse Staffing Mandate for Other States," *Health Services Research*, Volume 45 (4), August, 2010.
- 13 M. McCue, et al., "Nurse staffing, quality, and financial performance," *Journal of Health Care Finance*, 29.4, 2003, 54-76.
- 14 PA Department of Health, 2012/13 *Pulse of PA's Registered Nurse Workforce*, 2015, <http://www.health.pa.gov/Your-Department-of-Health/Offices%20and%20Bureaus/Health%20Planning/Documents/WR/2012-2013%20Pulse%20of%20PA%20Registered%20Nurse%20Workforce%20Report%20Final.pdf>.
- 15 US DHHS Bureau of Health Workforce, *Supply and Demand Projections for the Nursing Workforce 2014-30*, https://bhw.hrsa.gov/sites/default/files/bhw/nchwa/projections/NCHWA_HRSA_Nursing_Report.pdf.
- 16 PA Department of Health, *Nursing Education Programs in Pennsylvania*, 2017, <http://www.health.pa.gov/Your-Department-of-Health/Offices%20and%20Bureaus/Health%20Planning/Documents/2014%20Nursing%20Education%20Report.pdf>.
- 17 Nurses of Pennsylvania, *Breaking Point: Pennsylvania's Patient Care Crisis*, 2017, http://www.nursesofpa.org/wp-content/uploads/2017/09/Nurses-of-Pennsylvania-Briefing-Paper_final_092017.pdf.
- 18 PA Department of Health, 2012/13 *Pulse of PA's Registered Nurse Workforce*, 2015, <http://www.health.pa.gov/Your-Department-of-Health/Offices%20and%20Bureaus/Health%20Planning/Documents/WR/2012-2013%20Pulse%20of%20PA%20Registered%20Nurse%20Workforce%20Report%20Final.pdf>.
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Additional Talking Points

Introduce yourself:

- Share who you are, where you are from, if you are a constituent and how long have you been a nurse and your areas of expertise.
- Share your experience in a 2-4 min story of why safe staffing is important to you?
- Tell them what it means to be a nurse in detail (What needs to get done on a daily basis, what are some of the responsibilities you are charged with, why unsafe staffing hinders your ability to care for your patients and how many patients you are responsible for at a given time)

Why you and your group of nurses are here today?

- Share with them your take on your profession and the importance of quality care
- Tell them your group is a representation for thousands of nurses across the state and some doing these same meetings in their districts.
- Tell them why you became a nurse in the first place.
- Share with your legislators what the staffing numbers should look like
- Share your experience in a 2-4 min story of why safe staffing is important to you

Here's where we are with the legislation:

- We need to get it out of committee but we understand there are some gatekeepers and important legislators to have on our side.
- We are not waiting until we get to a vote to ask for support of our legislation in fact we are asking for your cosponsorship.

Will you support safe staffing for hospitals by becoming a cosponsor of the Patient Safety Act (SB 240 / HB 106)?



Additional Talking Points (Cont.)

Safe staffing standards save lives:

- Safely staffed hospitals have lower mortality rates. Research shows that safe staffing standards could prevent the deaths of 1 in 10 surgical patients. Additional benefits include lower emergency room wait times and lower readmission rates for pediatric patients.

We know this can work:

- California hospitals operate under safe staffing standardv legislation for many years, it's clear: safe staffing standards save lives, and reduce burnout and turnover.
- This is not an unprecedented idea in Pennsylvania. When we drop our kids off at daycare, we can rest assured that the facility is legally required to adhere to limits on the number of kids a childcare worker can be assigned. Why should we accept less if our kids are in the hospital?

Staffing Committees are a false solution:

- Many PA hospitals currently have staffing committees, and they fail to address staffing and care needs. Committee discussions between administrators and nurses have no teeth and no accountability to ensure the care of Pennsylvania's patients.
- Patients deserve a guaranteed minimum standard of care that can only be ensured by safe staffing standards legislation.

Our hospitals can afford to care for our patients:

- In competitive hospital markets like Pittsburgh and Philadelphia, safe staffing levels are associated with positive financial indicators for hospitals. In less competitive markets, lowered nurse staffing levels do not generate financial gains for hospitals.
- The costs of unsafe staffing are people's lives, increased patient falls, increased surgical complications, increased burnout and turnover, more nurses leaving the profession, and all the costs of dealing with those consequences.
- As short-staffing leads nurses to leave the bedside, hospitals have to hire, train, and support new nurses. The cost of replacing a single burned-out nurse can cost as much as \$80,000, and the leading cause of nurse burnout is unsafe working conditions.

There is no nurse shortage:

- Only 76% of Registered Nurses in PA are currently employed as nurses, and 6% are unemployed.
- Nursing program graduates in PA increased by 138% between 2002 and 2014.
- The truth is we have enough nurses, just not enough nurses willing or able to work at the bedside under increasingly unsafe conditions.



Current Co-Sponsors:

House Bill 106

Sainato, Chris (D-9)
Mustello, Marci (R-11)
Marshall, Jim (R-14)
Tomlinson, Kathleen C. (R-18)
Kinkead, Emily (D-20)
Innamorato, Sara (D-21)
Frankel, Dan (D-23)
Gainey, Ed (D-24)
Markosek, Brandon J. (D-25)
Deasy, Daniel J. (D-27)
Mizgorski, Lori A. (R-30)
Warren, Perry S. (D-31)
DeLuca, Anthony M. (D-32)
DelRosso, Carrie Lewis (R-33)
Davis, Austin A. (D-35)
Pisciottano, Nick (D-38)
Kulik, Anita Astorino (D-45)
Struzzi, James B. (R-62)
Helm, Susan C. (R-104)
Mehaffie, Thomas L. (R-106)
Millard, David R. (R-109)
Kosierowski, Bridget M. (D-114)
Madden, Maureen E. (D-115)
Toohil, Tarah (R-116)
Boback, Karen (R-117)
Carroll, Mike (D-118)
Kaufer, Aaron D. (R-120)
Cox, Jim (R-129)
McNeill, Jeanne (D-133)

Freeman, Robert (D-136)
Emrick, Joe (R-137)
Farry, Frank A. (R-142)
Polinchock, F. Todd (R-144)
Ciresi, Joe (D-146)
Pennycuick, Tracy (R-147)
Stephens, Todd (R-151)
Guenst, Nancy (D-152)
Sanchez, Benjamin V. (D-153)
Nelson, Napoleon J. (D-154)
Otten, Danielle Friel (D-155)
Shusterman, Melissa L. (D-157)
Sappey, Christina D. (D-158)
Zabel, Mike (D-163)
Howard, Kristine C. (D-167)
White, Martina A. (R-170)
Neilson, Ed (D-174)
Isaacson, MaryLouise (D-175)
Rader, Jack (R-176)
Hohenstein, Joseph C. (D-177)
Brown, Rosemary M. (R-189)
Grove, Seth M. (R-196)
Kinsey, Stephen (D-201)

Senate Bill 240

Saval, Nikil (D-1)
Tartaglione, Christine M. (D-3)
Street, Sharif (D-3)
Haywood, Art (D-4)
Tomlinson, Robert M. (R-6)
Hughes, Vincent J. (D-7)
Williams, Anthony H. (D-8)
Kane, John (D-9)
Schwank, Judith L. (D-11)
Collett, Maria (D-12)
Browne, Patrick M. (R-16)
Cappelletti, Amanda M. (D-17)
Comitta, Carolyn T. (D-19)

Kearney, Timothy P. (D-26)
Scavello, Mario M. (R-40)
Fontana, Wayne D. (D-42)
Costa, Jay (D-43)
Muth, Katie J. (D-44)
Brewster, Jim (D-45)