



Crain's Health Pulse
Thursday, September 24, 2020

Nurse staffing takes on new urgency as pandemic rolls on

Plus:

- Northwell secures funding for gun violence prevention work
- Most New Yorkers oppose increasing health insurance taxes to close budget gap
- Memorial Sloan Kettering receives \$9M grant for Parkinson's research

This is the first installment in a two-part series on nurse staffing in New York.

Pat Kane, executive director of the New York State Nurses Association, has seen the pandemic intensify the decades-long fight over adequate nurse staffing.

Before Covid-19 struck, the Midtown South–based union of more than 42,000 frontline nurses focused on safe-staffing ratios as a top priority for its members, who work in major hospitals and other health care settings across the state. The ratios regulate the number of patients that can be assigned to a single nurse.

Those efforts continued through the height of the crisis. Nurses felt their facilities were unprepared in terms of the size of their staff to take care of the vast number of critical care patients, said Kane, who is a registered nurse herself.

"Our feeling was that staffing was so tight, when this came to be, the system broke. It just broke," she said.

The most recent bill about the issue proposed in the state Senate and Assembly is the Safe Staffing for Quality Care Act of the 2019–20 legislative session. It's currently in committee. Some of the proposed ratios include one nurse to two patients in critical care and intensive care units, one nurse to four patients in medical-surgical units, and one nurse to six patients in well-baby nursery units. The union's position is that mandatory nurse-to-patient staffing ratios would help to improve safety, quality of care and staff retention at a time when nurses are more essential than ever.

However, hospitals are steadfast in their belief in flexible staffing, which they say enabled them to handle the Covid surge and save patients. Flexible staffing operates without mandated nurse-to-patient ratios and allows providers to adjust their number of nurses in real time based on how they view the needs of patients.

They also say meeting set staffing ratios is unachievable thanks to fiscal constraints arising from the current crisis, which resulted in a loss of revenue as most nonmandatory procedures were postponed or canceled.

Sean Clarke, a registered nurse and executive vice dean and professor at New York University Rory Meyers College of Nursing, said he believes the pandemic could fan the flames of the staffing battle.

"We may see that debate continue for the next while," Clarke said.

Feeling the strain

Tanisha Thompson, a registered nurse at Wyckoff Heights Medical Center and a member of the New York State Nurses Association, said the volume of Covid-19 patients that local nurses took on during the pandemic was incredibly difficult.

Thompson, a 20-year veteran, is trained in critical care and was redeployed from other work to that high-need area at the peak of the crisis.

"Staffing is a huge issue," she said. "The patients are getting sicker and sicker and sicker. They require more and more care, and you really need to have a manageable patient load."

Thompson believes that set nurse-to-patient staffing ratios would aid facilities in retaining experienced nurses.

Last month the state Department of Health released a highly anticipated report that considered the logistics of implementing set staffing ratios in New York. Researchers found that if the proposed legislation to do so were passed, hospitals would need to hire nearly 25,000 more nurses total—at an annual cost of between \$1.8 billion and \$2.4 billion. And nursing homes would incur between \$1.9 billion and \$2.3 billion in annual costs.

The estimates reflect an increase in wage costs of between 40% and 53% for hospitals, and between 79% and 96% for nursing homes, at a time when local providers have been financially strained by Covid-19.

Aside from recruitment and costs, the department noted in its report that some stakeholders have voiced concerns that mandated nurse-to-patient ratios don't take into consideration the differences in types of hospitals, patient populations and care practices.

It added that the evolution of clinical care and types of patients suggest providers need flexibility to implement staffing plans that best meet all needs.

A spokeswoman for the state Department of Health reiterated the need for adaptability in staffing, especially as a result of the current crisis.

"The staffing study concluded that maintaining a health care workforce that effectively meets the needs of patients requires a flexible and comprehensive approach to address today's multifaceted and complex health care delivery challenges," the spokeswoman said in a statement. "The department continues to support measures to improve quality of care and

patient outcomes, and the pandemic has only underscored the need to maintain workforce flexibility."

The Greater New York Hospital Association concurred.

"Nurses are indispensable professionals without whom there would be no patient care," the association said in a statement. "Our hospitals are always looking for ways to better support them and the critical work they do."

However, it said, mandated nurse-to-patient ratios would have been "unworkable and unaffordable" even before the pandemic. And now such a requirement is unthinkable for hospitals.

"Every hospital in New York state will lose money this year," the association said. "Some of our hospitals are contemplating layoffs—a terrible conundrum at a time when we are continuing to ask for heroism during the ongoing pandemic. And we fear, in a post-Covid era—if it ever comes—hospital revenues will not return to their pre-Covid levels due to consumer concerns about hospital care and outmigration of patients from New York City." —Jennifer Henderson

Read part two of the installment in tomorrow's edition of Health Pulse.

Northwell secures funding for gun violence prevention work

Northwell Health said this week that it has been awarded \$1.4 million from the National Institutes of Health to study gun violence prevention and to develop and implement a new protocol to universally screen for those at risk of firearm injury.

The aim is to address gun violence as a public health issue and approach firearm injury risk similarly to other health risk factors that are part of routine care, such as smoking and substance use, Northwell said.

The health system will use the funding to establish evidence-based screening and intervention strategies within three of its facilities: South Shore University Hospital, Cohen Children's Medical Center and Staten Island University Hospital. Clinicians in emergency departments will ask patients questions about having firearms in their homes and determine their risk of injury, Northwell said. Each response will be scored and embedded into patients' electronic medical records, which will help guide health discussions and establish next steps for care.

The work will be led by Dr. Chethan Sathya, director of Northwell's Center for Gun Violence Prevention and associate medical director for trauma and pediatric general and thoracic surgeon at Cohen Children's, as well as Dr. Sandeep Kapoor, assistant vice president for addiction services for Northwell's Emergency Medicine Services and director of screening, brief intervention and referral to treatment, or SBIRT.

The work will follow a similar protocol to Northwell's SBIRT program implemented in its emergency departments several years ago to identify substance misuse and connect patients to treatment, the health system said. Through that program, Northwell completed 1.5 million patient screens across 18 emergency departments and inpatient and outpatient settings, which resulted in 23,000 brief interventions and 8,000 referrals.

"As we have seen with SBIRT, we can make a difference for our communities by asking the right questions and providing the right education and connections to treatment," Kapoor said in a statement. "The objective here is to mirror that success and reverse the trend of rising suicides and preventable firearm injuries and deaths."

Initially, SBIRT was also federally funded, Northwell noted. But it has since been sustained across the health system. —J.H.

Most New Yorkers oppose increasing health insurance taxes to close budget gap

Nearly 80% of New Yorkers reject the idea of increasing health insurance taxes to close the state budget gap, according to a Siena College poll of registered voters.

The results—which will be released today—showed that 77% of respondents opposed higher taxes on health insurance, and nearly a third of the 16% who supported them would prefer a different approach if it means increasing what they pay for health insurance.

Seventy-nine percent of respondents said they felt consumers should not have to pay more for health insurance in order to close the state's budget deficit. Just 18% reported they would be willing to accept an increase in what they pay.

Nearly half of the respondents favored Congress providing funding help to New York when asked about measures to close the budget gap.

The poll comes as hard-hit New York faces a \$14 billion deficit as a result of the pandemic. As part of the poll, about 800 voters were asked a series of questions on whether increasing health insurance taxes should be among the measures to address the shortfall. Those questions were included at the request of the New York Health Plan Association.

"Given the impact that Covid-19 has had on the economy and the health care system, and the concern New Yorkers have about the virus itself, now is probably the worst possible time to increase health insurance taxes," said Eric Linzer, president and CEO of the association. Such action would only "exacerbate the toll" on consumers and employers across the state.

Linzer noted that health insurance taxes are the third-largest source of state revenue behind sales and income taxes and add more than \$5.2 billion to the cost of insurance each year.

It's incumbent upon state leaders not to make access to health coverage more difficult and expensive, he said, especially during the current crisis.

Heather Briccetti, president and CEO of the Business Council of New York State, also weighed in on the findings.

"As employers, businesses large and small shoulder much of the health insurance premium burden," Briccetti said in a statement. "We are heartened to see that the vast majority of New Yorkers strongly agree with us that tax increases on health coverage is the wrong way to close the state's budget gap." —J.H.

Memorial Sloan Kettering receives \$9M grant for Parkinson's research

The team of Memorial Sloan Kettering Cancer Center's Dr. Lorenz Studer, director of the Center for Stem Cell Biology, last week received an almost \$9 million grant from a Parkinson's disease initiative to advance research on genetic risk factors.

The Aligning Science Across Parkinson's initiative, launched in 2019 by the Washington, D.C.-based Milken Institute Center for Strategic Philanthropy, provided \$161 million in grants to 21 teams to conduct research over three years. The initiative partnered with the Michael J. Fox Foundation to administer the funds.

Studer's team is made up of Memorial Sloan Kettering, the New York Stem Cell Foundation in Hell's Kitchen, the University of Illinois at Urbana-Champaign, Harvard Medical School in Boston and the Garvan Institute of Medical Research in Darlinghurst, Australia.

"We're very happy to be chosen from the applicant pool of about 600 to 700 around the globe," Studer said. Memorial Sloan Kettering will receive a third of the award, and the remainder will be divided approximately evenly across the other members, he said.

Studer's team will collect stem cells from patients to derive brain cells and investigate how genetic risk factors and aging processes trigger the disease. The goal is to be able to stratify patients into different categories, yielding insights into why some at-risk patients develop the disease and some do not, and devise suitable treatments for each group, Studer said.

The goal is to produce preliminary findings within a year.

"We don't expect to discover a new therapy with this research, but hopefully we can discover new therapeutic targets for novel therapies in the future," he said. —Shuan Sim

AT A GLANCE

COVID CLUSTER: Mayor Bill de Blasio on Wednesday further addressed the upticks in Covid-19 cases in parts of Brooklyn and Queens that are [causing the city new concern](#). Dr. Mitchell Katz, president and CEO of New York City Health + Hospitals weighed in, saying he was also distressed about the rise in cases. Efforts to combat the increase are ongoing and have included conversations with local physicians to improve outreach and messages about physical distancing, wearing face coverings and staying home when sick, Katz said. Tens of thousands of masks have been distributed, and more than 200,000 robocalls have been made. De Blasio noted that large indoor gatherings are of greatest concern.

FAMILY PHYSICIANS: The New York State Academy of Family Physicians, which represents more than 7,000 physicians, residents and students in family medicine, said Wednesday that it "strongly supports" a state requirement for all school-age children [to receive the flu vaccine](#). "Moreover, NYSAFP calls for a focus on increased access and equitable distribution of both the influenza vaccine and all vaccines in the interest of public health and health equity," said Dr. Jason Matuszak, president of the academy, in a statement. "Equitable distribution of vaccines is an essential way to mitigate the overall severity of the epidemic as the more vulnerable and marginalized among us often have higher rates of disease and comorbidities, which lead to poorer health outcomes."

VACCINE PREPAREDNESS: The Department of Health and Human Services on Wednesday said the Centers for Disease Control and Prevention will provide \$200 million to 64 jurisdictions for Covid-19 vaccine preparedness. The funding is from the Cares Act, and, along with other support from the agency, is intended to help states prepare for an approved vaccine.