President's Message

Connie J. Perkins, PhD, RN, CNE

In November, I attended the Nurses Service Organization's (NSO) Annual Summit in Denver, Colorado to represent our wonderful organization. There were almost 90 attendees; one of their highest attendance rates in summit history. It was an informative few days that allowed me to network with other ANA chapters, state unions, and various other nursing specialty organizations. I learned a lot through our discussions of what keeps them up at night related to the nursing profession and what they are doing about it. Safe staffing seemed to be on everyone's minds with almost everyone I asked saying they have legislation being advocated for or that was recently passed. Safe staffing is one of ANA's core federal policy priorities supporting nurse-driven staffing committees with at least 55% of these committees being direct care nurses (American Nurses Association, n.d.). Safe staffing was also a discussion at ANA's 2024 Leadership Summit that both Jeanine Santelli and I attended in December. While nurse:patient ratios may not roll out at the federal level, the ANA Government Affairs team offered their support and shared that California, Massachusetts, Oregon, and New York have ratios in their safe staffing legislation. However, that doesn't mean all units are covered. For example, in our state in 2021 staffing laws were passed that outlined ratios for nursing homes and staffing committees for acute care. In this law, 1.1 hours of care per resident day must be provided by a licensed nurse which includes LPNs and RNs for nursing homes only (New York State Department of Health, 2024). A federal approach for this specialty was also mentioned in a presentation at the NSO summit by my new friend "Aunt Missy", a passionate nurse in the long term care arena. She shared that under the Biden Administration, the Center for Medicare and Medicaid (CMS) proposed staffing ratios and position regulations which are much more specific regarding registered nurses than our laws. For example, at least 0.55 hours per resident day of care must be provided by a registered nurse, every facility must have a registered nurse on site 24/7, and an infection control nurse must be present at least part time. For those of you who work in this specialty, you have my respect. Patients are sicker and get discharged quicker. With this trend, our Skilled Nursing Facilities (an appropriate title in my book) are starting to look like medical-surgical units…but with fewer RNs (if you can imagine that is even possible).

From my conversations at the NSO Summit, several states have nurse:patient ratios in the Intensive Care Unit of either 1:2 or 1:1 either signed into law or currently awaiting signature, but few have been able to secure ratios in other acute care units. As you may remember from our governing assembly in October 2024, our legislative priorities remain aligned in promoting safe staffing. However, we believe what was passed in our state in 2021, is not being enforced in a fair and reasonable manner. If you want to learn more about how the laws are rolling out in our state, the Healthcare Association of New York State (HANYS) (2024) has a great resource page with an interactive timeline. Their leadership is intimately involved in this work as they are part of the Advisory Commission charged with evaluating the effectiveness of the clinical staffing committees. Rest assured that we have a strong Legislation Committee at ANA-NY who will be pushing for new ideas if safe staffing regulations are not enforced.

It wouldn't be an NSO summit without reviewing some case studies. After hearing numerous stories about nurses being called to the carpet years after care was provided, here's your reminder to ensure you have personal liability coverage and document everything. An additional topic of interest was patient abandonment, which in New York is defined through the establishment of a nurse-patient relationship. Once established, patient abandonment is defined by whether reasonable arrangements have been made for the continuation of nursing care by others after proper notification. That applies to breaks, shift hand off, proper delegation, and even falling asleep on the job (yikes!). The summit concluded with a very interesting presentation on nurses responding to emergencies in-flight. While the most common in-flight medical emergencies are not life threatening (i.e. syncope, gastrointestinal distress), 0.3% result in death (Peterson et. al, 2013). Before responding to an in-flight medical emergency, consider if you are able to respond within your scope of practice. If you are sleep deprived, have consumed alcohol, or have taken anything for sleep or anxiety you should sit this one out. You will likely be asked to present your nursing license as well. My husband and I are both nurses and responded to an in-flight medical emergency on our way to our honeymoon several years ago. Our unexpected patient was shaking and diaphoretic when the call went out that medical assistance was needed. When asking about his past medical history, diabetes came up early on. However, a glucometer is not required to be part of the plane's first aid kit and when we asked our patient for his, it was in his checked bag rather than his carry on. Thankfully, he was able to drink some orange juice and his symptoms resolved quickly. When asked for our license numbers, we had to look them up online when we landed which made us almost miss our connecting flight. From then on, I've always had a picture of our licenses in my favorites photo album in my phone for quick reference. If you do choose to respond, make sure you get verbal consent

for evaluation and ask the flight crew for their first aid kit. While you likely won't be impressed by their kit, it should at least provide you with gloves to maintain standard precautions. Typical medications kept on board include antihistamines, aspirin, atropine, a bronchodilator, dextrose, saline, epinephrine (which as of August 27, 2024 is now an autoinjector rather than a vial and syringe), lidocaine, nitroglycerin, and non-narcotic analgesics. Also, ask for a pen and paper to document your assessments, any medications given, and interventions. You may need to provide that as a hand-off once you land if the person is seeking additional treatment with the ground crew. If you are concerned about responding due to liability reasons, note that the US Aviation Medical Assistance Act of 1998 serves as a Good Samaritan Law. Overall, the NSO Summit was a great learning opportunity and I appreciated their invitation and generosity covering all costs for my attendance. ■

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From the Desk of the Executive Director

Jeanine Santelli, PhD, RN, AGPCNP-BC, FAAN, Faith Community Nurse

We are looking forward to a busy Spring! Make sure to watch our weekly bulletins, website, app, and social media sites for the announcements of calls for:

- Nominations for Vice President, Secretary, Director-at-Large, Nominations and Elections Committee members, and ANA Membership Assembly Representatives
- Nightingale Tribute remembrances
- National Nurses Month activities
- American Nurses Advocacy Institute participants

Please make sure that your dual ANA and ANA-NY membership is associated with your CURRENT email so you don't miss a thing! ■

Legislative Update

Amy Kellogg and Caiti Anderson

New York's 2025 legislative session began on January 8, 2025 when both houses convened for their first day of session. Normally, this day would also be marked with the Governor's State of the State address, but Governor Kathy Hochul gave that address one week later, where she outlined her legislative priorities for the upcoming session.

On January 21, the Governor unveiled her proposed 2025-2026 Fiscal Year budget. The Governor proposed a $252 billion state budget, which is a $10 billion (3.6%) increase over the prior year's budget. The proposed spending plan does not include any income tax increases and includes several initiatives to get money back into the pockets of New Yorkers, including the already announced inflation refund plan, free school meals for all students, and an enhanced child tax credit, as well as a middle-class tax cut and free community college. This increased spending will be covered by an 8% increase in revenue that the State has seen. This proposed budget will also protect the $21.1 billion in the rainy-day fund to help New York prepare for future budget challenges.

The proposed budget includes a number of provisions that would impact New York's nurses. One of the proposals included is the Nurse Licensure Compact (NLC). The NLC proposal allows nurses from other Compact-Member states to practice nursing in New York. We support the NLC and are currently working with others on educating the Legislature on the importance of the NLC and seeking to