SHARED RESPONSIBILITY pdf

1: Microsoft Incident Response and shared responsibility for cloud computing | Blog | Microsoft Azure

Make a shared responsibility payment with their federal income tax return for the months that without coverage or an exemption. Under the recently enacted Tax Cuts and Jobs Act, taxpayers must continue to report coverage, qualify for an exemption, or pay the individual shared responsibility payment for tax years and

If you qualify as a dependent of another taxpayer, only the person who is able to claim you as a dependent will be liable for the payment, if any. Please select the tax year: Some of the figures used in determining the payment, such as the filing threshold for your filing status, are indexed to inflation. The estimator is updated annually as these figures are published. The adjustments are generally made at the end of the calendar year or beginning of the new one. Important The Shared Responsibility Payment is determined based on your filing threshold and the flat dollar amount for the tax year. It is capped by national average premium for qualified health plans that have a bronze level of coverage the national average bronze plan premium. For tax year , this information is unavailable. You may continue to use this estimator to obtain an estimate of the payment for However, your payment may be different. Next Step 2 - Your Information If you qualify as a dependent of another taxpayer, only the person who is able to claim you as a dependent will be liable for the payment, if any. Check if you are a dependent of another person. This is true even if the other person does not claim you on their return. Annual household income Your adjusted gross income plus any excludible foreign earned income and tax-exempt interest, plus the income of all of your dependents who are required to file tax returns. Check if you were born before January 2, Check if your spouse was born before January 2, Number of family members You, your spouse if married and filing a joint return , and everyone you are able to claim as dependents. The household income you entered is below the filing threshold for for your filing status. You may not be liable for the payment. If you file a return, you will need to complete Form , Health Coverage Exemptions, and attach it to your return. Next Step 3 - Your Coverage If you are covered under minimum essential coverage for at least one day in a month, you are not subject to the payment for that month. Only select the months where you or a family member is not covered the entire month. If you or any of your family members were not covered under minimum essential coverage for a month, review the exemption information on IRS. If you or a family member have not turned 18 before the end of the prior year, check the "Under 18" box for the family member in the "Coverage at start of year" section. If a family member turns 18 during the year, uncheck the "Under 18" box for that family member in the month after their 18th birthday. Check the Covered box for all family members that were covered under minimum essential coverage at the beginning of the year. Entries here are applied for the whole year unless changes are entered for months selected below.

2: What Does Shared Responsibility in the Cloud Mean? â€“ Microsoft Azure Security and Compliance

The employer shared responsibility payment is a tax penalty imposed on businesses with more than 50 full-time equivalent employees if the businesses don't offer affordable health insurance benefits, or if the benefits offered do not provide minimum value.

Growth or innovations in banking may create new risks that prompt regulatory change. The new requirements, in turn, incentivize or disincentivize certain actions by financial institutions, including shifts in activity that may start anew the process of regulatory response. The regulation of international banking reflects this general pattern, but because internationally active banks can quickly transmit financial problems across national boundaries, it also features the question of who should be doing the regulating in a dynamic financial environment. Following the financial crisis, during which some internationally active banks posed special problems for both home and host countries, this issue has commanded attention reminiscent of the aftermaths of the Herstatt failure of the s and the Bank of Commerce and Credit International BCCI failure of the early s. Unlike those earlier instances, though, this renewed prominence of the "who does the regulating" question has accompanied a major reconsideration of what regulation is appropriate. Today I would like to address both the "who" and the "what" issues in the regulation of international banking. My theme is hardly an original one--namely, that in the absence of either a global regulator or completely insular national banking systems, we must continue to work toward a system of shared responsibilities to assure both home and host regulators that internationally active banks are subject to adequate oversight and controls. I will begin by reviewing briefly the benefits and risks associated with international banking and then identifying the different models for allocating responsibility for the oversight of international banks. After noting the shortcomings of the system for regulating internationally active banks that prevailed before the financial crisis and developments in the intervening years, I will turn to a consideration of the challenges that remain, with a few suggestions on how we might make more progress. Benefits and Risks of International Banking It is worth at least briefly reminding ourselves of some of the more salient advantages and risks associated with cross-border banking as they help inform development of regulatory options. The magnitude of these benefits obviously differs from country to country, depending on a variety of factors. On the other side of the ledger are the risks associated with foreign banking that are distinct from risks associated with banking more generally. Reversals in the home market or other significant foreign operations may reduce the ability of the parent to support its foreign affiliates with needed capital and liquidity. Even if the foreign affiliate is not itself under great stress, the weakened overall condition of the parent because of problems in other parts of the world may prompt it to retrench--often rather abruptly--by reducing activity in foreign markets in which it is active. This response may be driven either by bank management itself or at the instance of home country officials who want the bank to continue to lend in its home market. Especially in countries where foreign banks account for a significant part of financial intermediation and where the underlying problems are not idiosyncratic to a specific bank, the result may be a significant diminution in intermediation beyond what would have taken place because of macroeconomic developments. Even more serious is the risk that the foreign bank will fail, and that the home country will lack the resources or the will to ensure either that it is recapitalized and continues to function or that it fails in an orderly fashion. Thus, what might have been economic advantages for host countries from foreign banks in reasonably good times can turn into substantial disadvantages in periods of idiosyncratic or generalized stress. As with the benefits of foreign banking, the risks vary considerably among host countries. Obviously, countries without well-developed domestic banking systems will both benefit more and be at greater risk. Yet even the most sophisticated domestic financial systems can be affected significantly. For example, the risks can be exacerbated by funding patterns and currency mismatches, as happened in the United States during the financial crisis. Foreign banks that had been using their U. Approaches to the Regulation of Internationally Active Banks As I mentioned at the outset, international banking raises the question of who should do the regulating, as well as the question of what regulation is appropriate. The two questions are related, of course. As I will explain shortly, the nature of regulations in part depends upon the perspective and aims of the regulator. There are essentially four models, each of which has benefits and shortcomings. Second, host jurisdictions can have dominant regulatory responsibility for all foreign banking operations within their borders. This approach requires foreign banks to charter locally and to meet the same regulatory and supervisory standards applicable to domestic banks. Third, there can be shared authority between home and host jurisdictions, whereby host countries do some regulating and supervising of foreign banks within their borders but do not require all foreign banking activities to be locally chartered and subject to regulation identical to that of home banks. Finally, there could be one global regulator to oversee all the operations of internationally active banks around the world. There is an almost unlimited number of variations on the shared approach and, in fact, one or another variants on that approach have been adopted by most jurisdictions during the modern banking era though there have been instances of countries severely limiting or prohibiting foreign banking altogether. Before turning to a discussion of how the shared approach has evolved and may be further modified, I think it useful to identify both the appeal and the problems with the other three, conceptually purer, approaches. Both the attraction and limitations of the host country model are fairly apparent. On the one hand, the host country is most likely to be attentive to the risks posed to its financial system by foreign banks. More generally, the host jurisdiction is at least presumptively best positioned to craft a regulatory and supervisory framework to protect its financial system from the particular risks engendered by economic and financial conditions. Having all foreign banking operations meet local capital and other standards helps achieve that end. The risks of abrupt shifts of capital and liquidity out of the country can be minimized, and depositors can be better protected. On the other hand, a fully local regulatory system would make the costs of entry very high. For example, if no foreign branches were allowed, or were required to operate as if they were separately chartered and capitalized, the commitment of resources needed to enter a foreign market would be considerably higher than those typically associated with opening a branch. In addition, even complete local subsidiarization might not protect a foreign banking operation from suffering some contagion if its parent is under stress. Thus, the quality of home country regulation may have some bearing even under the host country model. Not surprisingly, the home country model presents essentially the obverse set of advantages and limitations. Having a consolidated set of capital requirements and a single supervisor allows for the quickest deployment of capital and liquidity where it is most in demand, or most needed to relieve stress, and minimizes compliance costs. However, as has often been pointed out, the home country regulator will be most responsive to the impact of both regulation and distress of its banks on its own market. In its regulatory and resolution activities, it is likely to undervalue the potential risks and costs for host countries. In periods of stress, the home country regulator, accountable primarily to home country legislators or government officials, may concentrate on stabilizing its own financial markets and be more inclined to allow, or even demand, a sharp reduction in activity abroad. The result would, at a minimum, be an abrupt decrease in intermediation at particularly sensitive times. At worst, foreign operations could default on obligations and exacerbate financial stress. A global regulator, however, would at least in theory take the interests of all jurisdictions into account in regulating, supervising, and resolving a global bank. Of course, how to balance those interests--particularly in the face of unanticipated circumstances--would be a difficult, and almost invariably political, judgment. This reality raises the thorny issue of the accountability of a global regulator. The political factor is one of many reasons why jurisdictions are likely to remain unwilling to cede much authority to global, as opposed to international, financial institutions. Indeed, quite apart from political considerations, there may be good reasons not to do so. For one, a single global regulator of internationally active banks would presumably be something close to a regulatory monopolist, whose policies and practices could be inappropriately uniform across quite different national markets and slow to adapt to changing conditions. Also, as with dominant or exclusive reliance on home country consolidated supervision, it seems unlikely that a global regulator--no matter how well-staffed--would be fully informed on the varieties of financial risks posed to regulated institutions across national markets. A limited exception to the general disinclination to cede financial sovereignty, as in various other areas, lies within the European Union or, more precisely, the euro zone. Interesting and important as this regional initiative is, however, the unique European arrangement of shared sovereignty makes it less a model for the world as a whole than an extension of the single currency project, responding to some of the difficulties encountered during the financial crisis. Given the range of variations in this model, however, it is useful to bear in mind the relative advantages and disadvantages of the cleaner models in choosing the elements of a specific shared approach. In considering recent developments, as well as what remains to be done, it is also useful to begin by recalling the situation that prevailed at the onset of the financial crisis. At the same time, though, the Basel Committee set out expectations for host country prudential oversight of foreign banks that would be similar to that for domestic banks. Home country regulators of some large, internationally active banks clearly did not appreciate the risks those firms were assuming overseas. Host country regulators, including those in the United States, had not exercised prudential oversight of some foreign bank activities and had not sufficiently appreciated the risks associated with the funding models and other activities of some foreign banks that were subject to consolidated prudential regulation. And there were indeed instances of international bank failures in which the home country authorities seemed to focus on domestic interests to the possible detriment of the interests of host countries. The substantive rules governing capital and other requirements for all banks were woefully inadequate, although the fact that most very large banks around the world have significant cross-border operations exacerbated the shortcomings. While banks were growing in size, integrating traditional lending and capital markets in ever more complicated ways and relying increasingly on vulnerable short-term wholesale funding models, many regulators around the world were at best failing to keep up with these changes. At worst, they removed older prudential limitations without substituting new measures designed to address the new realities of banking. The Basel Committee spent most of the decade before the crisis dominantly focused on the Basel II framework, which was intended to reduce somewhat effective regulatory capital levels for large banks in return for their transition to an internal-models-based approach to capital requirements. This was a choice made by national regulators, led by those in the United States, and not a byproduct of the structure of the Basel Committee itself. Adding the lessons of the financial crisis to those of earlier episodes of financial stress, I think we can infer some guidelines on host and home responsibilities to help shape expectations for practice. For host countries, the overarching guideline is that each jurisdiction should take responsibility for protecting the financial stability of its own markets as its contribution to achieving global financial stability. Thus the United States and the United Kingdom--which currently have the greatest concentrations of capital markets activities--have a particular obligation to oversee the local activities of both domestic and foreign banks that could pose particular risks to financial stability and are likely to be especially difficult to observe for a home country supervisor less familiar with those markets. A corollary of this general guideline is that the scope of host country regulation might sensibly vary with the size and systemic importance of foreign banks. This notion is consistent with the principle embodied in the Dodd-Frank Wall Street Reform and Consumer Protection Act that prudential regulation should be progressively more stringent as banks pose greater risks to financial stability. As I will discuss in a moment, this principle also lies behind some of the post-crisis frameworks developed by the Basel Committee and the Financial Stability Board FSB. For home countries, the relatively longstanding principle that regulators should exercise effective consolidated supervision remains critical, though I would emphasize that the regulation imposed by home jurisdictions is of equal--if not greater--importance. It is important to emphasize that this obligation is not a substitute for host country regulation and supervision of foreign banking organizations. The home jurisdiction regulatory structure must ensure that the banks are fundamentally safe and sound, and that the parent will generally be able to support its operations around the world. Here, of course, a major shortcoming of the pre-crisis regime becomes apparent, in that capital and other regulatory requirements for internationally active banks were simply not strong enough. Consolidated supervision must contain the risks to the financial system created by banking activity that is not fully captured by regulations. It must also ensure that banks do not hide problems by shifting assets or liabilities around their global operations and, more generally, that the banks are fundamentally safe and sound so as to forestall possible contagion risk to foreign operations. Within these admittedly broad guidelines, there is obviously room for host countries to balance the benefits and risks presented by foreign banking organizations in a number of different ways. Their choices will be affected by policy preferences, the characteristics of their domestic financial systems, and the relative importance of foreign banks in those systems. The host country choices will also inevitably be affected by how home countries are carrying out their regulatory and supervisory roles. This consideration includes, of course, not just regulations that are nominally applicable, but the manner in which those regulations are enforced. Branching presents a particularly instructive example of the tension between assuring financial stability and permitting foreign banking operations that may carry economic benefits. Because branches are not separately chartered and capitalized, a bank can relatively easily enter a foreign market by opening a branch, through which it can make loans--often initially to companies from its home country--using funds from the home bank. Particularly where as in the United States foreign branches are forbidden by local law from accepting retail deposits, it might seem that there are minimal risks to the host country if the parent bank and thus the local branch fails. As noted earlier, when short-term funding dried up, many foreign branches were left seriously short of liquidity and had to turn to the discount window. A shared feature of the U. Many other jurisdictions have similar policies. Thus opportunities for foreign bank entry and market access are provided. In the United States, larger branches do have to meet some liquidity requirements, though they are less restrictive than the standards applicable to domestic banks and intermediate holding companies. This requirement is an important example of a prudential measure that balances financial stability and the benefits of international banking. The degree to which we or, I presume, other jurisdictions will remain comfortable with this balance will depend on two factors. The first factor is the degree to which local branches are used by foreign banks as significant sources of unstable funding or for other risky purposes. While this has been a significant issue in the United States, it is less clear that other jurisdictions face similar risks. The second is the confidence host jurisdiction regulators have that the parent banks are subject to effective regulatory and supervisory oversight. Developments since the Crisis The profound shift in political and policy environments as a result of the financial crisis has led to considerable strengthening of minimum international standards for internationally active banks, at both national and international levels.

3: AWS Shared Responsibility Model: Cloud Security

1. What is the individual shared responsibility provision? Under the Affordable Care Act, the federal government, state governments, insurers, employers and individuals are given shared responsibility to reform and improve the availability, quality and affordability of health insurance coverage in.

Featured Articles Over the past few months, the security industry has witnessed several major cloud data breaches. The Deep Root Analytics leak sent shockwaves across the cybersecurity community in June, as sensitive information on million American voters was exposed. A few weeks later, data on six million Verizon users was exposed by Nice systems, a third-party vendor working with Verizon. Before the dust had settled on that breach, personal information of 2. In the past, when information technology was deployed on-premises, the enterprise held sole responsibility for securing its IT infrastructure. The advent of the cloud has required a new paradigm for IT security. While enterprises still need to apply the same set of security controls to the cloud as they had on-premises, they now have a partner that they must rely on for part of the security. The three leaks above have a few traits in common. Salesforce, on the other hand, continues to expand the security of its SaaS platform with the introduction of Salesforce Shield. Box, for its part, released its data classification feature in to further empower customers with critical security capabilities. More specifically, they protect the underlying infrastructure of the service from threats, vulnerabilities, abuse and fraud. There is some overlap, specifically around compliance requirements, but for the most part, the provider and customer have separate responsibilities. This relationship is known as the shared responsibility model, and it is the basis for how modern cloud security operates. Protection against internal malicious users i. Lastly, properly configuring the myriad of native security capabilities DLP, access control, activity monitoring and following basic security best practices is yet another area that the cloud service customer is responsible for. Case in point, AWS recommends that users should only be given the least amount of privileges that still allows them to fulfill their job duties. There is nothing AWS can do to protect its customers if they unnecessarily provision users with admin privileges. Disaster and incident response includes two main areas. The first one is business continuity management, which means that the CSP has to ensure availability and incident response. Essentially, the service has to be up and running, and if anything goes wrong, the CSPs have to work to fix it. The second category includes accounting for environmental or unpredictable scenarios. This includes securing the data centers against power outages, floods, earthquakes and other disasters. For IaaS, however, network controls are controlled by both parties. Security groups are equivalent to firewalls to control network traffic. Looking ahead While it is true that CSPs like AWS or Microsoft Azure have their own security responsibilities, the truth is that data breaches will continue to occur unless organizations using cloud services collectively fulfill their end of the relationship. Ajmal Kohgadai is an associate product marketing manager at Skyhigh. He combines product marketing, database marketing, content creation, advertising, and analytics. He generally splits time between finding new ways of educating the business community about mobile marketing, while trying to understand the profound and irreversible impact mobile technology is having on society. The opinions expressed in this guest author article are solely those of the contributor, and do not necessarily reflect those of Tripwire, Inc.

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4: Shared Responsibility Model - Amazon Web Services (AWS)

During National Cybersecurity Awareness Month, USPS is reminding employees that protecting postal networks is a shared responsibility. National Cybersecurity Awareness Month, held each October, allows Postal Service employees to brush up on their skills and learn how to protect USPS networks against potential cyberthreats.

The overall goal is to help you improve the security of your cloud environments. In my experience, a solid understanding of the AWS Shared Responsibility Model makes it easier to build and maintain a highly secure and reliable environment. Without knowing where I needed to step in and take control of data security, I was never able to properly define just how secure my environment really was. After speaking with my business contacts in various sectors, it seems that security is still one of the main reasons corporations are reluctant to adopt a cloud presence. Overcoming this hesitation requires AWS to be at the very top of security excellence and governance. AWS Services are deployed and distributed in exactly the same way throughout their entire global infrastructure. This means a single user accessing a simple S3 bucket for document backups is covered by the same strict security standards as the largest and most demanding corporations. Abstract and Container Services. This covers their global infrastructure elements including Regions, Availability Zones, and Edge Locations, and the foundations of their Compute, Storage, Database, and Network services. AWS owns and controls access to their data centers where your customer data resides. This covers physical access to all hardware and networking components and any additional data center facilities including generators, uninterruptible power supply UPS systems, power distribution units PDUs , computer room air conditioning CRAC units, and fire suppression systems. Some of the security compliance controls mentioned previously are based upon this physical access entry and control. With the basic Cloud infrastructure secured and maintained by AWS, the responsibility for what goes into the cloud falls on you. How much of this additional security you wish to implement is entirely your decision. What you choose may depend on the nature of your business or on existing controls that you may already have in place. This is a huge difference from that of infrastructure-based services. However, not all responsibility has shifted. You should note that firewall configuration remains the responsibility of the end user, which integrates at the platform and application management level. For example, RDS utilizes security groups, which you would be responsible for configuring and implementing. Abstract Services Examples of abstract services include: IAM is a very powerful tool that you can use to create a very specific set of access permissions and private security keys for the resources you deploy. OS security patches Once you launch an EC2 instance , the responsibility for properly applying the latest security patches to the operating system is yours as we can see from the infrastructure model. Security groups act as an instance-level firewall with rules, filtering traffic into and out of your instance. They work at a protocol and port level, restricting source traffic at an IP and security group level. This allows you to grant access to your instances using specified protocols and port numbers, opening access from only a single IP address x. The NACL is similar to security groups in that it is comprised of rules, but it monitors traffic at the subnet level. You must remember this when setting up your NACL, as it means you will need to specify rules for both inbound and outbound traffic. Understanding these groups is crucial to controlling who or what can access the resources within your VPC. I hope this has provided a better understanding of what is expected from you the customer with regards to security, compared to what is supplied and managed by AWS. With this, you can now begin deploying a strong and effective security policy within your environment from the ground up. I will also discuss the differences between dedicated and multi-tenant instances, and provide an overview of secret and public access keys when using API calls to access EC2 instances. Please leave a comment below.

5: PartnerOwn's Shared Responsibility Mortgage

What is Shared Responsibility? Shared Responsibility refers to the state law where Kentucky's teachers and the rest of the education community agreed to changes that assured the long-term funding of retiree health care for teachers and eliminated a $5 billion liability facing taxpayers.

Many of the factors that determine the value of your home are beyond your control. Most mortgages treat you like you do. Over time, these above-market costs can add up. The Shared Responsibility Mortgage lowers your payments if local home prices fall. Pay less when your market loses value. The SRM links your monthly payments to a local housing market. Never pay above your initial payment. Your payments can be reduced but will never be increased above their initial amount. The SRM only adjusts payment when local home prices have fallen below their original value. Savings that can add up and never have to be repaid. Plus, the savings would still be taking place since prices have not fully rebounded from Your savings are yours to keep. You receive a credit when your local market is below its original value. No additional payment is due and there are no hidden costs throughout the life of the mortgage. What others have to say about the SRM. What type of mortgage would you prefer to use to purchase your next home? Over the course of a month, we presented the SRM to 40 prospective borrowers. Their research into The Great Recession detailed the impacts of mortgage debt on consumption and led them to propose the Shared Responsibility Mortgage to prevent future housing market crises. She believes the SRM is a market based solution that better aligns the interests of borrowers and lenders and removes the need for costly guarantee fees. Shima received her B. He believes the SRM is better because it helps stabilize local housing prices and offers borrowers and investors a frictionless modification process. Dylan received his B. Please be in touch if you have further questions for us. Below are answers to our FAQ. You can always reach us at team partnerown.

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6: | What is Shared Responsibility?

In a shared-responsibility team, the owner or manager no longer has the sole responsibility for the success of the business or for individual employee performance. If this sounds like a good option for you and your company, look for ways to improve your leadership skills.

A variety of stakeholders society in general; patients; individual nurses; nursing educators, administrators, and researchers; physicians; governments and legislative bodies; professional associations; and accrediting agencies are responsible for ensuring that patient care is safely delivered and that no harm occurs to patients. The responsibility of these stakeholders in addressing patient safety in the context of a nursing shortage is discussed, along with specific actions they have taken, and can continue to take, to promote safe care. Online Journal of Issues in Nursing. A S2hared Responsibility Patient safety is an essential and vital component of quality care. This article will describe what a variety of individuals and groups have done, and what yet remains to be done, to promote safe care for all. Error Error is said to occur when a planned sequence of mental or physical activities fails to achieve the intended outcome and when this failure cannot be attributed to some chance intervention or occurrence Reason, It defined patient safety as freedom from accidental injury and further stated that ensuring patient safety involves the establishment of operational systems and processes that minimize the likelihood of errors and maximize the likelihood of intercepting them when they occur IOM, IOM has also proposed six aims for improvement, and ten rules for redesign of the health care system, to make it safer. The six aims are: One of the rules addesses safety as a "system property. The American Nurses Association ANA testified before an IOM committee that it is time to address the "unholy trinity" of patient injuries and health care errors, staffing shortages, and the looming nursing shortage. In this testimony, the impact upon nurses and patient safety of a workplace environment where nurses are stressed, fatigued, unable to use their critical thinking skills, predisposed to workplace related accidents, illnesses and injuries, and involved in incidents of medication errors and episodes of failure to rescue was discussed ANA, ANA stated, "If the problems in the work environment are not addressed, nurses will not be able to sufficiently protect patients. Who is Responsible for Ensuring Patient Safety? Ultimately, all stakeholders are responsible to see that no harm occurs to patients. This article will describe the responsibility these various stakeholders have assumed in addressing patient safety. Society in General It is difficult to address patient safety without acknowledging the current nursing shortage and its impact on practice. The Registered Nurse RN workforce is aging in the near term and shrinking in the longer term Buerhaus, Nationwide there are 2. The nursing shortage endangers quality of care, places patients at risk, and could ultimately undermine the entire health care industry. The nation has long endured many cyclical nursing shortages. It has been demonstrated from these past shortages that there are ways to alleviate the problem. Once again, another nursing shortage provides an opportunity to stop the cycle. But, one can question whether or not the motivation to change this cycle is present. The health care industry in this nation has long failed to appreciate that, in most health care settings, the main commodity that is being provided is nursing care, not medical care. This is not to diminish the value of the services provided by physicians, but to emphasize that often the majority of care required by patients is nursing care. The industry focuses instead on its convoluted struggles with managed care, cost cutting, changes in reimbursement, onerous regulations, increasing demands of technology, and burdensome documentation. What is needed is a workplace environment that successfully supports the delivery of nursing care to the satisfaction of both the nurses and the patients Ballard, The health care industry in this nation has long failed to appreciate that, in most health care settings, the main commodity that is being provided is nursing care It will be important for all of society to work to improve communication between direct care nurses and nursing management and administration, promote staffing flexibility and utilization of appropriate staffing formulas, discourage the use of mandatory overtime, provide adequate compensation, minimize hazards, promote workplace safety, and implement new technologies that automate non-valued tasks. Establishing the baccalaureate degree as entry-level into professional nursing practice will provide the knowledge needed to support increasingly complex nursing care. Patients In the past, patients were often passive recipients of health care. Patients viewed their health care practitioners physicians, nurses, pharmacists, therapists and other providers as all knowing and, without question, competent and safe. Over the past two decades this has changed. Today, most health care institutions and practitioners work to assure certain patient rights, such as the right to clear and appropriate education about illnesses and treatments, so as to support patient-informed choices. Patients often seek opportunities for additional opinions about appropriate interventions and designate health care proxies or direct end-of-life care through "living wills". They are increasingly active participants in their care. Patients often access information about health care problems through federal or state health information "hot lines", obtain educational materials produced by patient advocacy groups or organizations that address specific disease conditions, and retrieve health information on the Internet through such sites as: Informed patients can do much to increase the safety of their care. They can inquire about the credentials and competencies of the health care practitioners who are providing care and demand the provision of care by appropriately educated and licensed health care practitioners. In addition, patients can request that health care facilities provide an "institutional report card" that describes such indices as outcomes of patient care for medical conditions and surgical interventions, medical error rates, nosocomial infection rates, RN to patient staffing ratios, availability of support personnel, morbidity and mortality rates, lengths of stays for patients with certain conditions, opportunities for pre-admission and discharge planning, and incidents of malpractice. Individual Nurses Nursing is a knowledge-based profession. The basis for the scientific practice of nursing includes nursing science; the biomedical, physical, economic, behavioral and social sciences; ethics; and philosophy. Early in nursing history, Florence Nightingale advocated for safe care. She proposed that nurses through their practice had to put the patient in the best condition possible for nature to act upon the patient. In discussing contemporary nursing practice, ANA states that an essential feature of nursing is the provision of a caring relationship that facilitates health and healing ANA, a. In the Crimea, Nightingale conducted some of the earliest nursing studies on factors influencing the outcomes of patient care Nightingale, It is important that nurses work to continue these traditions by strengthening the nurse-patient relationship and diligently using research findings so as to provide safe care for patients. Laws, rules, and standards can also enhance safe care. Nurses are held accountable to follow the laws, regulations, and rules of the licensing authority and the standards and ethics of the profession as promulgated by the various nursing associations. These laws, rules, and standards include meeting educational requirements, maintaining competence in practice, and refraining from engaging in any acts of professional misconduct such as abusing a patient; practicing incompetently, fraudulently or while impaired; failing to document appropriately; revealing personally identifiable information about a patient; and inappropriately delegating professional acts Ballard, Nurses can also enhance safe care by serving as competent team leaders. The delivery of nursing care to patients is often a team effort in which RNs direct non-registered nurses. RNs must know the competencies, legal parameters, and tasks that can be performed by others, such as licensed practical nurses LPNs and unlicensed assistive personnel UAPs. RNs must provide the appropriate levels of direction and supervision when nursing care is being delivered by others so that the patient receives safe and competent care. It is important to make informed choices about educational and clinical advancement and specialty certification. Educational choices can include continuing education courses or advanced degree programs. Professional nurses can demonstrate proficiency and expertise in the practice of nursing by seeking certification in a clinical area such as pediatrics, medical-surgical, or psychiatric-mental health or in a specific role such as administrator, informatics specialist, or staff development educator. Certification generally requires completion of an accredited educational program in the specialty, recommendations from professional colleagues, and passing a certification examination administered by the American Nurses Credentialing Center ANCC or a specialty nursing association. Identifying potential risks and learning the proper terminology to identify and describe health care errors also promotes safe care. These activities will most likely occur in a non-punitive environment where nurses feel safe and supported when reporting errors or identifying needs. Practice settings that support professional practice with a responsive nursing management, creative staffing and scheduling, adequate salaries and benefits, availability of clinical preceptors, adequate ancillary and technical support, and access to staff development and education provide the environment in which nurses can identify threats to patient safety NYSNA, Nursing Educators, Administrators and Researchers Nurses in leadership positions also have a responsibility to promote safe care. Responsibilities and contributions by leaders, such as educators, administrators and researchers are described below. They also teach the theoretical basis for nursing actions and the professional behaviors that provide nursing students with a foundation for preventing health care errors. Teaching content regarding risk factors for patient safety can also enhance the provision of safe patient care. Nursing administrators and managers on a daily basis are systematically assessing the complex dynamics that influence the ability of nurses to practice in different health care settings. They are also developing policies and procedures to direct safe nursing practice and providing education of nurses regarding the interpretation and implementation of these policies and procedures. The availability of staff development departments is a critical factor in assisting the nurses to use these policies and procedures in delivering safe and competent care. The availability of staff development departments is a critical factor Nursing administrators and managers can also increase patient safety by fostering an environment in which nurses are in control of their own nursing practice. Hospitals that provide for professional autonomy for nurses and support control over nursing practice have better retention rates for nursing staff and better outcomes for patients ANA, In a study by the American Academy of Nursing AAN McClure, Poulin, Sovie and Wandell identified the characteristics of hospitals that were able to successfully attract and retain professional nurses even in times of shortage. These hospitals were described as Magnet Hospitals. Characteristics of magnet hospitals included: Hospitals with magnet hospital characteristics provide a practice environment where nursing staff is able to identify ways to eliminate or reduce errors, risks, and negative outcomes. Nursing research has made a significant contribution to patient safety by identifying the need for adequate staff. It has been demonstrated that adequate nurse staffing is critical to the delivery of quality patient care because it allows time for appropriate nursing assessment of patients. An ANA study found that adverse patient outcomes including pneumonia, post-operative infections, pressure ulcers, urinary tract infections, and lengths of stay were reduced where nurse-staffing levels were higher ANA, a. Aiken has correlated increased nursing workload to the increased likelihood of patient death Aiken, Nurse researchers have also noted that certification can be used as an indicator for competency. In a recent ANCC study nurses reported the following types of post-certification nursing practice: Continuing research is necessary to determine the impact of nurse-physician relationships, professional autonomy, and RN control over the practice environment upon improved professional practice and the safer delivery of patient care ANA, b. Also needed is research that identifies the effect of non-punitive reporting systems on health care errors. The AMA urges hospitals, physicians, nurses, pharmacists, drug companies, nursing homes, and others to work together to identify and correct system-wide problems that cause errors or adverse patient outcomes AMA, Greenberg suggests that encouraging physicians to listen more carefully to nurse colleagues, patients, and family members will also decrease health care errors. Government and Legislative Bodies States establish practice acts, rules, and regulations regarding professional nursing practice to authorize and to protect the public from harm by strengthening safe practices. Such acts can be general in the description of nursing practice or very specific, listing authorized tasks or acts. While there is general agreement among the states on how to ensure entry-level competence, there has been a long debate on how to ensure continued competency. The report specifically recommends that the assessment of this professional competence be done by professional associations, private testing companies, and specialty boards Whittaker et al. State legislatures can also provide for safer care through laws designed to improve the nursing workplace environment. State legislatures can also provide for safer care through laws designed to improve the nursing workplace environment in order to reduce the burden on nurses. This burden reduction would provide an incentive for individuals to enter or return to nursing and encourage nurses to stay active in the profession for longer periods. For example, states could require the establishment of adequate and appropriate staffing methodologies that would include critical elements e. Recently, there has been interest in legislatively mandating specific staffing ratios. However, this type of solution will only work if the legislature ensures that the established ratio is indeed a minimum number, not the maximum staffing level. Legislatures could also prohibit the use of mandatory overtime as a staffing method. Other legislation that states could support include: A number of states have already successfully passed whistleblower legislation to protect health care practitioners who identify unsafe or incompetent practice

7: Individual Shared Responsibility Provision - Payment Estimator

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9: Shared Responsibility â€“ Erasmus+ Project

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