CONNECTICUT HOSPITAL ASSOCIATION

TESTIMONY OF
ELIZABETH BEAUDIN
DIRECTOR OF NURSING AND WORKFORCE INITIATIVES
CONNECTICUT HOSPITAL ASSOCIATION
BEFORE THE
PUBLIC HEALTH COMMITTEE
Friday, March 18, 2005

HB 6768, An Act Concerning Public Disclosure Of Staffing Levels In Certain Health Care Facilities

My name is Elizabeth Beaudin and I am the Director of Nursing and Workforce Initiatives at the Connecticut Hospital Association (CHA). I appreciate the opportunity to testify on behalf of CHA and its members on **HB 6768, An Act Concerning Public Disclosure Of Staffing Levels In Certain Health Care Facilities.**

This bill would require hospitals to post staffing information in patient care areas on a daily shift-to-shift basis, compile and report this information monthly to the Department of Public Health, and be subject to civil penalties of up to five thousand dollars per day should they fail to comply. More specifically, the bill calls for the posting of numbers of registered nurses and other caregivers, the ratios of patients to each type of caregiver and the methods used to adjust and determine staffing levels.

CHA opposes this bill because it calls for confusing communication to the public that suggests that appropriate staffing practices are one-dimensional, and creates a requirement that is both unreasonable and logistically impractical to fulfill.

Making staffing decisions to meet the needs of patients is a dynamic and complex process that cannot be reduced to a set of numbers. A wide variety of constantly changing factors must be taken into account to make appropriate staffing decisions to meet patient care needs. These include but are not limited to patient specific factors such as the severity and urgency of condition, age, cognitive and functional ability, scheduled procedures, and stage of recovery; and staff specific factors such as licensure, educational preparation, skill level, years of experience, tenure on the patient care unit, and level of experience with particular types of patient care. Other factors such as technology, availability of services, and the physical layout of the unit must also be concurrently considered. The insufficiency of numeric ratios to reflect the dynamic nature of staffing is well supported in positions held by national nursing organizations including the American Nursing Association, American Association of Critical Care Nurses, Emergency Nurses Association, the Society of Pediatric Nurses, and the American Psychiatric Nurses Association to name a few.

Nurse leaders in hospitals have the knowledge and experience to assess the needs of patients in conjunction with the myriad of other essential factors and to make staffing decisions accordingly.

The posting of numbers, ratios and methods cannot adequately represent this complex decision-making or the comprehensive nursing judgment required to determine appropriate staffing levels and composition. Moreover, the patient care needs and staffing requirements within an acute-care hospital often change substantially within a particular shift and even hour to hour. To keep posting up to date hour to hour is unrealistic and diverts nursing time and attention to an activity of questionable value.

There are other good reasons to avoid going down the path of legislatively usurping nursing judgment, mandating staffing ratios, or confusing the public about the usefulness of posting staffing ratio information. To date, research studies offer no support for specific minimum nurse to patient ratios and mandated ratios seriously limit the flexibility nurse leaders need to modify staffing based upon the often unpredictable needs of patients. Perhaps most concerning, the institution of mandated ratios may lead to closure of hospital beds, emergency departments going on diversion, and decreased access to care for patients.

The California experience is illustrative of the effects of a system built upon a premise that does not appreciate the importance of the judgment and flexibility required in making appropriate staffing decisions. Since the implementation of the staffing law in January 2004, eleven hospitals have closed, citing nurse-to-patient staffing ratios as the cause and four have petitioned the California Department of Health Services (CADH) to suspend the use of available beds because of inability to provide enough nursing staff. In November of 2004, the CADH proposed changes to the staffing regulations because of concerns over detrimental effects on patient access. These emergency regulations, supported by the governor and designed to provide much needed flexibility and relief to hospitals to enable greater access to patients, are the subject of an ongoing court battle in the state. While the turmoil has continued, ambulance diversion among California's hospitals has increased by 43 percent and emergency department wait times are up by 20 percent. Certainly the California experience is not one the state of Connecticut would reasonably choose to pursue.

Connecticut's not-for-profit acute-care hospitals are accredited by the Joint Commission on Accreditation of Healthcare Organizations and through this process are evaluated for the appropriateness of patient care, staffing competencies and staffing practices. They are also surveyed by the Department of Public Health for re-licensure during which time nurse staffing practices are evaluated. Moving toward mandated nurse-to-patient ratios is mistaken and posting numbers to suggest to the public that ratios are an acceptable measure of appropriate staffing is misguided. We urge you not to support HB 6768.

Thank you for your consideration of our position.

ETB:jaf