



**TESTIMONY OF  
COLLEEN SMITH, MSN, RN, CNA  
VICE PRESIDENT FOR NURSING  
MIDDLESEX HOSPITAL  
ON BEHALF OF  
MIDDLESEX HOSPITAL  
BEFORE THE  
PUBLIC HEALTH COMMITTEE  
Wednesday, March 14, 2007**

**SB 1191, An Act Concerning Public Disclosure Of Hospital Staffing Levels For  
Patient Safety**

My name is Colleen Smith and I am the Vice President for Nursing at Middlesex Hospital. I am also a member of the Connecticut Hospital Association (CHA) Board Committee on Human Resources, the Patient Care Executives group at CHA, and serve on the board of the Organization of Nurse Executives Connecticut (ONE-CT). I appreciate the opportunity to testify on behalf of Middlesex Hospital on **SB 1191, An Act Concerning Public Disclosure Of Hospital Staffing Levels For Patient Safety**.

The stated purpose of Bill 1191 is to require hospitals to disclose to the public, information about their staffing levels. Middlesex Hospital would agree that public transparency is needed and desired in all matters involving healthcare. We would also agree that it is in the best interests of the public that all hospitals take measures to ensure patient safety. This in fact, is our number one concern. We would also agree that appropriate staffing plans are a necessary component of safe patient care. However, staffing is only one of many complex factors that contribute to safe patient care. Therefore, we take issue with disclosure of this particular information. Our reasons for this opposition are many and varied.

First and foremost, SB 1191 calls for a “method, a standard set of criteria based on scientific data” to be used to determine staffing requirements for individual patients based on their care needs. I would submit that the healthcare profession does not have a standard set of criteria, or “method” used to predict patient care needs and subsequent staffing. We simply lack solid research in this area. I would further submit that we have just one preliminary study outlining the effects of mandated nurse patient ratios on patient’s clinical outcomes and safety in California. Despite legislation mandating ratios in this state, this research study did not find a correlation between mandated ratios and clinical outcomes. If we look to our neighbor to the north, Massachusetts, and become familiar with their “Patients First” initiative, we can learn that: 1. Staffing requirements in tertiary care hospitals differed significantly from those in community hospitals; 2. Nursing resource expenditure was impacted by many different factors; and, 3. The

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public provided feedback via focus groups and stated that they were concerned about staff competence versus staffing plans and numbers.

Dr. Reich, representing CHA, stated in his testimony some of the many factors that are considered when any individual organization is developing its staffing plans. In addition to those factors related to the patient care needs of a specific population, there exist a multitude of other variables in the work environment to consider. Some of these are: the existence of technology that supports an error free environment; the architecture and geography of the patient care unit; the existence, competence and numbers of non clinical support staff. Factors that directly affect the work culture also need to be considered: tenure of the staff in the organization; tenure of the staff caring for a specific patient population; adequacy of expert nurses to mentor and coach the less tenured or inexperienced personnel; a structure and process for competency assessment for all levels of personnel; the extent to which teamwork is present; the extent to which RNs feel autonomous and in control of their practice; the existence of professional interdisciplinary collaboration. Research has shown that all of these “softer” variables contribute to quality patient care outcomes.

In conclusion, I hope I have raised some concerns about the necessity and appropriateness of the passage of SB 1191 and some questions worthy of the Public Health Committee’s consideration. Will the mandatory posting of staffing plans of full time direct care staff in all of Connecticut’s hospitals improve the care of patients? Will it ensure safe care in our healthcare organizations? Will a staffing plan that is readily available to the public upon their request mitigate or ease their concern for their well being in a Connecticut hospital setting? Rather, would collaborating on a different approach be in all of our best interests? Perhaps we should agree to support a 3-pronged approach to ensuring safe care in our hospitals: 1. Address our workforce development issues and appropriate the needed funds for nursing education, 2. Improve our work environments with technology enhancements and support for ongoing continuing education for healthcare workers, and 3. Adopt a standardized definition of nurse sensitive quality indicators for the purpose of measurement and assessment of clinical outcomes.

Thank you for your consideration. May I answer any questions?

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