

**TESTIMONY OF
DR. JOEL REICH
SENIOR VICE PRESIDENT OF MEDICAL AFFAIRS
EASTERN CONNECTICUT HEALTH NETWORK
ON BEHALF OF THE
CONNECTICUT HOSPITAL ASSOCIATION
BEFORE THE
PUBLIC HEALTH COMMITTEE
Wednesday, March 14, 2007**

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

Good morning/afternoon Senator Handley, Representative Sayers, and members of the Public Health Committee. My name is Dr. Joel Reich and I am the Senior Vice President of Medical Affairs at the Eastern Connecticut Health Network. I am also a member of the Connecticut Hospital Association Board of Trustees and chair of CHA's Committee on Human Resources. I appreciate the opportunity to testify on behalf of CHA and its members on **SB 1191, An Act Concerning Public Disclosure Of Hospital Staffing Levels For Patient Safety**.

This bill would require hospitals to post staffing information in patient care areas that indicates 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 SB 1191 because it would require posting of information that is not useful as a reliable indicator of quality and not reflective of the complexities of hospital patient care unit staffing. The passage of SB 1191 would add an administrative task to the operations of hospital patient care units that are burdened with the effects of emergency department overcrowding and the shortage of nurses, while essentially adding no value and no contribution toward progress in achieving solutions to these problems.

Connecticut's not-for-profit hospitals are committed to the provision of high quality care and were among the first in the nation to voluntarily participate in public accountability initiatives. Before it became a requirement, we undertook reporting on twenty quality indicators of hospital treatment practices to provide information that would be helpful to the public. The posting of ratios, however, would not serve to communicate meaningful information to the public as it would suggest that numbers of staff members alone are indicators of quality, when in fact, they are one of many considerations in appropriate staffing practices and there is no scientific evidence to support specific, optimum nurse-patient ratios for acute care hospitals. I am not aware of any evidence that posting of staffing ratios has improved the quality of care in states that passed such legislation.

In the acute care hospital environment, nurses continuously evaluate and adjust staffing as patient census and patient care needs change. They consider a wide variety of patient and staff related factors when making staffing decisions. Examples of patient factors include the severity and urgency of patient condition, age, cognitive and functional ability, scheduled procedures, and stage of recovery. Nurses also consider staff licensure, educational preparation, skill level, years of experience, tenure on the unit, and level of experience with particular patient populations, when determining how they will adjust staffing to accommodate patient needs. Monthly posting of staffing ratios cannot accurately reflect staffing levels or the complexity and dynamic nature of the staffing process.

Instead of requiring that precious resources be devoted to posting staffing numbers that cannot communicate meaningful information, action should be taken to mitigate the growing and projected severe shortage of nurses and allied health professionals. The collective efforts and resources of the legislature, state agencies, hospitals, educational institutions and other constituencies concerned with the state's public health must be focused on addressing the healthcare workforce shortage if we are to avert a crisis in care for the people of Connecticut.

CHA and its members are actively engaged in a variety of initiatives to address the healthcare workforce shortage and we urge members of the Public Health Committee to support legislation that will assist hospitals to ensure there will be enough nurses and allied health professionals to care for patients.

We believe that passage of SB 1191 will not accomplish patient care quality goals and will only further tax patient care units with unnecessary administrative requirements. The public is better served by aggressive actions to address the shortages of nurses and other healthcare staff and we would welcome the opportunity to discuss such actions with members of this Committee.

We urge you not to support SB 1191. Thank you for consideration of our position.

For additional information, contact CHA Government Relations at (203) 294-7310.