



**CONNECTICUT NURSES'  
ASSOCIATION**

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**S.B. NO. 1191 AN ACT CONCERNING PUBLIC DISCLOSURE OF HOSPITAL  
STAFFING LEVELS FOR PATIENT SAFETY**

Public Health Committee Hearing

March 14, 2007

Good morning Senator Handley, Representative Sayers and members of the Public Health Committee.

Thank-you for the opportunity to provide testimony on behalf of the Connecticut Nurses' Association (CNA), the professional organization for registered nurses in Connecticut. I am Polly Barey, RN, MS, executive director of the Connecticut Nurses' Association. I am providing testimony on **S.B. NO. 1191, AN ACT CONCERNING PUBLIC DISCLOSURE OF HOSPITAL STAFFING LEVELS FOR PATIENT SAFETY** and support the bill *as revised and attached to this testimony*.

The appropriate level of nursing care is critical to the provision of safe, quality patient care. The decisions required to determine nurse staffing are complex and must consider a range of factors and circumstances related to patient needs which could be provided through a "method" as described in the bill language, but this alone does not take into account operational and organizational characteristics, as well as the fluctuations in need that routinely occur. We support the collection of the data, especially those considered nursing sensitive\*, but also linking this to patient outcomes. This data is already being collected in most hospitals through requirements of The Joint Commission, current participation by 19 of Connecticut's hospitals in the American Nurses Association National Database for Nursing Quality Indicators (NDNQI) and others.

The American Nurses Association, along with nursing specialty organizations, has worked to develop nursing-sensitive indicators (i.e., indicators sensitive to nursing input). The American Nurses Association National Database for Nursing Quality Indicators (NDNQI)

developed and maintains a database of the nursing-sensitive indicators. All hospitals participating through placement of their hospital and unit-specific data into NDNQI do so voluntarily.

The National Database of Nursing Quality Indicators (NDNQI) is a proprietary database of the American Nurses Association. The database collects and evaluates unit-specific nurse-sensitive data from hospitals in the United States.

**\*What are nursing-sensitive quality indicators?** The nursing-sensitive indicators reflect the structure, process and outcomes of nursing care. The **structure** of nursing care is indicated by the supply of nursing staff, the skill level of the nursing staff, and the education/certification of nursing staff. **Process** indicators measure aspects of nursing care such as assessment, intervention, and RN job satisfaction. Patient **outcomes** that are determined to be nursing sensitive are those that improve if there is a greater quantity or quality of nursing care (e.g., pressure ulcers, falls, IV infiltrations). Some patient outcomes are more highly related to other aspects of institutional care, such as medical decisions and institutional policies (e.g., frequency of primary C-sections, cardiac failure) and are not considered "nursing-sensitive."

(<http://www.nursingquality.org/FAQPage.aspx#1> – retrieved 3/13/07)

The posting on the unit of staffing levels and ratios of each unit in hospitals on a shift-by-shift, monthly basis is an ineffective means to determine whether staffing is adequate. This will not provide the public with a true picture of what might have been needed on any one of the shifts, nor will it provide what is most significant – the outcome of care for the individual patient.

We support having the data compiled and posted to websites that would be available to the public, as well as the outcome of care based on the method that the hospital is using.

- The posting of numbers does not consider the acuity of patients, the experience or skills of practitioners, issues related to the patient population such as age, communication skills, cultural and linguistic diversity, availability of family support or the delegation and monitoring responsibilities of the registered nurse like orientation, students or temporary staff

- This disclosure in a patient care setting could provide a false sense of security that there is adequate staffing - especially in acute care hospitals where things are complex and can change rapidly.
- Disclosure of staffing can be a part of an overall plan to improve working conditions and increase patient safety but having outcome data is a more accurate measure of what is happening within a hospital and its units.
- It does not take into account the *rapid response* teams that are being developed in hospitals to be available when a patient emergency occurs that requires specialized individuals to provide immediate care. This concept has a demonstrated positive patient outcome and increased patient safety.
- And it does not mandate that nurses are involved in making the decisions about the staffing of units. They are the only ones that are in a position to know what safe levels are.

The literature is clear about the link of nurse staffing to positive outcomes for patients. In order to do this nursing has “One of the great challenges ... to convince the government, health systems, patients and others that nurses’ contributions to patient care are so significant that collection of nursing-sensitive indicators is mandatory and the re-evaluation of staffing habits are imperative. The concept of disclosure is important, but the way it is provided needs to be evaluated, including but not limited to achievement of successful outcomes.”

(<http://www.nursingworld.org/staffing/safe.htm> - retrieved 3/13/07)

Thank you for the opportunity to provide testimony and we appreciate the committee’s consideration and support of our recommendations.

***Raised Bill No. 1191      RECOMMENDED CHANGES***

***January Session, 2007***

**LCO No. 4180**

**\*04180 \_\_\_\_\_ PH\_\***

Referred to Committee on Public Health

Introduced by:

(PH)

***AN ACT CONCERNING PUBLIC DISCLOSURE OF HOSPITAL STAFFING LEVELS FOR PATIENT SAFETY.***

Be it enacted by the Senate and House of Representatives in General Assembly convened:

Section 1. (NEW) (*Effective October 1, 2007*) (a) As used in this section:

(1) "Method" means a standard set of criteria, based on scientific data, that (A) acts as a measurement instrument that (i) predicts registered nursing care requirements for individual patients based on severity of patient illness, need for specialized equipment and technology, intensity of necessary nursing interventions and the complexity of clinical judgment needed to design, implement and evaluate patients' nursing care plans consistent with professional standards of care, (ii) details the amount of registered nursing care needed, both in number of direct patient care registered nurses and skill mix of nursing personnel required on a daily basis for each patient in a nursing department or unit, and (iii) is stated in terms that can be used readily and understood by direct patient care registered nurses.

(2) "Unit" means any department, ward, wing or other part of a hospital operated as part of such hospital for the provision of health care services.

(b) Each hospital shall compile, in accordance with this section, and post monthly on appropriate websites for public disclosure, information detailing the number of health care personnel whose sole responsibility is to provide direct patient care, including registered nurses, licensed practical nurses, and certified nurses aides or other licensed or registered health care professionals. (but not including persons working less than full-time.) Additionally in the patient care area of each unit of the hospital instructions shall be posted for directing patients and /or their families to the aforementioned web sites. (and provide upon request from a member of the public,) The information shall specify for each unit and for each shift, as appropriate:

(1) The number of registered nurses providing direct patient care and the ratio of patients to registered nurses;

(2) The number of licensed practical nurses providing direct patient care and the ratio of patients to licensed practical nurses;

(3) The number of certified nurses aides providing direct patient care and the ratio of patients to certified nurses aides;

(4) The number of other licensed or registered health care professionals meeting staffing requirements of state licensing regulations adopted pursuant to chapter 368v of the general statutes; and

(5) The methods used by the hospital for determining and adjusting direct patient care staffing levels.

(6) Healthcare outcomes based on the methods used by the hospital as described in section (1).

This act shall take effect as follows and shall amend the following sections:

Section 1

*October 1, 2007*

New section

***Statement of Purpose:***

To require hospitals to disclose to the public information about their hospital staffing levels.

*[Proposed deletions are enclosed in brackets. Proposed additions are indicated by underline, except that when the entire text of a bill or resolution or a section of a bill or resolution is new, it is not underlined.]*