



AFT Connecticut
AFT, AFL-CIO

Public Health Committee Testimony

March 14, 2007

Joanne Chapin, RNC, BBA

Raised Bill No 1191: AN ACT CONCERNING PUBLIC DISCLOSURE OF HOSPITAL STAFFING LEVELS FOR PATIENT SAFETY

Good afternoon Representative Sayers, Senator Handley, and members of the Public Health Committee. I am Joanne Chapin, an RN at New Milford Hospital and Vice President of Health Care for AFT Connecticut. We represent over 26,000 professional employees across the state; including 5,100 nurses and other health care professionals working in seven acute care hospitals and the UCONN Health Center.

AFT Connecticut appreciates the opportunity to testify on the importance of public disclosure of staffing levels and I am here to speak in support of Raised Bill 1191.

Our health care system is undergoing rapid change. Americans are being urged to take more responsibility for decisions regarding their health care. This new "consumer driven" health care system demands that consumers need to have access to the information which enables them to make informed decisions.

The movement towards public disclosure of health care quality is gaining strength through out the country. Last year Connecticut joined the growing list of states passing legislation requiring the public reporting of hospital acquired infections. The passage of that legislation was another important step in the fight for higher quality and patient safety. The next logical step for meeting the informational needs of patients in Connecticut would be the public reporting staffing levels.

Two states - New Jersey and Illinois - have already passed bills concerning disclosure, with ten other states considering such bills. Last year hospitals in Massachusetts began to voluntarily post staffing ratios and plans for care at their website at

Healthcare
Higher Education
Public Employees
PSRP
Teachers

35 Marshall Road
Rocky Hill, CT 06067
860/257-9782
Fax: 860/257-8214
Toll Free: 888/398-3373
www.aftct.org

Sharon Palmer
PRESIDENT

Melodie Peters
FIRST VICE PRESIDENT

Leo Canty
SECOND VICE PRESIDENT

Thomas Bruenn
SECRETARY-TREASURER

VICE PRESIDENTS
John Altieri
Dennis Bogusky
Cathy Carpino
Joanne Chapin
Art Costa, Jr.
Tom Culley
M. Kevin Fahey
Patti Fusco
Donna Hardaway
JoAnn Holmes
Nancy Katrick
Phyllis Kornfeld
Paul Krell
Edward Lang
Ann Lohrand
Pat Lucan
John Malsbenden
Jean Morningstar
Aaron Silvia
Barbara Smyth
Sadie Williams
Mike Winkler

www.patientsfirstma.org. At the federal level regulations currently require all nursing homes to publicly post the resident census and the total number of actual hours worked by RNs, LPNs, and CNAs.

There is a large and growing body of research showing the relationship between nurse staffing and negative patient outcomes, such as pneumonia, urinary tract infections, gastro-intestinal bleeding and death. I have included a fact sheet in your packets on the importance of safe staffing for patient outcomes and staffing retention.

There are med-surg units where there is one nurse to every 15-20 patients on a particular shift, and there are med-surg units in another hospital where there is one nurse for every six patients on the same shift. As a consumer, I'd like to know that information. And I also believe that the hospitals that are doing the right thing in terms of patient care should be rewarded.

The movement for public disclosure of information is not about penalizing hospitals, it's about creating an incentive to change and protecting patients. We recognize some of the burden this bill places on the hospitals. We have also listened to the concerns of the committee chairs and worked with the Connecticut Nurses Association to come up with compromise language. We believe this language will be less burdensome, will be based on outcomes and will still give the public the information it needs to make informed decisions.

Meeting all the methods and criteria listed in section 1: "Each hospital shall complete, in accordance with this section, and post monthly on appropriate websites for public disclosure, information detailing the number of health care personal whose sole responsibility is to provide direct patient care, including registered nurses, licensed practical nurses, certified nurses aides or other licensed or registered health care professionals. 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."

Most, if not all of the information required by proposed legislation is already collected by the hospitals and we hope that the language changes will make it easier for them to comply. The problems that the hospitals may have cannot be viewed as more important than protecting patients from adverse outcomes by giving them the information they need to make informed choices.

Thank you.



A Union of Professionals

Staffing Ratios – Fact Sheet

1) Safe staffing ratios improve the quality of patient care.

- Each additional patient (above four) that a nurse is required to care for is associated with a 7 percent increase in the likelihood of one of that hospital's surgical patients dying within 30 days of admission. (Aiken, Linda, et al. "Hospital Nurse Staffing and Patient Mortality, Nurse Burnout and Job Dissatisfaction." *Journal of the American Medical Association*. October 23/30, 2002.)
- Nurse staffing shortages are a factor in one out of every four unexpected hospital deaths or injuries caused by errors. (Joint Commission for the Accreditation of Healthcare Organizations. "Health Care at the Crossroads: Strategies for Addressing the Evolving Nursing Crisis." Chicago: JCAHO. August 2002.)
- A higher number of hours of care per day provided by registered nurses is associated with shorter lengths of stay, lower rates of urinary tract infections and upper gastrointestinal bleeding, pneumonia, shock or cardiac arrest as well as lower rates of "failure to rescue" patients. (Needleman, Jack, et al. "Nurse Staffing and Patient Outcomes in Hospitals." *Harvard School of Public Health*. February 2001.)
- Seventy percent of radiology techs, 79 percent of respiratory therapists and 71 percent of certified nurse assistants say that the quality of patient care is suffering because of increased workloads or poor staffing in their professions. (Peter D. Hart Research Associates. "The Staffing Crisis for Health Professionals: Perspectives from Radiology Technologists, Respiratory Therapists, and Certified Nursing Assistants." April 2002.)

2) Staffing ratios are necessary to address the shortage of nurses and other health professionals.

- In California, applications for nurse licenses increased by 60.4 percent in the three years since staffing ratio legislation passed. "The numbers swelled to 35,887 in the fiscal year ended June 2003, up from 22,372 in fiscal 1999." (Robertson, Kathy. "Agency bogs down as nurses rush to register." *Sacramento Business Journal*. January 19, 2004.)
- Hi-Desert Hospital in Joshua Tree, Calif., went from a 50 percent vacancy rate in its nursing staff to a one percent vacancy rate six months after establishing nurse-to-patient ratios of 1:4 on the day shift and 1:5 on evening shift. ("A Favorable RN-to-Patient Staffing Ratio is an Effective Recruitment Tool." *Patient Care Staffing Report*. October 2001.)
- Each additional patient per nurse (above four) is associated with a 23 percent increase in the odds of nurse burnout and a 15 percent increase in the likelihood of job dissatisfaction. (Aiken, Linda, et al. "Hospital Nurse Staffing and Patient Mortality, Nurse Burnout and Job Dissatisfaction." *Journal of the American Medical Association*. October 23/30, 2002.)
- In a national survey of nurses, 83 percent of respondents said that improving staffing ratios would be "very effective" in improving job satisfaction, and in recruiting and retaining quality nurses. (Peter D. Hart Research Associates. "The Nurse Shortage: Perspectives From Current Direct Care Nurses and Former Direct Care Nurses." April 2001.)

- Ninety-one percent of certified nurse assistants, 78 percent of respiratory therapists and 68 percent of radiology techs say that improving staffing ratios would help recruit and retain members of their profession. (Peter D. Hart Research Associates. "The Staffing Crisis for Health Professionals: Perspectives from Radiology Technologists, Respiratory Therapists, and Certified Nursing Assistants." April 2002.)

3) Turnover of hospital personnel is a major expense for hospitals. By helping to retain nurses, staffing ratios lower hospital costs.

- Healthcare industry turnover is reported to be 20.7 percent. A hospital with 600 employees and a turnover rate of 20 percent would spend \$5.52 million a year on turnover. Cutting the turnover rate to 15 percent would result in direct savings of \$1.38 million per year. (Voluntary Hospital Association. The Business Case for Work Force Stability . October 2002.)
- Hospitals with higher turnover rates have higher costs per discharge. Costs per adjusted discharge at hospitals with turnover rates above 21 percent higher than those at hospitals with turnover rates below 12 percent. (Voluntary Hospital Association. The Business Case for Work Force Stability. October 2002.)
- As staff turnover increases, profitability--as measured by return on assets and cash flow margin--decreases. Hospitals with turnover rates of less than 12 percent had nearly 25 percent higher average return on assets and cash flow margin than hospitals with turnover rates above 22 percent. (Voluntary Hospital Association. The Business Case for Work Force Stability . October 2002.)

"Nurses represent the single largest labor expense for hospitals. In an attempt to manage costs, many hospitals have, over the years, reduced nursing staff, which in some cases has compromised quality of care and patient safety. Nursing shortages have been shown to contribute to longer lengths of stay in the ICU and increased rates in urinary tract infections and other complications. According to VHA research, hospitals that improve employee satisfaction witness an average increase in revenue per employee... 'Poor service and loss of patients to other hospitals ultimately mean lost revenue for a hospital. Those facilities that find solutions will gain a competitive advantage in their market and achieve solid financial returns'."

-- Voluntary Hospital Association. "Press Release: What the Work Force Shortage Is Costing U.S. Hospitals." November 11, 2002

Raised Bill No. 1191
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.]