



377 Research Parkway, Suite 2-D
Meriden, CT 06450-7160
203-238-1207

**TESTIMONY RE: RAISED BILL 5902, AN ACT AN ACT CONCERNING
HOSPITAL STAFFING AND PATIENT ACCESS TO DEEP SEDATION AND
GENERAL ANESTHESIA**

Public Health Committee Hearing
March 12 2008

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, a member of CNA and recently retired as the executive director. I am providing testimony in support of RAISED BILL 5902, AN ACT CONCERNING HOSPITAL STAFFING AND PATIENT ACCESS TO DEEP SECATION AND GENERAL ANESTHESIA

The literature available on nurse staffing and its effects make a compelling case for having additional nursing staff caring for patients. Professional nurses are the backbone, the sentinels and "the most likely than any other health professional to recognize, interrupt and correct errors that are often life threatening." Having adequate staffing in any health care facility can mean the difference between life and death.

In a quick recent review the case is made related to increased nurse staffing for:

- *Decreases* in mortality rates of patients with higher staffing of registered nurses and decreased numbers of patients that the nurse is caring for.
- Higher nurse staffing levels related to *lower instances* of urinary tract infections, pneumonia, upper gastrointestinal bleeding and shock in medical patients, and other complications.

- *More satisfied patients* with their nursing care, pain management, education and overall care with a higher the percentage of RNs.
- *Less errors with medications* as nurses intercepted incorrect medication orders of physicians, pharmacists and others
- Effect on patient outcomes (negative) when nurses reported more stress and absenteeism or felt overworked when the occupancy rate to the number of nurses was higher.
- Lower costs and improved patients outcomes with adequate staffing.
- Retention and recruitment of registered nurses when the workload was limited.

So, what is considered appropriate staffing for safety of the patient and the nurse as well as good outcomes for care?

Connecticut Nurses' Association has consistently supported the American Nurses Association's (ANA) position that there can't be a "one size fits all" approach to nurse staffing. It must be tailored to the needs of each unit and based on a number of factors: patient acuity, the experience of the nursing staff, the skill mix of the staff, available technology, and the support services available to the nurses. And most importantly, the staffing plan must be developed unit by unit by registered nurses.

The Principles on Safe Staffing that ANA developed help to identify and maintain the appropriate number and mix of nursing staff. The nine principles fall under three categories -- patient care unit related, staff related and institution / organization related. The Principles and a matrix with the items and elements/definitions of the items are available below and are helpful in understanding the complexity of adequate staffing.

Raised Bill 5902 requires hospitals to develop staffing plans through committees with a majority of registered nurses who are providing direct care and accounts for others also providing care. It does not specify specific ratios but uses the staffing committee which has significant input from the registered nurses in developing the skill mix and other factors needed for a unit. These are important elements in this bill.

We know that increased nurse staffing provides many benefits to both the patient and the nurse and if nurse staffing must be mandated, the plans should be based on best practices, research and use of principles like those found in the ANA's Principles on Safe Staffing.

Thank you for considering our thoughts.

| Matrix for Staffing Decision-Making | |
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| Items | Elements/Definitions |
| Patients | Patient characteristics and number of patients for whom care is being provided |
| Intensity of unit and care | Individual patient intensity; across the unit intensity (taking into account the heterogeneity of settings); variability of care; admissions, discharges and transfers; volume |
| Context | Architecture (geographic dispersion of patients, size and layout of individual patient rooms, arrangement of entire patient care unit(s), and so forth); technology (beepers, cellular phones, computers); same unit or cluster of patients |
| Expertise | Learning curve for individuals and groups of nurses; staff consistency, continuity and cohesion; cross-training; control of practice; involvement in quality improvement activities; professional expectations; preparation and experience |

ANA PRINCIPLES on SAFE STAFFING

The nine principles identified by the expert panel for nurse staffing and adopted by the ANA Board of Directors on November 24, 1998 are listed below.

- I. **Patient Care Unit Related**
 - a. Appropriate staffing levels for a patient care unit reflect analysis of individual and aggregate patient needs.
 - b. There is a critical need to either retire or seriously question the usefulness of the concept of nursing hours per patient day (HPPD).
 - c. Unit functions necessary to support delivery of quality patient care must also be considered in determining staffing levels.
- II. **Staff Related**
 - a. The specific needs of various patient populations should determine the appropriate clinical competencies required of the nurse practicing in that area.
 - b. Registered nurses must have nursing management support and representation at both the operational level and the executive level.

- c. Clinical support from experienced RNs should be readily available to those RNs with less proficiency.
- III. **Institution/Organization Related**
- a. Organizational policy should reflect an organizational climate that values registered nurses and other employees as strategic assets and exhibit a true commitment to filling budgeted positions in a timely manner.
 - b. All institutions should have documented competencies for nursing staff, including agency or supplemental and traveling RNs, for those activities that they have been authorized to perform.
 - c. Organizational policies should recognize the myriad needs of both patients and nursing staff.

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