

TESTIMONY BILL #5499 3/16/2012

Dear Madame Chair and Distinguished Committee Members:

My name is Diane Bowden, and I am a registered nurse at the Connecticut Hospice in Branford. I have been a nurse for more than 28 years in pediatric oncology, bone marrow transplant and adult and pediatric hospice care. I am speaking here today to oppose the Department of Public Health's proposed changes as stated in Bill No. 5499.

Bill 5499 would add the statement, "Such regulations shall include provisions that are substantially the same as the provisions of 42 CFR 418.110." It states in 42 CFR 418.110, "Staffing. The hospice is responsible for ensuring that staffing for all services reflects its volume of patients, their acuity, and the level of intensity of services needed to ensure that plan of care outcomes are achieved and negative outcomes are avoided." But it doesn't state a nurse to patient ratio standard to achieve this. The current Connecticut standard is one registered nurse to six patients per eight hour shift.

42 CFR 418.110 goes on to state, "If at least one patient in the hospice facility is receiving general inpatient care, then each shift must include a registered nurse who provides direct patient care." One registered nurse is the only stated standard. This is far below the current standard of care that Connecticut residents now receive.

How does this all affect the patient? Let me translate more graphically. Inpatient hospice requires acute medical care for acute symptom control. Sudden and severe pain is a common symptom in end of life care. Patients can have tumor pain in the liver, the back, or in bone. There can be pathological fractures of a bone, meaning a tumor that has grown in the bone and broken it in pieces. That is severe pain. Patients need quick nurse intervention, with direct medical and pharmaceutical access. Reducing staffing reduces response time.

Another common symptom in end of life care is respiratory distress. This also is sudden and severe. Respirations are labored and ineffective. They can't breathe. Or the lungs are filling with fluids, and they are effectively drowning. These situations need an immediate response of care and medication, which means adequate staff and in-house pharmacy and medicine.

And lastly, let me explain end of life tumor growth. We see here the ravages of tumors on the human body. Tumors that can rupture or bleed at any time, that erodes into deep tissue, which causes severe pain and purulent drainage. These need extensive dressing changes, often three times a day. This requires knowledgeable and adequate medical, nursing and pharmaceutical staffing.

Stated minimum levels of care need to be in any regulation concerning patient care. These are absent in proposed Bill 5499. I urge you to reject this Bill in total.

Let us continue to provide the optimal care that we know. Let us continue to care for your loved ones, and those across the state of Connecticut.

Testimony - Diane Bowden, RN, BSN