

PUBLIC HEALTH COMMITTEE

March 20, 2013

RAISED BILL No. 6391 AAC THE PRACTICE OF ADVANCED PRACTICE REGISTERED NURSES.

Testimony of Diane Croll _____ IN SUPPORT OF RAISED BILL No. 6391

Senator Gerratana, Representative Johnson, and members of the Committee

I have worked as a Family Nurse Practitioner for 13 years. Five years ago, I began a temporary six-week position at Bridgeport Health Care Center in Bridgeport CT. The assignment was extended for a second six weeks and became a full time position. After learning that the division of the company I was working with was to be sold to a New York firm, I approached the owners of the SNF and they agreed to sign a contract with me. As a result, I started my own company and have been providing care for the residents since that time. Prior to a nurse practitioner presence, there were approximately ten to fifteen residents hospitalized at any given time. Since I have been at the facility, there have been closer to three to five residents hospitalized at any given time, and many times there are two or fewer. The nursing home length of stay has increased dramatically from 195.5 days to 373.4 days, indicating that when residents are admitted, they are most likely to stay at the facility rather than be returned to the hospital. I have cared for many wounds, in some case limiting or eliminating the need for wound center visits, as well as the associated transportation costs. I provided care and improved the health status of some individuals who have been able to be discharged back to the community under the Money Follows the Person program. When the facility staff members have not been able to do so, I have inserted Foleys, IVs and displaced feeding tubes, removed PICC lines and sutures and performed cerumen removal eliminating the need for emergency department and specialist visits as well the associated transportation costs. In more than fifty cases, when it was appropriate I have assisted individuals, families and conservators in completing advance directives and have provided palliative care allowing terminally ill residents respectful, peaceful and pain-free deaths in the facility rather than having them transferred to the hospital where the end-of-life care would have probably been more aggressive and much more costly. I have worked with the facility staff to change medications to align with Medicaid, Medicare and insurance companies' formularies whenever possible to reduce pharmaceutical costs.

I have a very supportive collaborating physician who I contact when needed and work with the residents' physicians in-house. I believe the work I do is vital and often wonder what would happen should my collaborating physician not be able to continue our relationship.