



Danbury Nurses' Union Unit #47 Local 5047  
AFT-CT, AFT Healthcare, AFL- CIO  
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**Testimony of  
Mary Consoli, President  
Danbury Nurses' Union Unit #47, AFT Connecticut Local 5047**

**In Support of Raised Bill HB 5384  
An Act Concerning Reports of Nurse Staffing Levels  
March 5, 2013**

As President, I represent 600 members of the Danbury Nurses' Union Unit #47, AFT Local 5047. I want to thank you for the opportunity to send in testimony in support of Raised HB 5384, legislation to require hospitals to report staffing levels quarterly to the Department of Public Health.

Today, in the healthcare environment of conversions of our non-profit community hospitals to for-profit status, we have a concern about access, affordability and quality of healthcare. Mandatory reporting of staffing levels will help to provide the information related to quality patient care. We will know where our healthcare dollars are going. This should be a concern of the State of Connecticut as well. The public should know how their tax dollars are being spent. We should know if we are getting the best quality healthcare money can buy. The reporting of staffing levels is a tool consumers can use to compare hospitals to determine quality of care.

Many hospitals have been down staffing to reduce costs, and labor is their biggest expense. The results have been staffing shortages with fewer nurses and other health care workers at the bedside. This puts patient outcomes in jeopardy. This was most evident at Danbury Hospital after August 2013, when they laid off nurses and reduced financial incentives to other health care workers who provide important care at the bedside, e.g. patient care technicians.

I have attached a form entitled, "Unsafe Staffing Documentation Acceptance of Assignment Under Protest". Our members use these forms to notify management that in their professional opinion, as a registered nurse(s), the staffing level or patient assignment does not allow them to *ensure safe and proper care of patients*. I have also attached a chart which indicates the number of Unsafe Staffing Forms filed with Danbury Hospital for 2013. Please note the sharp increase in numbers of forms submitted after August of 2013. These are in direct

relation to the cost cutting measures of layoffs and elimination of financial incentives to the non-bargaining employees. These business decisions were used to cut costs because of decrease in reimbursement from State and Federal Healthcare dollars.

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Raised HB5384 would allow the public to form their own opinion if the cuts Danbury Hospital made were the best for the community. Was the quality of care impacted at Danbury Hospital?

In forms submitted by the RNs working in the Cardio Thoracic Intensive Care Unit, management was notified of the fact that an R.N. with a Fresh Open Heart patient, was assigned to a second patient. The ratio, by policy is to be a 1:1, one RN to one patient in Open heart. This did not happen. It is not a onetime occurrence.. In addition, RNs in the Intensive Care Unit have had frequent triple patient assignments. This does not allow for proper monitoring and assessment of ICU patients. . The Hospital does not follow its own policy on staff assignments. The policy states clearly that, fresh Open Hearts are a 1:1 and the criteria for more critical ICU patients being a 1:1 or a 2:1 was not followed. It is not Best Practice for ICU patients to be 3:1 ratios. Our #1 rating for our Open Heart Program is in jeopardy with this level of staffing. Should the public know?

Reporting staffing levels will hold hospitals accountable. They claim shortages are related to nurses calling out unscheduled absences. The staffing plan should include replacement resources to cover emergencies. All cities and towns, with public schools, have to provide resources to cover school teachers when they have unplanned absences. They have plans in place to ensure the students have a teacher. It is not unreasonable to expect Hospitals to have the same obligation and report these plans to the Department of Public Health.

Research on the relationship of staffing levels to patient outcomes, was formally started in the 1990's. Research continues today. A study published in the medical journal, The Lancet, February 26, 2014 reports similar findings as in 1990. There is a direct correlation between RN staffing levels to patient safety. Increase RNs results in decrease falls and missed care and better patient outcomes.

HB 5384 takes a critical step toward assuring patients, their families and our communities that they will get safe high quality care in Connecticut hospitals. This legislation will improve our ability to evaluate existing staffing levels in Connecticut hospitals as well as the measures hospitals use to provide safe staffing.

The public should have access to information to make informed decisions about their health care, especially if that decision could be a matter of life or death. By giving the public the right to know staffing levels in any hospital, they can make comparisons and make informed decisions about the quality of care they want for themselves and their loved ones.

I ask you to support HB 5384, An Act Concerning Reports of Nurse Staffing Levels.

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Thank you,

Mary Consoli, President  
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References:

1. [J Nurs Adm.](#) 1990 May;20(5):27-32. Staff nurse turnover costs: Part II, Measurements and results. [Jones CB.](#) Source. College of Nursing, University of South Carolina, Columbia.
2. Linda H. Aiken, PhD, RN; Sean P. Clarke, PhD, RN; Douglas M. Sloane, PhD; Julie Sochalski, PhD, RN; Jeffery H. Silber, MD, PhD, *Journal of the American Medical Association*, Vol. 288, No. 16, October 23–30, 2002.
3. Joint Commission on Accreditation of Healthcare Organizations, *Health Care at the Crossroads: Strategies for Addressing the Nursing Crisis*, August 2002.
4. Nurse Staffing Levels and Adverse Events Following Surgery in U, S. Hospitals. Published: 1/1/2013 Christine Kovner<sup>1,\*</sup> Peter J. Gergen<sup>2</sup>, Article first published online: 2 OCT 2007 DOI: 10.1111/j.1547-5069.1998.tb01326.x
5. 2011, *The Nursing profession: Development, Challenges, and Opportunities*. Edited by Diana J. Mason, Stephen L. Isaacs, David C. Colby
6. Quality, Safety and Cost. Reprint 17. Nurse Staffing Levels and the Quality of Care in Hospital's. Jack Needleman, peter I. Buerhaus, Soeren Mattke, Maureen Stewart, Katya Zelevinsky.
7. The Lancet. 26 February 2014. Nurse staffing and education and hospital mortality in nine European countries: a retrospective observational study.



**UNSAFE STAFFING DOCUMENTATION  
ACCEPTANCE OF ASSIGNMENT UNDER PROTEST**

As registered professionals, we are responsible and accountable to our patients. This document is to confirm we have notified you that in our professional judgment today's assignment is unsafe and places patients, our licenses, and the hospital at risk. Please be aware that while we will do all that we can to ensure safe and proper care for our patients, we feel that our efforts will not be sufficient. Therefore, we are informing you that we cannot take responsibility for any error or incidents that take place during this shift, and request that Administration take appropriate corrective action to insure that no employee or patient be placed in this position in the future. We believe that this assignment is unsafe for the following reasons ...  
Check all that apply:

- |   |  |
|---|--|
| <input type="checkbox"/> Nurse/Patient Ratio _____  | <input type="checkbox"/> Lack of ancillary staff             |
| <input type="checkbox"/> Assignment acuity/ does not permit adequate monitoring of patients         | <input type="checkbox"/> Ancillary staff/patient ratio _____ |
| <input type="checkbox"/> Interference with nursing judgment   | <input type="checkbox"/> Scheduled short-staffed             |
| <input type="checkbox"/> Assignment/acuity does not permit delivery of required nursing care        | <input type="checkbox"/> Working short-staffed               |
| <input type="checkbox"/> Inadequate time for documentation  | <input type="checkbox"/> RN floated to unfamiliar area       |
| <input type="checkbox"/> Inadequate time for patient education                                      | <input type="checkbox"/> Competencies don't match assignment |
| <input type="checkbox"/> Multispecialist not available  | <input type="checkbox"/> Lack of supplies/equipment          |
| <input type="checkbox"/> Health/safety issues   | <input type="checkbox"/> Missed Meals                        |
| <input type="checkbox"/> Non-nursing functions interfering with patient care                        | <input type="checkbox"/> Consistently missed breaks          |
| <input type="checkbox"/> Unit staff pulled to staff other areas leaving original unit short staffed | <input type="checkbox"/> Other - give details                |
|   | <input type="checkbox"/> Filed adverse event                 |

Additional information:(Attach any additional information desired)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

RN SIGNATURES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Supervisor Notified: \_\_\_\_\_ Time \_\_\_\_\_  
Unit: \_\_\_\_\_ Shift: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Response: (If any)  
\_\_\_\_\_  
\_\_\_\_\_

Give form to Unit Rep. or send to Unit #47 by Fax 203 748-2988 or mail to union office - Danbury Nurses' Union, 18 Great Plain Rd. Danbury, CT 06810



# UNSAFE STAFFING DOCUMENTATION ACCEPTANCE OF ASSIGNMENT UNDER PROTEST

As registered professionals, we are responsible and accountable to our patients. This document is to confirm we have notified you that in our professional judgment today's assignment is unsafe and places patients, our licenses, and the hospital at risk. Please be aware that while we will do all that we can to ensure safe and proper care for our patients, we feel that our efforts will not be sufficient. Therefore, we are informing you that we cannot take responsibility for any error or incidents that take place during this shift, and request that Administration take appropriate corrective action to insure that no employee or patient be placed in this position in the future. We believe that this assignment is unsafe for the following reasons ...

Check all that apply:

- Nurse/Patient Ratio *1 pt paired that met 1:1 criteria (not op CABG) 2 triple assignments in ICU; 1 triple assignment on CTICU*
- Assignment acuity/ does not permit adequate monitoring of patients
- Interference with nursing judgment
- Assignment/acuity does not permit delivery of required nursing care
- Inadequate time for documentation
- Inadequate time for patient education
- Multispecialist not available
- Health/safety issues
- Non-nursing functions interfering with patient care
- Unit staff pulled to staff other areas leaving original unit short staffed
- Lack of ancillary staff
- Ancillary staff/patient ratio *pt tx @ 0100*
- Lack of support from medical staff
- Scheduled short-staffed
- Working short-staffed
- RN floated to unfamiliar area
- Competencies don't match assignment
- Lack of supplies/equipment
- Missed meals
- Consistently missed breaks

Additional information:(Attach any additional information desired)  
*7 patients on ICU side & one being NEOB eval. 5 of 7 patients on ICU side confused and pulling out invasive lines. CTICU needed to pair fresh open heart patient and had short turn triple assignment*

RN SIGNATURES: *Mary Sindale RN*  
*Ameral...* *[Signature]* *[Signature]* *[Signature]*

Supervisor Notified: *R. Germinaro* Time *0757*  
Unit: *ICU* Shift: *7P-7A* Date: *2/16/2013*

Supervisor Response: (If any)  
*(7 pts) Attempted to thoughtfully review triage of patients & Dr Khan. 1 patient moved to 10W 7:00pm. Float RN without critical care skills sent to alleviate staffing bc couldn't do an assignment*  
Give form to Unit Rep. or send to Unit #47 by Fax 203 748-2988 or mail to union office - Danbury Nurses' Union, 1 Padanaram Rd. Ste. 145, Danbury, CT 06811

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U
1	Danbury Hospital Unsafe St																				
2																					
3		12T	11W	11E	10W	10E	9W	9E	8W	8E	6-7W	7S	FBC	LD	PP	NICU	ICU	ED	ENDO	ASU	Total
4	<b>Jan</b>																				<b>3</b>
5	7-3			3																	3
6	3-11																				
7	11-7																				
8	<b>Feb</b>																				<b>1</b>
9	7-3																1				1
10	3-11																				
11	11-7																				
12	<b>Mar</b>																				<b>5</b>
13	7-3									1	1										2
14	3-11										1										1
15	11-7					1					1										2
16	<b>Apr</b>																				<b>2</b>
17	7-3																				
18	3-11																				
19	11-7										2										2
20	<b>May</b>																				<b>4</b>
21	7-3			1		1					1										3
22	3-11																				
23	11-7			1																	1
24	<b>Jun</b>																				<b>12</b>
25	7-3								1												5
26	3-11			2							1										3
27	11-7			2					2												4
28	<b>Jul</b>																				<b>13</b>
29	7-3			1	1		1									1	1	1			6
30	3-11																				
31	11-7			5												2					7
32	<b>Aug</b>			1																	<b>54</b>
33	7-3			6	6	2	1			3	3		2	1			7				31
34	3-11			4	2		1		1	1	1			1							11
35	11-7			5	1						1		1	2				1			11
36	<b>Sep</b>																				<b>38</b>
37	7-3	3		6	1		2			1	1		2			2	1	2			21
38	3-11	1		3	1			1			1										7
39	11-7			5		1		1	1		2										10
40	<b>Oct</b>																				<b>58</b>
41	7-3	2		3	2		3	3	1	2	1		1				3	2			23
42	3-11			3	1		5	6		3			1	1							20
43	11-7			5			1	2	2		3		1					1			15
44	<b>Nov</b>																				<b>50</b>
45	7-3			9			5	3	1	1	4		2				5	1			31
46	3-11						2	1	2	1	3										9
47	11-7			3			1		3				3								10
48	<b>Dec</b>																				<b>74</b>
49	7-3	2		6	1		1	2			7		1				9	2			31
50	3-11	1		4		1	1	1	1	1	2		1					1			14
51	11-7	2		11		2	1	1	2	2	3		3					2			29
52	<b>Unk</b>			1			1		1												<b>7</b>
53	7-3			1																	1
54	3-11			2		1															3
55	11-7																				
56																					<b>321</b>
57	Total	11		97	16	9	26	21	18	16	39		18	5		5	27	13			321

## Danbury Nurses' Unsafe Staffing Forms 2013 Total

