

**TESTIMONY OF  
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SAINT FRANCIS HOSPITAL & MEDICAL CENTER  
BEFORE THE  
PUBLIC HEALTH COMMITTEE  
Wednesday, March 5, 2014**

**HB 5384, An Act Concerning Reports of Nurse Staffing Levels**

Good Afternoon, my name is Patti LaMonica and I wish to provide testimony in opposition to **HB 5384, An Act Concerning Reports of Nurse Staffing Levels** on behalf of Saint Francis Hospital and Medical Center.

Before commenting on our concerns about the bill, it is important to detail the critical role hospitals play in the health and quality of life of our communities. Hospitals treat everyone who comes through their doors 24 hours a day, regardless of ability to pay. In 2012, Connecticut hospitals provided nearly \$225 million in free services for those who could not afford to pay. At Saint Francis in FY2013 we provided over \$82,600,000 in Community Benefit to over 185,000 individuals.

Connecticut hospitals are committed to initiatives that improve access to safe, equitable, high-quality care. They are ensuring that safety is reinforced as the most important focus – the foundation on which all hospital work is done. Connecticut hospitals launched the first statewide initiative in the country to become high reliability organizations, creating cultures with a relentless focus on safety and a goal to eliminate all preventable harm. This program is saving lives.

Providing culturally competent care, eliminating disparities, and achieving health equity are also priorities of Connecticut hospitals. The CHA Diversity Collaborative, a first-in-the-nation program to achieve these goals, has been recognized as a national model. At Saint Francis we partnered with more than 30 faith based and community organizations to develop the Curtis D. Robinson Men's Health Institute, an organization dedicated to providing patient education, cancer detection, and access to the most

advanced treatment options to reduce the number of deaths due to Prostate Cancer among men at risk in the various culturally diverse communities we serve.

Generations of Connecticut families have trusted Connecticut hospitals to provide care we can count on.

HB 5384 would require hospitals to submit to the Department of Public Health annual reports on prospective nurse staffing plans and quarterly reports of actual daily nurse staffing levels by numerical staff-to-patient ratios for registered nurses, licensed practical nurses, and registered nurses' aides as defined in Section 20-102aa of the Connecticut General Statutes.

Saint Francis opposes HB 5384 because it would create an unnecessary administrative burden and have no meaningful effect on the provision of safe, quality patient care. The reporting that would be mandated by HB 5384, which focuses on a gross numeric staff-to-patient ratio, would not reflect the complexity and dynamic nature of hospital staffing and would prove no insight on or benchmark for improvements.

Connecticut hospitals' intense work to create organizational cultures of safety and eliminate all preventable harm includes participation in a national collaborative, the Partnership for Patients, which is focused on improving patient care in ten key clinical areas. Nurses are integral to the success of these initiatives, as they work within multidisciplinary teams to prevent care complications and ensure the best patient experience. Saint Francis Hospital and Medical Center's dedication to quality and safety is demonstrated by its receipt of numerous awards including:

- "Greater Hospital" rankings for Heart Services and Orthopedic Surgery from **Beckers' Hospital Review**.
- Best Hospital for Surgery from **Consumer Reports**.

- Leadership in Healthcare Innovation from the **Association of American Medical Colleges** and **Alliance of Independent Academic Medical Centers**.
- Recognition as a hospital “A” Safety Score from the **Leap Frog Group**.
- Recognition for clinical excellence from **Health Grades**, respectively.

Nursing professionals in Connecticut hospitals develop staffing plans utilizing multiple sources of information with a focus on achieving positive patient outcomes. On a daily and hour-to-hour basis, they continuously assess patient care needs and consider a wide range of factors that go beyond numbers and ratios to make staffing decisions. Some examples include patient-specific factors such as the severity and urgency of a patient’s condition, age, cognitive and functional ability, scheduled procedures, and stage of recovery. Staff-specific factors such as licensure, educational preparation, skill level, years of experience, tenure on the patient unit, and level of experience with a particular type of patient care are considered. These elements are not captured by simply counting the total number of patients and the total number of staff at any level.

To accommodate changes in census, acuity, and the specific care needs of patients, hospital staffing levels and skill mix are constantly adjusted throughout the day. Quarterly reporting of numbers and ratios cannot provide an accurate reflection of actual staffing level. In addition, and most important, numbers alone are not reliable indicators of quality, and there is no scientific evidence to support a specific optimum nurse-to-patient ratio for acute care hospitals.

Saint Francis believes that passage of HB 5384 would not further meaningful accomplishment of patient care quality goals and that the public is better served through initiatives directed toward achieving positive patient outcomes. In an era where hospitals are being challenged to do better with fewer resources, we urge this Committee to support initiatives that meaningfully contribute to adequate resources for the provision of quality care, rather than impose an unnecessary administrative burden

on hospitals that will only draw upon the precious time of staff members who we need focused on patient care.

Thank you for your consideration of our position.