

**Testimony of
Phyllis Zappala
Western CT Health Network
(Danbury, Norwalk and New Milford Hospitals)
Before the Public Health Committee
Wednesday, March 5, 2014**

I am writing to oppose HB 5384, An Act Concerning Reports Of Nurse Staffing Levels. HB 5384 would require hospitals to submit detailed and costly 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.

In our progressive organization, nursing and administration interact and plan on a daily basis regarding complex patient care needs. The bill does not share any plan to organize or utilize this reported information for performance or other safety improvement. HB 5384, simply focuses on a gross numeric staff-to-patient ratio, without considering the dynamic nature of hospital staffing and without the benefit of insights or benchmarks for improvements. Further, this unfunded mandate puts the additional burden and associated cost of reporting squarely on the hospitals in a continuing weak economy and a time when hospitals are faced with devastating reimbursement cuts from state and federal payers.

Our nurses are integral to the success of our safety and quality initiatives, as they work within multidisciplinary teams to prevent care complications and ensure the best patient experience. As such important team members, we engage with nurses regularly on operational and staffing matters to gain their ideas and point of view – always with a focus on improving patient care and the patient experience.

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, our hospital staffing levels and skill mix are adjusted throughout any given day and appropriately so. The mandated quarterly reporting suggested in this bill cannot provide an accurate reflection of actual staffing levels based on the multi-dimensional aspect of today's patient care. Most importantly, the reported 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.

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.

Western CT Health network is committed to the provision of high quality, high value care and this bill is contrary to that commitment and meaningful cost of care reform.

Thank you for your consideration of our position.

Phyllis Zappala
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