



**TESTIMONY OF
SANDRA IADAROLA,
CHIEF NURSING OFFICE, WATERBURY HOSPITAL
BEFORE THE PUBLIC HEALTH COMMITTEE
Wednesday, March 5, 2014**

HB 5384, An Act Concerning Reports of Nursing Staffing Levels

Waterbury Hospital appreciates the opportunity to submit testimony in opposition to **HB 5384, An Act Concerning Reports of Nursing Staffing Levels**. My name is Sandra Iadarola and I am the Chief Nursing Officer at Waterbury Hospital. I have been a registered nurse for more than 35 years and have been a nurse leader for 30 years in Connecticut hospitals.

At Waterbury Hospital, like hospitals throughout Connecticut and across the nation, we strive to provide high quality care to our patients amidst an environment of uncertainty and rapid change. Our efforts and outcomes have been recognized by national organizations and publications. Most recently, Waterbury Hospital was recognized for our excellence in clinical performance and critical care by Healthgrades, a national online resource for comprehensive information about physicians and hospitals. Waterbury Hospital was the only hospital in Connecticut to receive the Healthgrades 2014 Distinguished Hospital Award for Clinical Excellence™--this places our Hospital in the top 5% of more than 4,500 hospitals nationwide for our clinical performance.

Hospitals receiving the Distinguished Hospital Award for Clinical Excellence demonstrated better than average quality care for patients undergoing treatment for up to 30 common conditions and procedures at these hospitals. This translates to a statistically significant lower likelihood of morbidity or complications.

In addition to the Distinguished Hospital Award for Clinical Excellence, Waterbury Hospital was named one of Healthgrades America's 100 Best Hospitals for Critical Care in 2014. This is the second year in a row that Waterbury Hospital has received Healthgrades Critical Care Excellence Award.

These awards clearly demonstrate that Waterbury Hospital's focus and priority on high quality, safe patient care is making a difference for our patients. We maintain a strong commitment to quality and fulfill our promise to keep our patients at the center of everything we do.

Every day, in fact every hour, we assess the mix of patients in our organization to determine how we can best meet their needs for high quality care—and nothing is more important than having

an appropriate level of staffing to achieve this goal. We oppose HB5384 because it adds an unnecessary administrative burden that does not enhance our ability to provide safe, quality patient care.

This bill would require hospitals to submit to the Department of Public Health (DPH) 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 20-102a of the Connecticut General Statutes. It expands on current law that already requires a nurse staffing plan reviewed and approved by a hospital staffing committee.

It is unclear what this information will be used for or how it will improve our patient care and outcomes. It appears to simply add another layer of reporting for hospital staffs that are already stretched to the limit.

To better understand why simply "counting" the total number of staff and patients in a ratio doesn't strengthen patient care or outcomes, I'd like to share with the Committee, the approach we take at Waterbury Hospital to determine our staffing levels. Working with my team and staffing committee, we conduct a "retrospective" review of utilization from the past year (patient acuity, service mix, unit by unit utilization, staffing and skill sets needed by shift, etc.) to develop a first draft of a staffing plan for the year; this is typically done in conjunction with the budget. This plan takes into account the current and historic staffing, patient mix and acuity, and attempts to address any issues that may have occurred over the past year (e.g., seasonal fluctuations and staff availability).

This annual staffing plan and policy is generally viewed as a road map and is re-evaluated throughout the year given the changing healthcare needs and acuity of patients, seasonal fluctuations and emergencies, and availability and retention of skilled staff members. In fact, this re-evaluation has led to more nurse recruitment at points in time after the plan and budget were in place.

Every day at the Hospital is different. Every morning, as CNO, I review, with the nursing supervisors of each unit or floor, our current patient census, the status of patients in the ED, patient acuity, and planned staffing for the day to determine if we have the necessary staffing. This review takes into account patient-specific factors, such as the severity and urgency of the patients' condition, as well as staff-specific factors, such as staff skill level, years of experience, tenure on the patient unit or specialty and level of experience with a particular type of patient. It's important to note that these decisions are generally about adding staff, not about having fewer staff. Staff nurses can also raise the need for additional staffing (whether RNs or patient care assistants) with the supervisor or the CNO. So there is basically a top down and a bottom up way to identify staffing for each and every day.

We are often asked how we can adjust staffing on a day-to-day basis. I'd like to share the answer with you. First, we have a "floater" pool of nurses that can move from floor to floor to assist as needed. Although this can be challenging at times because nursing and technology have become so specialized, it does work because our RNs work together to assure that they are

able to meet patient care needs while working within their individual competency levels. If, as there was recently, a significant increase in census or major illness or absences among the nurses, “per diem” nurses, who are essentially on call for the hospital, are called in. At this hospital, perhaps in many others, there is a loyal pool of “per diem” nurses who come in when called. In addition, our regularly scheduled part-time staff members are always willing to work extra when needed.

As detailed here, at Waterbury Hospital we manage to meet our patient needs for high quality care through a flexible, patient- and staff-driven approach. Our nurses are involved and engaged. And, like most other professions, they often feel stressed and taxed at times of high volume in particular, but they know they can come to us for help and we’ll work together as a team to resolve the need. . We don’t need more reporting or staff ratios, created through a new mandate, to do the right thing for our patients and our staff.

Beyond the impractical nature of simply focusing on numbers and ratio, there is no research or evidence that ratios improve patient outcomes. In California—the only state that current mandates nurse staffing ratios—they spend an additional \$1 billion each year but the expected outcomes haven’t materialized. Even when the law was passed, the California Department of Health said, “Essentially there was no hard scientific evidence in the literature indicating the number of patients nurses can safely and effectively handle while providing quality patient care.”

I hope this information gives you a better understanding of the approaches towards and complexities involved in staffing decisions given that each patient is unique and each nurse has a unique set of skills, knowledge and experience. Reporting ratios does not reflect this complexity and is not meaningful nor contribute towards our goal of providing high quality patient care and keeping our patients at the center of everything that we do. We appreciate your consideration of our position and respectfully request that you do not pass HB 5384.