



A Union of Professionals

AFT Healthcare 

Testimony of

Melodie Peters
President, AFT Connecticut

Public Health Committee
February 23, 2015

SB 855 An Act Concerning Reports of Nurse Staffing Levels

Good afternoon Senator Gerratana, Representative Ritter and members of the Public Health Committee. My name is Melodie Peters and I am the President of AFT Connecticut, a diverse union of nearly 30,000 members. We are proud to represent more 7,000 healthcare workers in 10 acute care hospitals in Connecticut. It is on their behalf that I testify before you today in favor of SB 855 An Act Concerning Reports of Nurse Staffing Levels.

Adequate nurse staffing levels reduce medical errors, infections and patient falls—all things that can cost lives. This bill simply asks hospitals to annually report their actual staffing ratios of RNs, LPNs and assistive personnel per patient care unit to the Department of Public Health.

Numerous studies in recent years have shown the direct correlation nurse staffing levels have on patient care. In 2014, a three-year nursing workforce study conducted by RN4CAST, a consortium of investigators from 12 European countries confirms that patients die every day because there aren't enough nurses to care for them safely. It found that an increase in a nurse's workload by just one patient increased the likelihood of an inpatient dying within 30 days of admission by seven percent ([http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(13\)62631-8/abstract](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(13)62631-8/abstract)).

Last March, the Department of Public Health testified against a similar bill, stating that it was more effective to review plans "onsite in relation to observed care and patient outcomes." Yet in October, the Department reported to the General Assembly that the number of adverse events reported in 2013 were more than twice as high than any of the previous eight years (<http://www.ct.gov/dph/lib/dph/hisr/hcqsar/healthcare/pdf/AdverseEventReport2014.pdf>). Part of this increase was attributed to a change in how pressure ulcers were reported, but even when they were removed, the total number of reported adverse events still exceeded 2013 levels by more than 5%. Patient outcomes tell us that current practice is no longer sufficient.

The Centers for Disease Control reported last month that while Connecticut has made progress in decreasing central line-associated bloodstream infections and lowering the MRSA rate, we still have higher infection rates than the national average in 3 categories: catheter-associated

urinary tract infections, surgical site infections and Clostridium difficile infections (<http://www.cdc.gov/HAI/pdfs/progress-report/hai-progress-report.pdf>).

Even the Connecticut Hospital Association acknowledged in an op/ed published in *The CT Mirror* that better transparency and reporting will contribute to reduced errors and improved safety (<http://ctmirror.org/2015/01/15/op-ed-greater-transparency-at-ct-hospitals-equals-more-reports-of-error>). We are glad to see CHA embrace this path and hope their member hospitals will join them in these efforts.

Hospitals know and keep track of staffing numbers on a daily basis, just like they keep track of their patient census. Submitting these numbers to the Department of Public Health would require little more than a few keystrokes and is not an administrative burden.

SB 855 is not an onerous proposal. It does not require mandatory minimum staffing ratios. It does not define patient acuity or mandate specific staffing levels based on patient acuity. Instead, it would provide the information we need to ensure that all patients receive the high-quality, lifesaving care they deserve.

We suggest that this bill be amended to also require hospitals to post this information on their own websites, as this level of transparency is helpful information for healthcare consumers.

Thank you for the opportunity to testify today. I urge you to make healthcare safer and more transparent by supporting SB 855.

For the record we also support and urge the committee to take favorable action on the following bills:

- SB 252 – An Act Concerning Reports of Infectious Disease at Hospitals
- HB 5325 – An Act Concerning Community Health Needs Assessments and For-Profit Hospitals
- SB 110 – An Act Concerning A Study on Reports of Threats and Assaults Against Hospital Employees