



377 Research Parkway, Suite 2-D
Meriden, CT 06450-7160
203-238-1207

**TESTIMONY RE: Raised Bill No. 855 AN ACT CONCERNING REPORTS OF NURSE
STAFFING LEVELS**

PUBLIC HEALTH COMMITTEE

February 23, 2015

Good Day Senator Gerratana, Representative Ritter and esteemed members of the
Public Health Committee

Thank-you for the opportunity to provide testimony on behalf of the Connecticut
Nurses' Association (CNA) related to the Nurse Staffing Levels. I am Mary Jane Williams
Ph.D., RN current chairperson of Government Relations Committee for the Connecticut
Nurses Association and professor emeritus from Central Connecticut State University.

I speak in **STRONG SUPPORT OF Raised Bill No. 855 AN ACT CONCERNING REPORTS OF
NURSE STAFFING LEVELS.**

During my tenure as Chair of GRC I have worked on Staffing bills since 2001. In 2007 a
Staffing Bill passed that addressed similar concerns. The Proposed language was
established collaboratively with members of the Connecticut Nurses Association and
members of the Connecticut Hospital Association, following the Principles set forth by
the American Nurses Association published "Principles of Staffing."

The current Proposed Legislation is a result of a changing health care environment,
issues with budget cuts, decreased reimbursement and rightsizing. In health care
settings.

Over the past few years I have received many calls about staffing from nurses in a variety of settings. When questioned about the legislative mandate from 2007 for Staffing Committees in the workplace, I have been told that they have gone by the wayside and in this economic environment it will only get worse. I find that comment frightening as a nurse and consumer of health care. "Nurses everywhere rank staffing as their biggest issue in hospital settings."

Hospitals have made efforts to involve nurses in "Shared Governance Committees" and have encouraged nurses to actively participate in these committees. Participation is limited, as many nurses do not feel empowered to participate.

Nursing Research from the late 90's demonstrates that " a significant inverse relationship exists between staffing and nurse sensitive outcomes, i.e. decreased staffing resulted in a higher incidence of complications (Konover, C., & Gergen, P.J. 1998). Research shows it is a problem – for patients: Insufficient nurse staffing is linked with poorer patient outcomes, lengthened hospital stays and increased chance of patient death." (ANA, Safe Staffing 2012)

Over the past decade multiple studies have demonstrated the relationship between number of qualified nurses and the negative outcomes when staffing is diminished.

The American Nurses Association reports the following: Medicare Federal Regulations requires hospitals to "have adequate numbers of licensed registered nurses, licensed practical (vocational) nurses, and other personnel to provide nursing care to all patients as needed". With such nebulous language and the continued failure of Congress to enact a quality nursing care staffing act to date, it is left to the states to ensure that staffing is appropriate to meet patients' needs safely. Massive reductions in nursing budgets have resulted in fewer nurses working longer hours, while caring for sicker patients. **(I should note at this point that mandated overtime has become an issue for nurses in many work environments, when staffing is short it is common practice to mandate nurses to cover shortages.)**

In a survey of conducted by ANA almost 220,000 RNs from 13,000 nursing units in over 550 hospitals and a response rate of 70%, nurses reported to ANA that: 54% of nurses in adult medical units and emergency rooms do not have

sufficient time with patients; overtime has increased during the past year with 43% of all RNs working extra hours because the unit is short staffed or busy; and that inadequate staffing affected unit admissions, transfers and discharges more than 20% of the time.

The benefits of increased RN staffing have been demonstrated. Each additional patient care RN employed (at 7.8 hours per patient day) will generate over \$60,000 annually in reduced medical costs and improved national productivity. ¹ This is only a partial estimate of the economic value of nursing omitting intangible benefits of reduced pain and suffering of patients and family members; the risk of patient re-hospitalization; benefits to the hospital such as improved reputation, reduced malpractice claims and payouts, and reduced compliance-related costs; and improved work environment that results in reduced turnover and risk of injury.

Nurses therefore, have requested the assistance of elected officials on the state and federal level to protect patients by holding hospitals accountable for the provision of appropriate [nurse staffing](#) through legislative or regulatory means. ANA Principles for Nurse Staffing (2005) [Nursesbooks.org](#) (1) Dall, Yaozhu, Seifert, Maddox & Hogan. (2009) "The Economic Value of Nursing" Medical Care: Vol 47:1.

American Nurses Associations Solution to Staffing

ANA advocates solving the problem by requiring hospitals to set nurse-staffing plans for each hospital unit based on changing conditions: Patient acuity (severity of illness), patient numbers, nurse skills and experience, support staff, Technology. Insufficient staffing not only is a poor prognosis for patients. Studies conclude that insufficient staffing causes nurse burnout, job dissatisfaction and turnover, diminishing patient satisfaction and hospitals' bottom lines. Nurses owe it to their patients, the U.S. health care system and themselves to heighten urgency and awareness around safe staffing. The current trend – nurses working longer shifts to care for larger numbers of sicker patients, with decreased support staffs – is not acceptable. (ANA, 2012)

Research shows adding Registered Nurses to unit staffing has been shown to eliminate almost 1/5 of all hospital deaths, and to reduce the relative risk of adverse patient events (Kane, ANA). Evidence has shown a link between mandatory staffing plan legislation and nurses' perception of a more positive nurse work environment when

compared with mandatory ratios or no staffing plan.

Retaining nurses is also a cost saving measure, it reduces amount spent on recruitment and training. The cost of recruiting and replacing RN is 1.6 times a Nurses annual salary. Increasing the number of Registered Nurses can yield a cost savings of almost \$3 billion, the result of more then 4 million avoided extra stay days for adverse patient events such as infection (Safe Staffing, ANA, 2010) I have attached the latest edition of Safe Staffing Measures for your review.

Therefore based on the information from research, the principles from the professional association and personal stories from nurses in direct care positions, it is without hesitation that the Connecticut Nurses Association supports **Raised Bill No. 855 AN ACT CONCERNING REPORTS OF NURSE STAFFING LEVELS**. The previous legislation has proved insufficient to garner the reporting essential for the state to assure residents that the care they will receive will be safe and of high quality. I

Thank you for your consideration of this legislation that if enacted will protect the public we serve. Please feel free to contact me if you have any further questions.

Mary Jane M. Williams Ph., RN

Chair Government Relations, Connecticut Nurses Association

Professor Emeritus Central Connecticut State University

Rxwilliams43@aol.com

860 997 6844