



**TESTIMONY OF
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BEFORE THE
PUBLIC HEALTH COMMITTEE
Wednesday, March 5, 2014**

HB 5384, An Act Concerning Reports Of Nurse Staffing Levels

Good afternoon. My name is Elizabeth Beaudin, and I am the Senior Director, Population Health and Workforce at the Connecticut Hospital Association (CHA). I am here today to testify in opposition to **HB 5384, An Act Concerning Reports Of Nurse Staffing Levels**.

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. All of our lives have, in some way, been touched by a hospital: through the birth of a child, a life saved by prompt action in an emergency room, or the compassionate end-of-life care for someone we love. Or perhaps a family member or friend works for, or is a volunteer at, a Connecticut hospital.

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.

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.

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.

CHA 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 provide 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.

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.

In addition, consideration is given to situational factors such as technology needs and availability, and physical layout of the patient care unit. The assessment of a combination of these factors and the judgment required to make staffing decisions cannot be articulated in a quarterly report.

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 levels. 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.

We believe 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. 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.

CHA and its members will continue to work with state agencies, healthcare providers, and educational institutions to ensure that Connecticut's citizens receive the best care in the midst of healthcare transformation, workforce shortages, and limited resources.

Thank you for your consideration of our position. For additional information, contact CHA Government Relations at (203) 294-7310.