HOSPITAL WEBSITE IS FOGGY, NOT "TRANSPARENT," AND NO SUBSTITUTE FOR MANDATED MINIMUM NURSE STAFFING

Testimony on the Patient Safety Act (H. 3843)

to the Joint Committee on Health Care Financing

The Massachusetts General Court

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Honorable chairs and members of the Committee on Health Care Financing, thank you for the opportunity to offer these comments.

My testimony will focus on the Massachusetts Hospital Association website called PatientCareLink. The hospital industry asserts that this website offers transparency about nurse staffing levels and that should be sufficient for patients, claiming "there's nothing to fix" (*Boston Globe* 8/4/13). But I will describe several reasons why this website can provide only a cloudy fog — neither true transparency nor patient protection.

I bring two kinds of background to these comments. My training and work for many years has been in health policy. I used this website's information on staffing for several years in teaching and assistant teaching a course for masters' degree students in public health. In addition, from personal experience, I am fervent about the centrality of nurses in the quality of hospital care. In the past three years alone, my seriously ill husband, who died last November, endured 9 acute hospital admissions—during which we experienced much wonderful nursing care, but also saw many nurses under great stress as they dashed between patients. The major medical errors he experienced were not attributable to hospital nursing problems, but at times we ourselves felt great stress when he needed help and we had a hard time reaching a nurse.

I'll discuss four main concerns about the hospital association's website figures on nurse staffing:

- false assumptions about any such website's availability to patients
- the difficulty of using this site
- misleading descriptions and claims about what information the website provides
- the wide disparities that it indicates in staffing among Massachusetts hospitals

First, the claim that any such website can do much to help steer patients to high quality care rests on false assumptions about the information's availability to patients.

Suppose some patients do look at this website before being hospitalized. How will they know which of several units in a hospital will wind up having a bed free on the days when they go from surgery to an ICU, and then to a general floor?

Further, a huge share of patients are hospitalized in urgent situations. They don't know in advance that they will be hospitalized, so they can't research hospital staffing levels beforehand. Our citizens may choose physicians and health plans based partly on their hospital affiliations, but what of the patients who are simply rushed to the nearest hospital by ambulance in a true emergency? Again, there is no way they can try to protect their quality of care by turning to a website.

On the other hand, it's striking that our hospitals have chosen not to post information on their obstetrics units. Labor and delivery is the most common reason for hospitalization in the U.S. (http://www.hcup-us.ahrq.gov/reports/statbriefs/sb148.pdf)—and it may well be the most common service for which prospective patients research and shop around to choose a hospital. Hospitals that offer maternity care often market that service vigorously, but at least in Massachusetts, hospitals don't seem to want patients' choice to rest on comparative outcomes and staffing data.

Finally, there's little reason to think that most patients or prospective patients even know about the PatientCareLink website. The hospital industry doesn't seem to heavily promote the site and — although detailed website usage numbers are not readily available to the public — the site does not appear to be very heavily used. Its website traffic ranking is well below those of, for example, Health Care for All of Massachusetts, the Massachusetts Nurses Association, and the blog "On Not Running a Hospital" (see similarweb.com).

Second, this site's information on staffing is (surprisingly) difficult to use. Much of what I describe below about the website's information and misleading claims took close examination and repeated readings to determine. As one Harvard professor told the *Boston Globe*, " 'you have to be a data geek to understand it.'" (8/4/13) In my years of reviewing graduate student homework exercises submitted by Boston University public health graduate students, I saw that a substantial share of them had difficulty interpreting the site's information correctly, and difficulty finding the right sort of information to answer a straightforward question about comparing nurse staffing levels at two hospitals. So I suspect that average patients would likewise have difficulty if they try to use the site's staffing information.

Third, the website and hospital association offer misleading descriptions and claims about what information the website provides, and how useful it is.

- The PatientCareLink website introduces its staffing section this way: "Please view the annual, unit-by-unit reports...to see what caregivers will be on staff in a given day." For selected hospital units, the website shows staffing by day of the week and shift, but the posted "plan" is in fact only a proposed annual average for the year, with no way to

reliably determine what staff will be working. There is no guarantee that the posted staffing levels—or the number of hours of staff time proposed per patient—will in fact be provided.

- ***Annual averages are little use***. Of course, the number of patients on a unit can fluctuate greatly over the course of a year, or even a month. The average number of patients on a unit may be well below the number of beds available, so the census may go much higher much of the time. (For example, Milford Hospital notes on this website that a certain med/surg unit has a projected average 2014 census of 16.04, but that at peak times the census may be as high as 37.) Hospitals state on the website that they adjust staffing in accord with the number and mix of patients (they call the "plan" a "baseline"), but there's no way to know the extent of those adjustments. So it's impossible to trust the posted figures. There's no way for prospective patients to know whether a hospital (or a particular unit) has the "planned" nurse-to-patient ratio on any given day—or more nurse hours, or fewer.

- The website claims that the "Performance data included here cover: Hospital nurse staffing, both planned and actual, by day of the week and work shift." In fact, however, the day by day and shift-specific information is only their "planned" levels of staffing; they do not report the "actual" level in any detail.

  Hospitals post for selected units a "plan" for the upcoming year that is supposed to show average planned RN and LPN and aide staffing by day of the week and shift. Then, after the end of the year, they post what is called a "report," describing what's called the "actual" staffing for the previous year. But after close examination, it appears that the "report" provides only one "actual" number in addition to what was proposed in the "plan." <u>That single "actual" number is a combined figure for "actual worked hours per patient day" WHPPD) for unlicensed aides ("assistive personnel"), LPNs, and RNs</u>. It doesn't distinguish between RNs and aides (or LPNs), so there is no way to know what the "actual" level of RN staffing was.

  Again, the only "actual" reported number is an undifferentiated figure combining staff time provided by nurses and unlicensed aides.

  Some examples from hospitals which may be familiar to committee members are shown in **Table 1**, attached. These give a sense, even for this undifferentiated staffing figure, of how much it sometimes changed from the plan to the "actual."

- Worked hours per patient day (WHPPD) is, as the website notes, a measure that is deemed useful by the National Quality Forum. However, the NQF assumes that data for the WHPPD will be summarized monthly (<u>www.qualityforum.org</u>, NQF #0205), rather than annually, which might substantially reduce the impact of census and staffing fluctuations on the resulting figures. Further, the NQF proposes a similar measure

using only RN hours, "RN hours per patient day." But the Massachusetts hospital industry has chosen not to post such data.

- The Massachusetts website, in introducing its 2013 staffing reports, says that "each hospital's staffing reports are compared by unit type to a peer group of like hospitals." After looking closely at the website, I see no indication of such comparisons. They are offered for patient care/outcome measures such as falls and appropriate antibiotic use, but are not evidently offered for staffing.

Finally, taking its staffing information at face value, the Massachusetts industry's website reveals wide disparities among Massachusetts hospitals. Its data do suggest there is wide variation in nurse staffing levels among hospitals. For example, looking up information on medical/surgical units for a variety of hospitals and using the "planned" average daily census numbers posted on the website, along with the number of RNs those units propose to have, on average, on the Monday night shift, one can see patient-to-nurse ratios ranging from about 4 to 7 or more. (See **Table 2.)**

Such differences mean we are accepting/tolerating/condoning very substantial differences in quality of care for patients being treated at different hospitals. Identical patients who wind up in different hospitals will face very different conditions. And think back to the patients who are hospitalized in emergencies—perhaps picked up by ambulance after collapsing at work, or while shopping, or elsewhere away from home. Do you feel it's safe and appropriate to have your mother, your child, your neighbor or constituent face the luck of the draw when rushed by ambulance to the nearest hospital? Or should we provide some guarantees that all of this state's hospitals will have at least minimum adequate nurse staffing levels?

* * *

The problems I've described mean that this website – and indeed any such website – cannot provide the protection that our hospitals' patients need and deserve. This website offers not transparency but a fog of misleading claims and unverifiable numbers of proposed staff on selected units averaged over a year. But even if the numbers were more detailed or reliable, how can anyone — especially a patient who doesn't know where s/he will be hospitalized — use them to hold a hospital accountable? How can numbers on a website protect a patient?

For many years, the Commonwealth has used laws and regulations to protect our vulnerable children by specifying minimum ratios of adult caregivers to children for several different age groups in three different settings (in-home day care, full day centers, half day centers). For hospitalized patients who are also unable to protect themselves and vulnerable, often teetering on the edge between life and death, isn't it time that we finally provide similar protection?

Table 1

WEBSITE REPORTS ONLY ONE "ACTUAL" YEARLY STAFFING NUMBER, WHICH DOES NOT DISTINGUISH RNs FROM UNLICENSED AIDES

Town	Hospital	Unit	RN + LPN + Unlicensed Aide Work Hours Per Patient Day (WHPPD)		
			2014 PLAN	2013 PLAN	2013 ACTUAL*
					***_Actual_ aide, LPN and RN shares are unspecified**
Sample ICUs/CRITICAL CARE UNITS					
Gloucester	Addison Gilbert - Northeast HS	Intensive Care	15.88	20.34	**15.39**
Springfield	Baystate Medical Center	Intensive Care	18.80	17.21	**17.38**
Pittsfield	Berkshire	Critical Care	16.57	15.96	**17.38**
Boston	Brigham & Women's - Partners	3BC Med ICU	20.57	23.23	**22.94**
Cambridge	Cambridge Hospital - CHA	TCH ICU	17.13	17.95	**18.42**
Hyannis	Cape Cod	Critical Care	15.17	19.66	**16.50**
Concord	Emerson	Critical Care	18.25	17.73	**15.27**
Burlington	Lahey	5 Central ICU	17.83	21.48	**19.73**
Leominster	Leominster - Health Alliance	Critical Care	14.88	15.57	**14.96**
Melrose	Melrose-Wakefield - Hallmark HS	ICU	16.42	17.65	**17.54**
Sample ADULT MEDICAL/SURGICAL UNITS					
Lawrence	Lawrence General	Russell 4	8.34	8.74	**8.20**
Lowell	Lowell General	D3 Main	7.61	8.42	**7.69**
Newton	Newton-Wellesley - Partners	3 West (medical)	9.82	11.71	**9.70**
Plymouth	Plymouth (Jordan) - BI Deaconess	3 S (med/surg/cardiac)	6.80	7.33	**7.28**
Brockton	Signature Brockton	A2	5.85	10.31	**6.27**
Worcester	St. Vincent - Tenet (Vanguard)	23 South (med/surg/cardiac)	10.08	10.68	**9.39**
Boston	St. Elizabeth's - Steward	M6 (medical)	8.38	8.49	**8.36**
Attleboro	Sturdy Memorial	Montplaisir (adult+pediatric)	8.67	9.16	**8.61**
Boston	Tufts	North 7 (medical)	7.80	8.21	**7.80**
Winchester	Winchester	A4 (adult+pediatric)	7.85	8.70	**7.88**

Source: All figures are from Mass. Hospital Association website, PatientCareLink.org

The Massachusetts Hospital Association claims these numbers are useful, but in the only "actual" figure provided, an undifferentiated annual average, <u>there is no way to know</u> the RN staffing provided or the patient-to-RN ratio.

Does an "actual" figure reflect all RN hours worked, or was it perhaps half RN time, and half unlicensed aides?

There is no way to know. Further, these annual averages likely differ greatly from the actual staffing at any given time.

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Table 2

"PLANNED" NUMBER OF PATIENTS PER RN RANGES UP TO 7 OR MORE, CALCULATIONS FROM HOSPITAL PLANS SHOW, BUT ANNUAL AVERAGES ARE LITTLE USE

Town	Hospital	Unit	2014 "PLANNED" AVERAGES: [A] Occupied beds (Avg. Daily Census - "planned")	[B] RNs on night shift, Mondays ("planned")	***"Planned" average patients/RN (calculated [A/B]). Note: Lower = more RN staffing for each patient***	Source: All figures except calculated average patients/RN are from Massachusetts Hospital Association website, PatientCareLink.org
Sample ADULT MEDICAL/SURGICAL UNITS *(Note: units may differ substantially)*						**The MHA claims these "planned" RN staffing levels are useful, but both census and staffing may diverge greatly from the "planned" average (or "baseline") data for the year that are published on the website. That makes it impossible for propective patients to trust, or to reliably calculate any patient-to-RN ratio.**
Lawrence	Lawrence General	Russell 4	36.00	5	**7.20**	
Lowell	Lowell General	D3 Main	28.39	5	**5.68**	
Newton	Newton-Wellesley - Partners	3 West (medical)	18.92	4	**4.73**	
Plymouth	Plymouth (Jordan) - BI Deaconess	3 S (med/surg/cardiac)	32.88	6	**5.48**	
Brockton	Signature Brockton	A2	28.00	4	**7.00**	
Worcester	St. Vincent - Tenet (Vanguard)	23 South (med/surg/card)	21.23	5	**4.25**	
Boston	St. Elizabeth's - Steward	M6 (medical)	15.00	3	**5.00**	
Attleboro	Sturdy Memorial	Montplaisir (adult+peds)	31.50	6	**5.25**	
Boston	Tufts	North 7 (medical)	22.00	4	**5.50**	
Winchester	Winchester	A4 (adult+pediatric)	9.83	2	**4.92**	