ONL | Organization of Nurse Leaders
MASSACHUSETTS & RHODE ISLAND

Testimony in Opposition to Senate Bill 557
An Act Relative to Patient Safety

Testimony in Opposition to House Bill 1008
An Act Relative to Patient Safety

Testimony in Opposition to House Bill 3843
An Act Relative to Patient Safety

Testimony in Opposition to House Bill 3844
An Act to Limit Excessive Hospital Operating Margins and CEO Compensation Through Greater Financial Transparency

Submitted to the Joint Committee on Health Care Financing by:
Organization of Nurse Leaders of MA&RI (ONL)
Christine Klucznik, MS, RN
ONL President
Associate Chief Nursing Officer, Cambridge Health Alliance
Joan Vitello-Cicciu, PhD, RN
ONL President-Elect
Associate Chief Nurse, Brigham & Women's Hospital
Paul MacKinnon, PhD, RN
ONL Government Affairs, Co-Chair
Vice President Clinical Operations/CNO, Health Alliance Hospital

March 24, 2014

Chairman Welch, Vice-Chair Benson and distinguished members of the Health Care Financing Committee, thank you for the opportunity to submit this testimony on behalf of the Organization of Nurse Leaders of Massachusetts and Rhode Island (ONL). We wish to be recorded in opposition **to Senate Bill 557; House Bill 1008; House Bill 3843 and House Bill 3844.**

As the voice of over 700 nurse leaders in Massachusetts and Rhode Island, ONL is committed to advancing the nursing profession, promoting the delivery of quality patient care and influencing the development of health policy in Massachusetts and Rhode Island. ONL members represent a wide diversity of nursing leaders – from nurse managers at community hospitals or academic deans of nursing schools to nurse managers at major teaching hospitals or the directors of home care organizations.

Collectively, we play a vital role in transforming health care to ensure patients in all care settings receive patient-centered, safe, high-quality and affordable care.

The Organization of Nurse Leaders believes that every person deserves access to quality health care and that our members have the responsibility to ensure safe practice conditions for all nurses, focused on high quality, family-centered care. ONL supports staffing based on the needs of the patient, the composition of the care team, and the supporting environment. Hospitals should embrace the principles of a healthy work environment in which collaboration and respect are key attributes, and staffing plans are mutually decided. Staffing based on a limit or defined nurse-patient ratio does not consider the complexities of the patient or the care environment or the dynamic nature of nursing practice.

As nurse leaders, there is no higher priority than ensuring the safety and quality of care that is delivered to patients and families that come to our hospitals and health care facilities every day. We are involved in every aspect of patient care delivery. The most important role we assume on the health care delivery team is that we are responsible for managing the nursing care delivered at the bedside. Managing nursing care is not a static process that can be predetermined using limits and ratios. It is a complex and continuous process where patient acuity and patient care assignments are continually assessed, adjusted and reassessed as needed to meet the patient's changing health care needs.

Hospitals provide 24/7 health care and the number and acuity of patients can change from shift to shift, and hour to hour. The increasingly dynamic patient care environment requires clinical judgment and real-time assessment to provide staffing based on patient need not by fixed limits or mandated ratios. Shortened lengths-of-stay and observation patients add to the complexity of staffing decisions, as do unpredictable workloads that are part of daily nursing care. Nurse leaders must retain the ability to use clinical judgment to flexibly manage resources to meet the changing patient care needs, while ensuring that competent staff delivers quality nursing care.

Each hour on every shift, nurses make staffing decisions based on the severity of a patient's illness, the transfer of patients into and out of units and the competence and abilities of each caregiver operating in the unit. The one thing we learn as nurses is to expect the unexpected. We need to be prepared to respond to emergencies and unpredictable situations at a moment's notice. It is a complex and dynamic process but the goal is clear and simple: providing the safest and best care to every patient.

Decisions regarding nurse staffing must remain flexible and responsive to patient needs not automatic and static dispensing the same care for every patient regardless of the need. Nursing care cannot and should not be reduced to a number; limit or fixed ratio. No two patients are alike, no two units are alike, no two hospitals are alike and no two nurses are alike. So when patient conditions change suddenly there needs to be a process (rather that a prescribed limit or ratio) that takes into account all of the variables that can shift on a moment's notice. At those points in time a reassessment of the situation is imperative so that the patient care resources can be directed to the appropriate place. That is why mandated nurse staffing limits or ratios will not work and cannot ensure the delivery of safe, high quality patient care.

As nurse leaders, we know how critical the RN role is as part of the patient care delivery team. But we also know nurses do not work in isolation. We rely on a team of trained professionals and assistive personnel to deliver the right care at the right time to each and every patient. We factor in every nurse, clinician, support staff and resource available to determine the best care plan to meet each patient's needs.

As nurse leaders there are several factors that inform and determine nurse staffing assignments and patient care plans:

- The condition and acuity of the patient and changing patient needs and expectations;
- The specific skills, experience level and education of the nurses;
- The technology for clinical and information systems available to assist nurses and caregivers;
- The physical layout of the hospital unit;
- The level and type of care and specialties provided by the hospital;
- The team of caregivers, support staff and resources available to care for the patient.

As nurse leaders we collaborate with our staff nurses and the patient care team to consider all of these factors to design the right care plan for each patient to provide the best possible care. Rigid, RN-only ratios or limits are not the solution and should never replace or supplant the clinical judgment of nursing professionals and the invaluable members of the patient care team providing real-time care at the patient's bedside. Mandated fixed nursing ratios and limits are one dimensional, set on a simple count of the patients at a given point in time and do not factor in these critical variables.

As noted above, nurse staffing is about managing the complex choreography that happens on all hospital units every day. It is about having a process in place to ensure that when patient conditions change, staffing and resources can change to meet the need not a number. It is also about being accountable and transparent regarding patient care staffing levels and quality care measures. Since 2006, all Massachusetts hospitals have been publicly reporting their patient care staffing plans and data on the Patient Care Link website. This nationally-recognized and first-in-the-nation effort provides the public with staffing plans for all hospitals, on all units and every shift. Hospitals also post nurse-sensitive outcome measures on the website including falls, falls with injury and pressure ulcer prevalence.

Data from Patient Care Link shows that Massachusetts Hospitals have increased hours worked by RNs and all caregivers. Since the inception of Patient Care Link's public reporting of staffing plans, staffing trend data for medical and surgical combined units has risen, reflecting patient intensity, staff education and experience level. On average, actual worked hours for all caregivers rose by 9.23% (median = 10.24%). For the same period on average, actual worked hours for registered nurses rose by 11.62% (median=9.69%).

ONL fully supports the transparent reporting of nurse staffing plans and quality data that is available on the Patient Care Link website. We believe in tying new payment systems to quality of care, not quantity of tests. We believe in delivering the right care at the right time in the right setting – and we believe in the need to retain nursing judgment to adjust staffing that meets patient needs and acknowledges the differences between hospitals, their nurses and their patients as the critical element to achieve these goals.

There are no scientific studies, **none,** that define the ideal number of nurses per patient. The legislation before you calls for fixed limits on RN patient assignments that are unscientific and arbitrary for all patients, in all hospitals, at all times, regardless of patient need or the impact of the prescribed nurse staffing on patient outcomes. In fact, there is a significant body of nursing research that articulates concerns and implications for the nursing profession that could result from hospital regulation of nurse staffing. Nationally-recognized nursing researcher, Peter Buerhaus published an article in the journal Nursing Economics entitled, *It's Time to Stop the Regulation of Hospital Nurse Staffing Dead in its Tracks,* which describes the potential harm to the nursing profession if mandatory staffing ratios were imposed on hospitals. Buerhaus stresses that "nurses and organizations employing them will need to be increasingly nimble and flexible to adjust constructively to the many changes anticipated with health care reforms." Buerhaus concludes, this is not the time to adopt policies that could lead to the diminution of the public's trust and confidence in nurses and "the public and private support of nurses is at risk should the states, the federal government or unions succeed in increasing the regulation of nurse staffing." [1]

It is important to note there is great disagreement in the nursing community over the issue of imposing mandatory one-size-fits-all limits on nurse staffing. In fact, two of the largest professional nursing organizations in Massachusetts: our Organization of Nurse Leaders, an affiliate of the American Organization of Nurse Executives (AONE) and the Massachusetts Association of Registered Nurses (MARN), an affiliate of the American Nurses Association (ANA) are providing testimony today opposing mandatory nurse staffing ratios as a means to achieve safe staffing or improve the quality of patient care. It should also be noted, there are over 100,000 licensed registered nurses in Massachusetts.
The legislation which mandates nurse staffing ratios and limits is being supported by one national nurses union, representing just over 20% of all nurses in Massachusetts.

Instead of focusing on limiting professional nursing practice and setting legislative mandates that replace nursing judgment with nurse staffing ratios, ONL believes the focus should be on advancing and empowering nurses and the nursing profession. We are working in partnership with the Department of Higher Education and the nursing community in Massachusetts to achieve these goals.

Advancing the Future of Nursing:
In 2008, the Robert Wood Johnson Foundation (RWJF) and the Institute of Medicine launched a two-year initiative to respond to the need to assess and transform the nursing profession. The result was a landmark ***Future of Nursing: Leading Change Advancing Health*** report issued in October 2010 that made 4 key recommendations that should serve as the roadmap for advancing the nursing profession in today's transformative health care delivery system:

1. Nurses should practice to the full extent of their education and training.
2. Nurses should achieve higher levels of education and training through an improved education system that promotes seamless academic progression.
3. Nurses should be full partners, with physicians and other health professionals, in redesigning health care in the United States.

---

[1] **Buerhaus, Peter Nursing Economic$/March-April2010/Vol.28/No.2**

4. Effective workforce planning and policy-making require better data collection and information infrastructure.

In 2011, Massachusetts was selected as an Action Coalition by the Future of Nursing: Campaign for Action to implement the recommendations of the IOM report in Massachusetts. The Massachusetts Action Coalition representing eleven statewide nursing organizations is jointly led by the Organization of Nurse Leaders, MA/RI (ONL-MA/RI) and the Massachusetts Department of Higher Education (DHE). The efforts of the Massachusetts Action Coalition are being recognized nationally particularly the efforts progress promoting nurses to achieve higher levels of education and training through academic progression. For more information on the Massachusetts Action Coalition and its progress: http://campaignforaction.org/state/massachusetts

Imposing nurse staffing ratios by legislative mandate is an old, antiquated idea conceived over 2 decades ago. It does not fit with today's health care delivery system that is in the midst of transformational change. The nurse staffing ratio bills before the Committee impose a hospital and facility-centric mandate on a system that is transforming to a community-based, patient centered, medical home model. It simply does not reflect how and where health care is being delivered today and will be delivered in the future. California remains the one and only state to impose legislatively mandated nurse staffing ratios. It has been more than 15 years since they did so and no other state has followed the California example.

We commend the Legislature for not passing restrictive and costly legislation that would hamper the ability of nurses to determine and provide appropriate staffing and care plans that meet each patient's unique needs at any given moment. Clinical decisions and nursing judgment cannot and should not be replaced by regulations or mandates. We urge the Committee to keep clinical decisions at the bedside and point of patient care.

For all of the reasons articulated above, ONL is strongly opposed to the nurse staffing ratio legislation and we urge the Committee to reject HB1008, SB557 and HB3843.

ONL also wishes to express our opposition to House Bill 3844. This legislation would impose caps on CEO compensation at all hospitals and would cap the operating margins of certain hospitals. Hospital costs are already affected by state law under Chapter 224, which limits statewide Total Healthcare Expenditure (THE) growth to 3.6% this year. The commonwealth already has in place numerous financial reporting requirements. Imposing arbitrary caps on operating margins is a misguided effort driven by an assumption that the financial health of a hospital can be assessed using its operating margin alone, and that after a certain threshold a higher margin is "undesirable" and "unnecessary". Hospitals in Massachusetts receive private funds as well as public funds, and salaries should be set by the hospital's Board of Trustees or directors based on federal and state rules and following national standards.

On behalf of the Organization of Nurse Leaders of Massachusetts & Rhode Island, we thank you for the opportunity to provide our perspective as nurse leaders on the pending legislation. If you have any questions or require further information, please contact ONL CEO, Sharon Gale, RN, at (781)272-3500 or sgale@oonl.org