

April 11, 2005

Honorable

Dear Honorable _____:

On behalf of the Association of Occupational Health Professionals in Healthcare (AOHP), I am writing regarding H.R. 1372, "Quality Nursing Care Act of 2005".

AOHP recognizes the need for adequate nurse-staffing levels to ensure the quality of patient care delivered in hospitals and health systems in the United States. Because staffing is a complex issue composed of multiple variables, mandated staffing ratios, which imply a "one size fits all" approach, cannot guarantee that the healthcare environment is safe or that the quality level will be sufficient to prevent adverse patient outcomes. It is for this reason that AOHP does not support H.R. 1372.

Further, AOHP has several concerns related to mandated nurse staffing ratios as follows:

- ❖ There is no conclusive evidence that legislatively mandated nurse-patient staffing ratios actually improve the quality of care
- ❖ Training is more important than quantities
- ❖ Hospitals cannot currently maintain an adequate supply of nurses
- ❖ Health care professionals, not lawmakers or regulators, are best qualified to determine staffing needs
- ❖ Mandated ratios will divert hospital resources away from patient care and toward compliance

There is no conclusive evidence that legislatively mandated nurse-patient staffing ratios actually improve the quality of care.

A 2000 study of California's nurse staffing ratios found that (1) more research is needed to determine the actual effects of staffing ratios on quality of care, (2) nurse staffing ratios strap hospitals with significant additional costs at a time of declining government funding for health care, and (3) there is no clear indication of "what minimum nurse staffing ratios might be ideal". Legislation is an insufficient response to the challenge of meeting the complexity of specialized patient populations and organizations.

California passed nurse staffing ratio legislation in 1999, which went into effect in January 2004. Despite this five-year lead-time, nine out of ten hospitals are still noncompliant with the law. Additionally, in the first quarter of 2004, the California Department of Health Services approved 23 of 60 waiver requests by hospitals that were unable to meet the stringent requirements of the nurse staffing ratio law.

An Institute of Medicine (IOM) report from 2004, found that there is no definitive evidence to indicate the necessary (minimum) or ideal (optimum) staffing ratios in various types of inpatient hospital units. The study also found that a prescribed ratio is not sensitive to actual patient needs and environmental factors at different points in time.

Training is more important than quantities.

A study in the September 2003 issue of the *Journal of the American Medical Association* demonstrates that death rates for patients undergoing surgery are lower at hospitals with a higher percentage of nurses with at least a bachelor's degree. Highly trained nurses make a difference, not arbitrarily chosen ratios that have no proven relationship to patient safety or more positive patient outcomes. Efforts would be better directed at identifying additional ways to fund nursing education and to obtain additional faculty for nursing education programs.

Hospitals cannot currently maintain an adequate supply of nurses.

Most, if not all states are suffering from a shortage of nurses and this is expected to increase over the next several years. According to projections released in February 2004 from the Bureau of Labor Statistics (BLS), RNs top the list of the 10 occupations with the largest projected job growth in the years 2002-2012. Although RNs have listed among the top 10 growth occupations in the past, this is the first time in recent history that RNs have ranked first.

According to the BLS report, more than 2.9 million RNs will be employed in the year 2012, up 623,000 from the nearly 2.3 million RNs employed in 2002. However, the total job openings, which include both job growth and the net replacement of nurses, will be more than 1.1 million. This growth, coupled with current trends of nurses retiring or leaving the profession and fewer new nurses, could lead to a shortage of more than one million nurses by the end of this decade.

A report released in July 2002 by the Federal Bureau of Health Professions details the projected shortages of RNs over the next two decades. The study indicates that if the nursing shortage goes unchecked, the deficit of RNs is expected to grow to 2.8 million by 2020 from two million in 2000. A 21 percent increase in the need for nurses is projected nationwide from 1998 to 2008, compared with a 14 percent increase for other occupations.

According to the American Hospital Association's June 2001 TrendWatch, the nation's hospitals have 126,000 vacancies for nursing positions. In addition, 75 percent of all hospital vacancies are for nurses.

The nation's registered nurse (RN) workforce is aging significantly and the number of full-time equivalent RNs per capita is forecasted to peak around the year 2007 and decline steadily thereafter, according to Peter Buerhaus of Vanderbilt University's nursing school. Buerhaus also predicted that the number of RNs would fall 20 percent below the demand by 2010, leading to a shortage of more than 400,000 nurses nationwide. (Journal of the American Medical Association, June 14, 2000)

Hospital viability is then affected by the combined effect of the nursing shortage and mandated nursing ratios. At least one hospital, Santa Teresita in California, has already shut down as a result of its inability to keep pace with nurse staffing ratios. Beyond closures, other California-based hospitals have limited their patient capacity in an attempt to boost nurse-to-patient ratios. Either of these potential outcomes ends in less access to health care, which ultimately impacts quality of care by encouraging early discharges and heightened admission criteria. This is counter to the purpose of the bill, which is to improve quality of care. These changes were also observed in Victoria, Australia as well. The state of Victoria is the only other locale that has fixed staffing ratios besides California.

Health care professionals, not lawmakers or regulators, are best qualified to determine staffing needs.

Since most hospitals continually adjust their staffing to reflect both increases in the number of patients and changes in severity of their medical conditions, a one-size-fits-all formula such as nationwide uniform ratios would not give hospitals the flexibility they need to ensure proper coverage and patient safety.

In the Journal of Nursing Administration, July-August, 2004, authors reviewed studies related to the effects of nurse staffing on patient, nurse employee and hospital outcomes published between 1980 and 2003. Overall, they found evidence that suggests richer nurse staffing is associated with lower failure-to-rescue rates, lower inpatient mortality rates, and shorter hospital stays. The studies did not offer support for specific, minimum nurse-patient ratios for acute care hospitals, especially in the absence of adjustments for skill and patient mix.

Mandated ratios will divert hospital resources away from patient care and toward compliance.

At a time when hospitals are working hard to relieve nurses and other direct caregivers of existing regulatory burdens that keep them away from the bedsides (increased reporting requirements and other record keeping).

In conclusion, AOHP's goal is to ensure a safe environment for patients and healthcare workers. We ask that you not support H.R. 1372.

We thank you for this opportunity to communicate our concern and look forward to an opportunity to provide additional information or assist you further. Please contact Sandra Prickitt at (415) 492-4790 or prickis@sutterhealth.org for additional information.

AOHP, a national association of approximately 1000 members, is dedicated to promoting the health and safety of workers in healthcare. This is accomplished through:

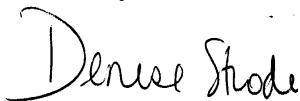
Advocating for employee health and safety

Occupational health education and networking opportunities

Health and safety advancement through best practice and research

Partnering with employers, regulatory agencies and related associations.

Sincerely,



Denise Strode, BSN, COHN-S/CM
Executive President