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Thank you Chairman Vitale and members of the Senate Health, Human Services and Senior Citizens Committee for the opportunity to provide testimony on S 1183, “Minimum Professional Registered Nurse Staffing Standards.” My name is Eileen Horton, I am a registered nurse and the Vice President of Patient Services and Chief Nursing Officer for the Capital Health System. I am here today to testify on behalf of the Organization of Nurse Executives of New Jersey (ONE NJ) in my role as the co-chair of the Advocacy Committee for the organization.

ONE NJ is a professional organization with more the 520 members representing nurse administrators, managers, educators, researchers and aspiring leaders who are responsible for and oversee the patient care delivered across the continuum in New Jersey. It is the position of the ONE NJ that patient care staffing decisions should remain under the purview of professional registered nurse managers in collaboration with their staff nurses in order to maintain the flexibility in determining the appropriate nurse to patient ratio based on today’s unpredictable, dynamic patient care environment. Respectfully, the ONE NJ opposes S1183.

Mandated staffing ratios offer no guarantee of improved quality patient care outcomes (Serratt, 2013). New Jersey hospitals have already achieved substantial improvements in their overall quality scores without mandated ratios. The 2013 Hospital Performance Report, an
annual report released by the state Department of Health, illustrated “that hospital quality continues to improve in the state, placing our state in the top quartile nationally in health care quality (O’Dowd, 2013).

The ONE NJ believes that professional nurses want control over their own practice, and they want to have a say in how their unit is run and staffed. The American Nurses Credentialing Center (ANCC) MagnetR and the Transforming Care at the Bedside (TCAB) are nurse led initiatives that focus on improving patient outcomes by enhancing the nurse’s ability to manage their work environment. New Jersey has led the nation in both initiatives, with 24 MagnetR hospitals and 50 hospitals actively participating in TCAB. Both initiatives empower nurses to have a voice in all aspects of their work environment, and to be influential in the pursuit of quality patient care including determining how units are staffed.

Professional quality assessment and control over staffing is also advocated by the American Nurses’ Association (ANA). In the *ANA’s Principles for Nurse Staffing, Second Edition* (Principles) the ANA states

> Appropriate nurse staffing is a match of registered nurse expertise with the needs of the recipient of nursing care services in the context of the practice setting and situation. The provision of appropriate nurse staffing is necessary to reach safe, quality outcomes; it is achieved by dynamic, multifaceted decision-making processes that must take into account a wide range of variables (ANA, 2012, p. 6).

The ANA further supports collaborative planning and review of staffing by staff nurses and management, as well as public reporting, which is already in place in New Jersey. According to the ANA, this approach will aide in establishing flexible staffing ratios that take into account the patient’s needs, health status, unit census, nurse competency levels and available supportive resources.
Health care reform is requiring that new models of care be examined and implemented. The process is unfolding now. Hospitals in New Jersey are establishing transition models of care that follow the patient from the inpatient acute setting out into the community or home. Teams of professionals from multiple disciplines partner with the patient and serve as resources and provide support to the bedside nurse. Today, it is more important to focus on providing nurses the education, skill and knowledge to care for our patients that are outside the acute setting rather than mandate staffing standards that are based upon a system that is transforming as we speak.

The ONE NJ affirms that every patient deserves high quality nursing care that is grounded in competency, research and best practices. Care that is delivered in a safe and efficient manner, with the goal of ensuring optimal patient outcomes. The organization further affirms that nurses are central to the establishment of safe practice environments in which they collaboratively determine the resources needed to provide optimum quality nursing care that also enhances patient satisfaction.

New models of care are being developed and implemented. Mandating ratios locks organizations into costly models that may not match the needs of the newer care delivery models. New Jersey hospitals are struggling with operating margins and available services. Flexibility is needed to produce quality outcomes and cost efficient care as we redesign delivery models for the future. For these reasons, the ONE NJ is opposed to mandated staffing ratios. Thank you for the opportunity to testify. I am happy to answer any questions.

References
