



**Testimony before the Senate Health, Human Services and Senior Citizens  
Committee  
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Thank you, Chairwoman Weinberg and members of the Senate Health, Human Services & Senior Citizens Committee for allowing me the opportunity to provide testimony on hospital licensing standards as they relate to the issues of nurse staffing ratios. My name is Deanna Sperling, a Registered Nurse and Vice President for Patient Care Services at Kimball Medical Center and Saint Barnabas Behavioral Health Center in Lakewood, New Jersey. I am also the President for the Organization of Nurse Executives in New Jersey (ONE/NJ) and a member of NJHA's Nurse Executive Consistency Group. I am testifying in my role as President of ONE/NJ.

ONE/NJ is a professional organization with more than 400 members representing nursing administrators and managers at all New Jersey hospitals. The Organization's membership encompasses chief nursing officers, nurse administrators, nurse managers and aspiring nurse leaders who are responsible for and oversee the patient care delivered in New Jersey hospitals.

The Organization of Nurse Executives in New Jersey believes that every person deserves access to health care and that its members have the responsibility to ensure safe practice conditions for all nurses. ONE/NJ supports the goal of optimal nurse-to-patient staffing levels, but we oppose mandated nurse staffing ratios.

ONE/NJ believes that it takes a team of caregivers to care for patients, and we recognize the critical role of the Registered Nurse on that team. The number of patients a nurse should care for at any time must be based on the acuity of the patient, the education and experience of the nurse, and the team available to care for a patient's needs. The clinical judgment of an experienced care team can never be replaced by a number. The demand for care and patient needs change constantly and adjustments must be made to ensure needs are met. Mandated staffing ratios will only serve to increase the stress on an already overburdened healthcare system and potentially create a greater public safety risk.

The issue before you today is complex. Any actions you may take will assuredly have a lasting impact on many, and most significantly those New Jerseyans who require

access to healthcare services. This issue needs to be reviewed in the context of how complex our healthcare system has become.

Since the early 1990's, the healthcare system can best be described as turbulent. As a result, there are many challenges hospitals have had to deal with. These challenges include:

- Reducing costs as a result of the Medicare, Medicaid, managed care reimbursement cuts and decreases in charity care subsidies.
- Limited access for patients – there is an increase in the numbers of uninsured, undocumented aliens, chronic illnesses such as AIDS, drug abuse, and domestic violence.
- Changing demographics – there is an increased minority population and a growing number of elderly.
- Patients have increased acuity and decreased length of stay.

These changes have created a tremendous strain on hospitals to reduce costs and to allocate scarce resources to achieve maximum benefit for patients. To accomplish meeting these challenges, hospitals have, transformed work processes and redefined roles. These changes have and will continue to have a profound impact on nurses as it relates to the number of nurses needed, distribution and mix of staff and educational preparation needs. While the focus is on nurses, there are many shortages in hospitals such as pharmacists, physical therapists, radiology techs and home health aides.

As a nurse executive, my colleagues and I are working in an environment that is seeking maximum quality at a sustainable cost. We are placed in a position of utilizing professional nurses in a way that responds to the needs of the patients, concerns of the payers and career expectations of the nurse. Each of us, I believe, takes on this role recognizing the difficulties we face.

We believe that regulating staffing by imposing mandated nurse-to-patient ratios (as is currently being done in California) increases inefficiency, increases labor costs, and does not fix the underlying problems that proponents of regulations purport need to be addressed through mandates. Rather than helping RNs and hospitals adjust to rapidly changing conditions, staffing regulations restrict flexibility to make the very adjustments that will help RNs. Mandated ratios may result in increased overall costs of care with no guarantees for improvement in quality or positive outcomes for hospitalization. The costs associated with the additional registered nurses that will be needed for the higher, required ratios will not be offset by additional payments to hospitals, resulting in mandates that will be unfunded.

- A. In 1994, the Institute of Medicine was requested to undertake a study stipulated by Congress to explore the relationship of quality nursing care and patient outcomes to nurse staffing levels and a mix of

different types of nursing personnel. It concluded that across the board ratios assume all patients can be cared for with the same level and type of resources. That is an incorrect assumption. Further, the study cited that given the variations in patient acuity and the total patient care environment, across the board ratios are neither practical nor desirable.

In this study it was strongly recommended that hospitals expand the use of advanced practice nurses to provide clinical leadership and cost-effective patient care, particularly for patients with complex management needs.

- B. In 1997 the Secretary of Health requested that nurse staffing and quality care be examined by Health Care Financing Administration (HCFA). The agency for Healthcare Research and Quality and the National Institute of Nursing Research at the National Institute for Health co-sponsored this study. The purpose was to develop evidence based conclusions on the relationship between patient outcomes potentially sensitive to nursing and nurse staffing for inpatient units in acute care hospitals. Seven hundred ninety-nine hospitals from eleven states participated.

Results showed relationships between staffing variables and five patient outcomes in medical patients. Only one outcome was linked in major surgery patients. This study demonstrates that different populations have different nursing needs. The recommendation was to develop a system for routine monitoring of outcomes of hospital patient care sensitive to nursing and nurse staffing.

- C. The American Nurses Association has done similar studies to define nurse sensitive indicators as well.

Addressing the following issues will better serve our healthcare system today:

- Focus on the true measure of staffing adequacy, which are patient outcomes, by utilizing the work begun by the New Jersey Department of Health and Senior Services (NJDOHSS) and the Joint Commission (TJC).
- Continue to support the statewide “New Jersey Nursing Initiative” co-founded by the Robert Wood Johnson Foundation and the New Jersey Chamber of Commerce Foundation, created to ensure that New Jersey will have the nursing workforce it needs to meet its future health care demands. The initiative is designed to avert a nursing shortage that could have severe consequences for New Jersey residents, by creating innovative approaches to increase faculty capacity; making New Jersey nurse faculty a preferred career; leading focused policy initiatives;

increasing sustainable funding; building local, regional and statewide collaboration; and developing creative strategies to increase nurse education capacity.

- Assist hospitals in receiving adequate reimbursement for charity care, Medicaid, and managed care.
- New Jersey has the most Magnet facilities in the country. The Magnet Recognition Program was developed by the American Nurses Credentialing Center (ANCC) to recognize health care organizations that provide nursing excellence, and innovations in professional nursing practice. The Magnet Recognition Program provides consumers with the ultimate benchmark to measure the quality of care that they can receive. Bring NJ Magnet hospitals together to seek best practices and provide funding to help support those practices in all hospitals in NJ.
- Provide grants for workplace models that can be tested.

ONE/NJ is committed to providing the best patient care possible. As such, we encourage the Senate Health, Human Services & Senior Citizens Committee to move S-803, legislation which would require all newly licensed nurses to obtain a bachelor's of science in nursing degree within 10 years of initial licensure. An educated nursing staff is the way to obtain the positive patient outcomes that we all seek. It has been demonstrated that patients receiving care from highly educated nurses experienced lower mortality. Advancing our nursing profession is key to saving lives and providing the best care possible in a very complex healthcare industry.

ONE/NJ members work every day to improve healthcare delivery to all of our patients. As such, we do not believe that the one-size-fits-all model of nurse-to-patient ratios is beneficial. Thank you for the opportunity to testify before the committee today and I am happy to answer any questions you may have.