



April 27, 2016

**Testimony in Regards to HB 5013 and SB 574:
Nurse Staffing Legislation**

Dear Members of the House Regulatory Reform Committee:

I am honored today to provide testimony on behalf of the Michigan Organization of Nurse Executives (MONE) comprised of Nurse Leaders representing nearly 180,000 licensed nurses across the state of Michigan, and Trinity Health (TH), one of the nation's largest multi-institutional Catholic health care delivery system represented in 23 states with 91 hospitals, in **non-support of HB 5013 and SB 574.**

Attached you will find a comprehensive position paper discussing all issues of staffing legislation and the position of MONE and TH Michigan. This comprehensive position paper is supported by current evidence and provides recommendations more suitable to ensuring safe care, sound staffing, and empowering nursing professionals in such decision making; Decision-making the nurses are already entrusted to by virtue of their nurse practice standards. I will speak to these and other points of this position paper during this testimonial session.

Speaking on behalf of the Michigan Organization of Nurse Executives and Trinity Health, we strongly encourage our congress men and women to educate themselves in understanding why Legislation is not the appropriate strategy to assure safe staffing. Legislatively mandated nurse-to-patient ratios should be avoided; in lieu of proactive models and empowering nurses, who are best prepared in this decision making, to this important work.

Thank you.

Respectfully,

A handwritten signature in cursive script, appearing to read "Joyce Young".

Joyce Young, PhD, RN, CENP
Chief Nursing Officer, Saint Joseph Mercy Health/Trinity Health; &
Michigan Organization of Nurse Executives, Legislative Representative

: Attachment



michigan organization of nurse executives

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Position Adopted/Adapted from Trinity Health System Position of Safe Staffing

POSITION STATEMENT ON SAFE STAFFING

The Michigan Organization of Nurse Executives (MONE) membership is comprised of Michigan registered nurses in leadership roles across the care continuum, including nurse executives, nurse managers, nursing educators, students enrolled in nursing administration programs, retired nurse leaders, consultants and directors and deans of nursing programs. The mission of **MONE** is to promote proactive nursing leadership and provide professional development and support for our members. We achieve our objectives through a collaborative process while serving as a catalyst for shaping and influencing health care policy and deliver.

LEGISLATION PROPOSING NURSE TO PATIENT RATIOS:

Proposed legislation relevant to nurse staffing is directly contrary to existing state Nurse Practice Acts or the Public Health Code that gives the professional nurse the responsibility for staffing. The number of patients for whom a nurse can care for, given all the differing characteristics, patient clinical needs, staff capabilities, etc., can only be determined by the professional judgment of the registered nurse. The MONE nurse leaders honor the professional judgment of the registered nurse in making such determinations; MONE strongly supports safe staffing and recognizes the correlation of effective nurse staffing models on quality patient outcomes. **It is the position of Michigan Organization of Nurse Executives that Legislation is not the appropriate strategy to assure safe staffing.**

There are many determinates and correlational factors associated with quality of care. To date, California is the only state with legislated staffing ratios. Published evidence does not show a consistent positive impact of mandated California ratios on the quality of care. According to a recent review, "The ratios have been in place for more than 8 years, and results of empiric studies examining the impact the ratios have had on patient-level outcomes including satisfaction has been inconclusive thus far" (p. 584).¹

The more recent published evidence, in fact, points to educational preparation and training as significantly important; more-so than focus only on pure numbers in keeping patients safe.

- The Department of Health and Human Services, National Advisory Council on Nursing Education and Practice (2001) identified a set of priority conditions, urging health systems to focus efforts. One identified priority challenge involved ensuring an

¹ Serratt, T. 2013. California's nurse-to-patient ratios, Part 3. Journal of Nursing Administration, 43(11), 581-585.

adequately prepared workforce to better serve patients in an era of expanding knowledge and escalating change.

- In Our Hands, released from the AHA (2002) called out a challenge to hospital leaders to provide additional education and training to frontline staff in efforts to keep up with unprecedented advances in new clinical technologies, new drugs, and innovation.
- IOM (2010) Future of Nursing Report indicated that every clinical outcome targeted for improvement over the past years in US hospitals has been definitively linked to degree of nursing education preparedness or training. The report outlined key recommendations – including increasing the BSN percentage of workforce to 80% by 2020.

LEGISLATION PROPOSING STAFFING COMMITTEES AND/OR PUBLIC REPORTING:

13 states in the US have adopted legislation around Staffing Committees and/or Public Reporting. The non-ratio legislation related to staffing committees and reporting is, however, already largely addressed. It is first important to note that the Centers for Medicare and Medicaid Services (CMS) and the Joint Commission on Accreditation of Healthcare Organizations (TJC) recognize staffing as a key system influencing patient safety and quality care. The TJC assesses hospital compliance to reporting (including public): LD.03.04.01 “The hospital communicates information related to patient safety and quality to those who need it, including staff, licensed independent practitioners, patients, families, and all external interested parties.”

Additionally:

- Most hospital already have nursing structures/or committees of staff nurses that contribute to the discussions and decisions made related to staffing plans and models.
- Nurse Practice Councils, active in many MI hospitals, consider part of their responsibility for nursing practice to be an advocate for safe staffing (whether it is in staffing models; skill-mix; staffing patterns; or tools/technologies designed to support the practicing nurse).
- Nurse leaders publically report at least annually, to their Governance Boards, a staffing effectiveness report – encompassing and correlating staffing plans; numbers; staffing type; etc. to clinical patient outcomes. This report is also available and/or required for review with state and national regulatory/accrediting bodies, including TJC and CMS.

It is the position of Michigan Organization of Nurse Executives that additional legislated requirements are not the appropriate strategy, and would be poor use of national and state resources that could otherwise be utilized to support efforts to increase educational and development funding opportunities for nurses.

MONE Leaders BELIEFS and CURRENT STATE:

MONE nurse leaders believe nurses are vital to ensuring that patients receive quality care and are satisfied with their hospital experience. Research shows that nursing care is key to good patient outcomes. (ANA Key findings pdf). We also believe that nurses are best prepared and poised to determine the staffing appropriate to manage their unique patient populations... with all due respect, *not* a legislator nor a legislated mandate.

MONE nurse leaders values their nurses and are committed to providing environments where nurses want to practice. Our approach to enhancing the practice of nursing is three-fold: (1)

empower nurses as decision-makers; (2) invest in nurse education; and, (3) leverage technology to enable nurses to work more efficiently.

Empowering Nurses as Decision-makers

Research has consistently shown that nurses desire control over their environment and the way they practice their profession and provide care. MONE seeks to continually empower RNs with authority over their practice, including staffing decisions, as well as recognize the awesome work and responsibility of nurses as professionals.

- Nursing Shared Governance structures at many hospitals provide a forum for nurses at all levels to engage together in decision-making and innovation in Nursing Excellence.
- Similarly, Practice Councils comprised of staff nurses routinely review, revise, create, and/or recommend practice/procedure changes; and effectively advocate for safe practice.
- The Magnet Recognition Program is a model for empowering nurses. The documented result of Magnet status is top tier quality, improved nurse satisfaction, lower turnover, and greater application of best practices. Numerous MI Health hospitals have accepted the challenge to pursue Magnet standards.
- In the great state of MI, nurses are also engaged and empowered in innovation supporting safe practice through the Michigan Keystone work. MI outcomes are often reported as leading edge; and are frequently better than California reported outcomes.

Investing in Nurse Education

The Institute of Medicine's 2010 report "The Future of Nursing" cited studies linking every clinical outcome targeted for improvement with higher nursing education. The report's authors strongly recommended that 80% of the RN workforce be baccalaureate-prepared by 2020.

- In 2012 a large MI Health system (Trinity Health) sponsored a system-wide nursing research initiative encompassing 23 hospitals, 101 acute inpatient nursing units, and nearly 60,000 discharged patients to examine the correlative impact of nurse staffing variables (numbers per patients per nurse; educational preparedness; and experience) on patient outcome of unplanned readmission with 30-days of discharge. The most highly correlated variable proved to be educational preparation; the least correlated variable was numbers of nurses per patients: Young, J. L. (2012). The relationship of nurse educational preparation, experience, and number on hospital unplanned readmission. *ProQuest*. UMI 3502905.
- Several of Michigan hospitals have on-site BSN completion programs, where educational costs for RNs to complete their BSN are heavily subsidized by the hospital.
- Clinical Nurse Leader program. The American Association of Colleges of Nursing developed the Clinical Nurse Leader role, a new nursing role that uses expertise and knowledge to guide the care of patients. The Clinical Nurse Leader program has been implemented at numerous MI hospitals. These master's degree-prepared clinicians oversee care coordination of patients, put evidence-based practice into action, and have decision-making authority to change care plans when necessary.
- MONE works with other State organizations (MI Center for Nursing; MI-ANA; Comon; etc.) to offer leadership/professional development training for nurses so that they can help create a supportive work environment for the professional practice of nursing.
- Scholarship opportunities. MONE offers scholarships for RNs to pursue educational advancement. .

Leveraging Technology

In 2003, the Institute of Medicine issued a report that validates the role nurses play in patient safety. The report, titled, "Patient Safety: Achieving a New Standard for Care" identifies health information technology as the solution for dramatically reducing preventable medical errors.

- MONE concurs that new information technologies and automation can create efficiencies that result in improved patient outcomes as well as valuable supports for nurses.
- MI hospitals have invested in technology such as electronic health records, bedside barcode scanning for safe medication delivery, computerized physician order entry systems and electronic prescribing, and safer "smart" IV pumps.

Many other technology based solutions support the work of our nursing staff. For example:

- Patient placement technologies
- Automated Flow/Communication Boards
- Lift technologies

Use of and investment in technology cannot be underestimated. The impact of technology on the nurse of the future and the ability to recruit young nurses must be acknowledged as a critical component of the nursing solution. Leveraging technology to provide our nurses' opportunities to spend more time at the patient bedside will continue to be a top priority.

RECOMMENDATIONS AND CONCLUSION:

1. Legislatively mandated nurse-to-patient ratios should always be avoided; in lieu of proactive models; and empowering nurses versus legislators to this important work and decision making.
2. Many hospitals already have in place staffing committees that would meet the requirements proposed by several variations of staffing legislation. These are regularly verified by accrediting agencies. MONE recommends and supports the continuation of this empowering practice.
3. States should support continuing education for nurses so that those who have Associate degrees can obtain Bachelor's degrees. Nursing faculty are also needed; support for graduate study is a critical method for improving patient care.
4. Funding opportunities for continuous professional nurse development should be a key focus.

We believe a state solution should not stop at attracting and training more nurses and nursing faculty but also include initiatives to improve nurse satisfaction and engagement.

The nursing shortage in Michigan is real and already upon us. Michigan faces an estimated shortage of 30,000 RNs by 2020 (Michigan Department of Labor and Economic Growth). The nation faces a shortage of more than 1 million nurses between now and 2021 (Bureau of Labor Statistics). It is important to: (1) recognize the contributions that hospitals are making to address the shortage; (2) understand that heedlessly mandating ratios *without* acknowledging patient need and supply of nurses is simply not responsible policy.

Recommendations

We commend the Michigan House for seeking solutions to the nursing shortage and humbly offer the following recommendations for resolving Michigan's nursing shortage:

1. Fund initiatives to attract and train more nurses and nursing faculty.
2. Recognize the vital services nurses provide and provide nurses opportunities to expand their skills by investing in ongoing nurse education opportunities.
3. Recognize hospitals that invest in internal educational programs as well as in preceptors.
4. Promote and recognize standards and initiatives that empower nurses as decision-makers. Incentivize the replication and adoption of national standards.
5. Encourage further leveraging of health technology and tools.

In conclusion, the commitment to nurses as professionals and the importance of their involvement in decision making and leadership and their role as a collaborative team member is critical to encouraging nurses to stay in the profession and to attracting the best candidates to the profession.

APPENDIX A SUPPORTING EVIDENCE

High % of BSN preparation in RNs is associated with better patient outcomes:

- (1) 5% reduction in mortality and failure to rescue with each 10% increase in RNs with BSN (Aiken et al., 2003).
- (2) Hospitals with higher proportion of nurses with BSN had 19% to 34% less mortality (Estabrooks et al., 2005).
- (3) 10% increase in proportion of BSN associated with 9 fewer deaths per 1,000 discharged patients (Tourangeau et al., 2006).
- (4) Larger proportions of BSN degrees have lower rates of fatal patient injuries related to health care (Kane, 2007)
BSN associated with decreased odds of dying in 30 days and decreased failure to rescue (Friese, 2008) .
- (5) Increase of 10% BSN associated with 12% less pressure ulcers, 4 % less failure to rescue, 11% better in LOS>expected (Blegan et al., 2010).
- (6) Higher percentage of BSN directionally associated with lower readmission rates. The higher the BSN percentage, the lower the readmission rate, 70% of the time (Young, 2012).

Authored: Joyce Young
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