

Iowa Hospital Association Testimony Nursing Staff in Hospitals Study Committee

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As members of the Committee are likely aware, the Iowa Hospital Association has opposed bills in recent years addressing mandated staff ratios and/or overtime restrictions in hospitals. Simply put, these ideas are solutions in search of a problem. They are unnecessary (and most likely harmful) for the Iowa care environment.

The Iowa Hospital Association represents all Iowa hospitals and nearly 70,000 hospital employees, more than a third of whom are nurses. Iowa's hospitals are committed to safe, quality working environments, empowering clinical staff, and providing the highest level of quality care possible. In fact, as defined by the federal government's Centers for Medicare and Medicaid Services (CMS), Iowa now provides the sixth highest quality care of any state in the nation, which is a testimony to our institutions and the caliber of nurses in Iowa.

I'm distributing the 2006 IHA legislative position on this issue recently approved by the IHA Board, which continues to stress hospital opposition to these concepts. While the position paper is comprehensive, I'd like to address a few additional points.

Mandatory Staff Ratios

You have already heard this morning of the devastating consequences of mandatory staffing ratios in California. We could certainly expect similar results in Iowa.

Staffing ratios do not recognize the changing daily census within every Iowa hospital. They do not recognize that hospitals of different sizes will have different staff needs. And they do not address the competency of the staff—a staff of four new nursing graduates will have different abilities than a staff of four nurses with 20 years of experience apiece.

By definition, mandatory staff ratios seek to make hospitals hire more nurses. They do not answer the question of where those nurses will be found. Iowa, as most other states, currently is experiencing nurse shortages, which are certain to increase as current nurses retire and the influx of the baby boom generation hits our health care system. This week's Des Moines Business Record, in an article detailing financial incentive packages for nurses—a more realistic way to address staff shortages—notes that Iowa's nursing programs currently have 128 faculty vacancies, indicative of our training problems. Additionally, IHA data indicates that there are more than 1,000 nurse vacancies in Iowa hospitals today, which does not include equal challenges for nursing homes and other kinds of care facilities.

Staffing ratios would create real disparities between institutions. Those with the financial resources to add staff may be able to do so, but given the current work force realities, such action would come at the expense of smaller institutions less able to compete from a salary perspective...much as extraordinarily low Medicare and Medicaid reimbursement makes it already difficult for Iowa hospital to compete with hospitals from surrounding states for quality nursing staff.

Finally, mandatory ratios would likely create perverse incentives to actually reduce staff in some instances. If a hospital were to staff beyond mandated ratios permanently or at times of low census, it would likely be identified by large insurers as over staffed or inefficient, leading to requirements in payment contracts that hospitals staff at the arbitrary staffing level. We know that many Iowa hospitals are currently staffed beyond the California levels. Mandatory ratios could actually force such hospitals to reduce their nursing staff.

Overtime Restrictions

Mandatory overtime—defined as forcing a nurse to work overtime or to face disciplinary issues such as losing his or her job—is simply not being imposed in Iowa hospitals. As I mentioned, hospitals are looking to hire nurses, not to fire them. Hospitals must be given the flexibility to staff as patient acuity demands dictate and nurses are sometimes asked to work overtime to protect patient safety. However, nursing administrators take pains to manage this process fairly and most often nurses volunteer for such opportunities.

In fact the irony regarding this issue can be found in last spring's move by President Bush to make changes in federal wage and hour laws. The face of those opposing changes in overtime policies were in fact nurses, decrying publicly, "don't take away our overtime."

Proponents of overtime restrictions and staffing ratios maintain that hospitals are using overtime as a means of staffing and compromising patient care. This is untrue. Every Iowa hospital is a not-for-profit organization, with a social mission to provide the best care possible to the sick and injured, regardless of income or social status. And every Iowa hospital has a quality control team that is constantly analyzing data and experiences to measure how that care can be improved upon. But even if you are a cynic and dispute the notion that hospitals are concerned with patient safety above all else, there is a pragmatic reason why you have to believe hospitals are not understaffing and putting patients at risk. In today's environment, if there is a medical error or adverse outcome the hospital will get sued for medical malpractice. In fact there is a separate legislative interim committee charged with examining this crisis in Iowa and its impact on our health care system. Bottom line: it's a hospital CEO's job to make sure the hospital doesn't get sued, and that means adequately staffing nursing units and making sure those clinicians are prepared to deliver the best care possible.

You are going to hear later from the Iowa Department of Public Health regarding their teleconferences held on these issues earlier this fall. At those teleconferences, only a handful of people testified in support of staff ratios or overtime restrictions, but dozens and dozens of nurses from around the state testified in opposition to these concepts. These included not only directors of nursing charged with the responsibility of overseeing staffing issues, but rank and file nurses at the bedside who can envision the negative impact of these concepts on how they deliver care to their patients.

I am not a clinician. But to give you a flavor of those perspectives, I have invited Kathy Ripple, a nurse affiliated with the Finley Hospital in Dubuque, to use the rest of my time to share with you the perspective of this issue from a practicing nurse professional. I believe you will find her perspective enlightening.

In closing, the Iowa Hospital Association urges the committee to reject any support of unnecessary staff ratio mandates or overtime restrictions upon Iowa's hospitals and instead to support meaningful measures to enhance

Iowa's nursing profession such as creating more support for nursing faculty and enhanced Medicaid payments so that Iowa hospitals can better compete from a salary perspective with other organizations from across the region.

Thank you for your time.