TESTIMONY OF KATHY RIPPLE, DIRECTOR OF HOME CARE, THE FINLEY HOSPITAL/ADMINISTRATOR VNA, DUBUQUE, IA
LEGISLATIVE COMMITTEE HEARING
OCTOBER 18, 2005

Good morning to members of the Committee.

Good morning. My name is Kathy Ripple, and I am Administrative Director of Quality Management, Home Healthcare and the Visiting Nurse Association at Finley Hospital in Dubuque. I am here today representing those organizations as well as all affiliate hospitals of Iowa Health System, and I am pleased to have the opportunity to provide our perspective on the issues of mandatory limits on overtime for hospital nurses and nurse-to-patient ratios.

I have been a Registered Nurse in Iowa for more than 30 years. I have worked in hospitals, home healthcare, public health and managed care. I have provided direct patient care during my nursing career and have held several different supervisory positions at Finley and the Visiting Nurse Association (VNA) and other organizations. In addition to Finley, Iowa Health System includes St. Luke's Hospital, Cedar Rapids; Allen Hospital, Waterloo, Trinity Health System, Quad-Cities; Methodist, Lutheran and Blank Hospitals, Des Moines; Trinity Regional Medical Center in Fort Dodge, and St. Luke's Regional Medical Center in Sioux City. At each of those locations, we employee staff nurses, nurse directors and nurse executives in various practice settings, including acute and critical care. I understand the challenges facing nursing and the healthcare system because of my firsthand experience and educational background.

As a nurse executive, I am responsible for managing and directing the activities of all nurses employed within the Quality Management department, VNA, and Home Health Care services at Finley. I know that my experiences and the sentiments I offer you today are shared by many staff nurses, nurse directors, and nurse executives throughout the Iowa Health organization.

It is my understanding that there are people within our profession advocating legislation that would prohibit a hospital from requiring nurses to work overtime. I also understand that they are proposing legislation that would require our Iowa Department of Public Health to establish minimum nurse-to-patient ratios in our state's hospitals. The Finley Hospital/VNA and all Iowa Health System affiliates oppose such legislation.

I'd like to speak first to the issue of mandatory overtime. Before discussing the merits of why we oppose such legislation, it is necessary to define what constitutes "mandatory overtime." A commonly accepted definition of mandatory overtime, and the one used by Iowa Health System, is requiring a nurse to work more than 40 hours in a week, or more than 12 hours in a day. While common, this definition is not used universally. Our neighboring State of Illinois, for example, has placed a ban on mandating any additional

hours beyond those of the predetermined work shift even when that shift is considerably less than 40 hours a week.

No matter what definition of "mandatory overtime" legislation we might use, a ban would not improve patient care. Finley and the other Iowa Health System hospitals have been quite successful in voluntarily avoiding the use of mandatory overtime, and using it as a means of staffing only as a last resort. Use of mandatory staffing at Iowa Health hospitals has been limited to crisis situations that would put patients in danger of not receiving the safe care if such an option were not available. Before requiring staff to work overtime, diligent efforts are made to use other means to ensure staffing is adequate to provide safe patient care. Many nurses work part-time or full time at less than 40 hours per week. These nurses are often available and willing to work extra hours when needed. They don't want to consistently work 40 hours a week but know that they may have an opportunity for extra hours at times. Other means of staffing may include having directors work with the staff nurses to provide direct patient care, requesting volunteers to work overtime, utilizing "on call" staff, obtaining workers through a hospital's in house floating plan, and utilizing nurses provided by a staffing agency outside of the hospital. Substantial financial incentives are often offered to ensure adequate staffing and to avoid the need for mandating overtime. In most cases, efforts are successful, but on the rare occasion when they are not, it is imperative that we have the option to implement mandatory overtime.

Let me share a few real-life scenarios of how this type of legislation would adversely impact the ability of hospitals to for their patients. Take the Surgical Unit, for example. There are many times when a nurse in the surgical unit is required to stay past his or her predetermined shift to finish a surgical case. It is absolutely necessary for patient safety that hospitals have the ability to require this of their surgical nurses.

The Surgical Unit is a glaring and dramatic example, but other units are affected, too. For example, hospital Operating Rooms, Recovery Rooms and Post Anesthesia Care Units, are routinely staffed during evenings, holidays and weekends by employees who are "on call." If requiring an "on call" staff person to fulfill their on call obligation is considered mandatory overtime, this bill would adversely impact the ability of hospitals to provide emergency surgery and other emergent types of care to our patients. An explicit prohibition could result in unsafe conditions for patients, the closing of beds and the closing of Emergency Departments if health care workers are unavailable. We must retain the flexibility to effectively staff, manage and deliver the healthcare that our citizens expect and demand of our health care system.

For these reasons, The Finley Hospital/VNA and the other affiliates of Iowa Health System are opposed to legislation prohibiting the use of mandatory overtime with regard to registered professional nurses. We believe that hospital administrations, working in conjunction with the nurse executives, managers and nursing staff, are responsible for monitoring staffing as it relates to patient safety, patient outcomes, and the quality of the work environment.

We also oppose legislation establishing minimum nurse-to-patient ratios for nursing staffing of hospital patient care units.

Hospitals must have flexibility to adjust nurse staffing levels to meet the healthcare needs of their patients. Fundamental to the mission of The Finley Hospital/VNA and all Iowa Health System hospitals is providing all individuals access to health care and ensuring safe practice conditions for all nurses. The number of patients for which a nurse can provide safe, competent and quality care is dependent upon multiple factors. When Nurse managers determine the appropriate level of nurse staffing for patient care needs, they must consider a multitude of variables, including the various education and experience levels of the staff, the number of staff in orientation, the number of temporary staff on the unit, the acuity of patients, the particular shift, the physical layout of the unit, the availability of hospital resources, the technology of the unit, and the unit volatility (such as the number of admissions, discharges and transfers). Because there are so many factors to consider, having flexibility in the ultimate determination of appropriate staff is crucial for hospitals.

Mandated staffing ratios do not take such factors into consideration. They imply a "one size fits all" approach, that cannot guarantee that the healthcare environment is safe or that the quality level will be sufficient to prevent adverse outcomes.

The patient care environment is unpredictable. It can change from hour to hour, even minute to minute. Staffing ratios are static, making them an ineffective tool with which to address the demands and constant fluctuations of patient care and nursing needs. A hospital is not like a factory where a manager can predict with accuracy and certinty how many people you need in a given time period to get the work done.

What hospitals do in determining staffing guidelines is not something that can be done by a person, or group of persons, other than the hospital staff who are physically present at the facility at the time the decisions need to be made. Patient acuity and desired outcomes for patient are not situations that can be predetermined.

This debate also requires us to consider the potential consequences of the growing nursing shortage, and thus our ability to meet and maintain mandated staffing levels, were they to be legislated. While the impact on our state has been less than in others, it is not disputed that the nation is experiencing a serious and growing shortage of nurses. Mandating ratios will only increase the stress on an already overburdened system and potentially create a greater public safety risk.

The direct consequences of mandated staffing ratios cannot be underestimated. They include: increased emergency room diversions, bed closures, reduced patient access, cutbacks in services, increased waiting times, and severe negative financial consequences for acute care hospitals that may result in hospital closures. We have seen all these things happen in California which does have mandated staffing ratios. We do not want to experience them in our state.

We believe the answer to problems associated with staffing in hospitals will come through working together with policy makers, educators and providers to ensure an adequate supply of nurses is available, and by increases in funding for Medicare and Medicaid reimbursement in our state.

Thank you for the opportunity to speak with you today and for your consideration of our position on these two very important issues.