



**TESTIMONY OF
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WINDHAM COMMUNITY MEMORIAL HOSPITAL
ON BEHALF OF THE CONNECTICUT ORGANIZATION OF NURSE EXECUTIVES
BEFORE THE PUBLIC HEALTH COMMITTEE
Thursday, March 4, 2004**

**SB 469, An Act Concerning Mandatory Limits on Overtime
in Hospitals and Nurse-To-Patient-Ratios**

Good morning Senator Murphy, Representative Feltman, and members of the Committee. The Connecticut Organization of Nurse Executives is pleased to be here today to provide our perspective on **SB 469, An Act Concerning Mandatory Limits On Overtime In Hospitals And Nurse-To-Patient Ratios.**

My name is Allison Breault, and I am the Vice President of Patient Care Services at Windham Community Memorial Hospital and President of the Connecticut Organization of Nurse Executives, a chapter of the American Organization of Nurse Executives. I have been a Registered Nurse in Connecticut for over 20 years. Testifying with me today is Jeanette Bronsord, Director of Nursing Operations at Eastern Connecticut Health Network. We are both registered nurses who have provided direct patient care during our nursing careers.

The Connecticut Organization of Nurse Executives represents nurse leaders from diverse practices throughout Connecticut. Our members employ and manage nurses and health care workers in various practice settings, including most of the acute-care hospitals in Connecticut. As nurse executives we are responsible for managing and directing the activities of all nurses employed within health care facilities.

SB 469 would prohibit a hospital from requiring an hourly employee who is involved in direct patient care from working in excess of a predetermined, scheduled work shift, provided such work shift is determined and promulgated not less than forty-eight hours prior to the commencement of such scheduled work shift. The bill provides certain exceptions to the prohibition related to completion of surgical cases, relief of employees working in critical care units, public health emergency, and institutional emergency. This bill also requires that the Commissioner of Public Health adopt regulations to establish minimum nurse-to-patient ratios for nursing staffing of hospital patient care units on a shift-by-shift, day-by-day basis. The Connecticut Organization of Nurse Executives opposes this bill.

Most Connecticut hospitals have been successful in avoiding the use of mandatory overtime, viewing mandatory overtime as the staffing vehicle of last resort, limited to crisis situations that would put patients in danger of not receiving the basic requirements of the safe care that they need. Before requiring staff to work overtime, exhaustive efforts are made to use other means to ensure adequate staffing for patient care. These may include requesting volunteers to work overtime, utilizing "on call" staff, obtaining workers through a hospital's in house per diem pool,

and utilizing nurses provided by a staffing agency outside of the hospital. Substantial financial incentives are 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.

While this bill recognizes the impossibility of an across-the-board prohibition of mandatory overtime in Connecticut hospitals by specifying certain exceptions, there are still patient care implications.

This bill does not address the “on call” or ongoing issue of our operating rooms and Post Anesthesia Care Units. While it includes an exception for surgical staff who must finish a surgical case, it does not address the ongoing needs of an OR schedule or the fact that hospital operating rooms and recovery rooms 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.

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 have the flexibility to effectively staff, manage and deliver the healthcare that our citizens expect and demand of our health care system.

The Connecticut Organization of Nurse Executives is opposed to legislation prohibiting the use of mandatory overtime with regard to the registered professional nurse. Connecticut hospitals know how damaging mandatory overtime can be to a workforce. We believe that all health care delivery organizations, working in conjunction with the nurse executive and his or her nurse managers, are responsible for the monitoring of staffing as it relates to patient safety, actual or potential patient outcomes, and the quality of the work environment.

The Connecticut Organization of Nurse Executives also opposes regulation that would establish minimum nurse-to-patient ratios for nursing staffing of hospital patient care units on a shift-by-shift, day-by-day basis. Hospitals must have flexibility to adjust nurse staffing levels to meet the healthcare needs of their patients.

The Connecticut Organization of Nurse Executives believes that every person deserves access to health care and that our members have the responsibility to ensure 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. Because staffing is a complex issue composed of multiple variables, mandated staffing ratios, which imply a “one size fits all” approach, cannot guarantee that the healthcare environment is safe or that the quality level will be sufficient to prevent adverse outcomes. Nurses functioning as nurse managers must have the flexibility to determine the appropriate level of nurse staffing for patient care needs while considering a constellation of important 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 of the unpredictability of the patient care environment, which changes from minute to minute, mandatory staffing ratios are viewed by AONE and the Connecticut

Organization of Nurse Executives as static and ineffective tools with which to address the demands and constant fluctuations of patient care and nursing needs.

Hospitals and health care organizations must look to evidence based and outcomes driven research that includes patient acuity in the development of staffing guidelines. Institutions must also consider the entire ethical spectrum of the ratio debate and the potential consequences of the growing nursing shortage and the inability to meet or maintain mandated staffing levels. 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 including: increased emergency room diversions, bed closures, reduced patient access, cutbacks in services, increased waiting times, and severe negative financial consequences to acute care hospitals that may result in hospital closures.

Working together with policy makers, educators and providers in seeking solutions to ensure an adequate supply of nurses and other healthcare workers is a better approach to address the factors that contribute to the healthcare workforce shortage in Connecticut.

Thank you for your consideration of our position.