

Stoneham Sun (Wicked Local.com)

Letter: 'What nursing and good patient care is all about'

By Staff reports

Wed Aug 06, 2008, 03:50 PM EDT

Stoneham -

To the editor:

As a California licensed registered nurse I have seen first hand the effect of our state's mandated nurse/patient ratio, and applaud your state legislature for considering a much more sensible plan. The plan being decried by the Massachusetts Nurses Association has at its heart a sound nursing principal. Nurses are taught while in nursing school the skills necessary to assess a patient and to use that assessment to make an appropriate nurse/patient assignment — we call this method an acuity-based patient assignment. However under the cookie-cutter approach (advocated by the Massachusetts Nurses Association) a nurse could still have an unsafe patient assignment, and yet the mandated ratio would have been met — this isn't in the best interest of either the patient or the nurse.

In many ways the current compromise allows for more nurse input than the plan pushed by the MNA, which makes you wonder why the MNA and their supporters are making dire pronouncements of doom and gloom rather than being at least willing to consider the idea.

You'd think an organization that says they're all about empowered nurses would consider a plan that actually calls for nurses to be part of the solution, rather than one cooked up by bean-counters and bureaucrats. Also, Mr. Schildneier (spoke person for the MNA) makes the usual deceptive union move which is to misinform, by redirection. For example the letter writer who stated that the MNA only represent a small number of nurses is correct since 80 percent of the nurses in your state are not members of the MNA. Also, as for the so-called 60,000 RNs that have returned to the bedside in California, once again the spoke person has misspoke, since the enactment in our state mandate 90,000 new licenses have been issued, but a nearly equal number of RNs have left our state and more concerning is the large number of licenses that are being allowed to lapse at the first renewal period.

It would be this nurse's hope that your legislature learns from California's lessons and perhaps adopts an enforceable acuity-based patient assignment system — because that's what nursing and good patient care is all about.

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Stoneham Sun

Debate continues on contentious nurse-staffing bill: Battle between unions pits nurses against each other

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Thu Jul 31, 2008, 09:55 AM EDT

Stoneham -

Two opposing and hotly contested nurse-staffing bills are being fought for — and against — on Beacon Hill.

If passed into law, either bill would significantly affect the way Melrose-Wakefield Hospital and other hospitals across the state do business, but only one would allow the state to tell hospitals how to do business.

The House bill, approved in May by a 119-35 vote, gives the Department of Public Health (DPH) the authority to regulate and limit the number of patients assigned to each registered nurse in the state's acute care hospitals.

The Senate bill, approved last week in a vote of 23-13, instead requires nurses' input in publicly posted staffing plans developed by each hospital. The DPH could then audit and penalize hospitals that do not comply with their own staffing plans.

Both bills attempt to address recruitment and retaining of nurses through scholarships and a loan repayment fund, while addressing a dearth of nursing school faculty through a bonus payment initiative for teachers.

The crux of the problem remains, however: Who should determine how many nurses are needed in each unit of a hospital — the state or the hospital (with input from the nurses themselves)? That question must now be settled in a legislative conference committee.

Clearly favoring the Senate bill, Rick Pozniak, director of marketing and communications for Hallmark Health System, which operates Melrose-Wakefield Hospital, described that version as a "thoughtful bill" and an "important" compromise.

"It says loud and clear that the Legislature must not micromanage staffing on nursing units," Pozniak said, calling the House bill — which would allow the state to determine nursing levels — an "ill-conceived" one-size-fits-all plan.

"If hypothetically this passed, what would prevent another law to be passed that would micromanage the staff of local fire and police departments?" he said. "Where does government's involvement stop?"

In a letter published in the Free Press last week, Deborah Cronin-Waelde, a registered nurse and coordinator of the Hallmark Health Bone and Joint Program, and Linda Ames, who co-chairs the Hallmark Health Nursing Resource and Government Affairs Council with Cronin-Waelde, criticized the House bill and state-mandated ratios. The women said they represent the 80 percent of Massachusetts nurses whose voices go unheard because they choose not to be represented by the Massachusetts Nurses Association (MNA) — a union that supports the House bill.

In a phone interview this week, Cronin-Waelde said Hallmark Health nurses have had "lots of opportunities" to unionize over the years, but chose not to do so because of the collaborative effort between the nurses and system administration.

"The downside is when you're not represented by a union, we don't have the resources available to pull people away from their jobs and sit at the State House and give one side of the issue," she said.

David Schildmeier, a spokesman for the 23,000-member MNA, took issue with Cronin-Waelde portraying the union as only representative of a small group.

"They say we're an organization representing a quarter of the nurses. The coalition behind this bill represents 130 organizations," said Schildmeier, citing groups such as the American Lung Association, the American Heart Association, the Mass. Council on Aging, and others.

More beds? Less beds? Depends on whom you ask

Cronin-Waelde said the nurses' council she co-chairs with Ames researched how similar legislation in California, which was passed in 2004 with state mandated nurse-to-patient ratios, has affected hospitals there. She said the result was "much to the detriment of the California nurses," because the cost to maintain staffing levels affected hospitals' ability to maintain other positions such as housekeepers, laundry workers, transporters and secretaries.

"We take care of the patients as a team," she said. "If you could only have X amount of patients for a certain amount of day per nurse, no system, no community hospital in the state would have the

resources to afford that ... you'd have to close beds and we wouldn't be able to afford those ancillary care team members. It sounds like an over-dramatization, but it really is true on how the resources would be pooled."

Schildmeier retorted that closing of beds is an "absolute misrepresentation" and that the mandated ratios would actually allow more beds to be open because more nurses who are "sitting on the sidelines" would return to work full-time in hospitals.

"[There is] a pool out there of 35,000 nurses who are ready and willing to come back to hospitals," Schildmeier said, adding that Massachusetts has the highest percentage of nurses in the nation working part-time. Over 60 percent of those nurses, according to the MNA's survey, said they would work full-time with mandated ratios. "A lot of them [part-time nurses] want flexibility, but a lot were saying, 'I just can't take the environment anymore full-time.'"

As for the situation in California, Schildmeier said that 60,000 nurses returned to bedside care there after the legislation became law.

One size fits all?

At Melrose-Wakefield Hospital, nurses' councils already work with hospital administrators to ensure appropriate staffing levels, Cronin-Waelde said.

"We already have in place at Hallmark these councils that make sure we can assign staff based on acuity and patient needs," she said. Acuity refers to the medical acuteness of each patient, i.e. patients awaiting surgery; post-operative patients; patients awaiting discharge, etc.

Pozniak agreed, explaining, "It has been our contention [that nurse-to-patient staffing decisions] ... must be made by the patient care unit's nurse manager who is the only one qualified to make this type of daily staffing decision. We're very pleased that the Senate followed our logical request, and we greatly appreciate Sen. [Richard] Tisei's support. It's really the right vote for nurses and their patients."

Schildmeier responded that the House bill also takes into account acuity levels, providing an "outside limit" that gives hospitals flexibility when determining how many patients can be in a unit at any given time.

"For instance, the DPH might say medical surgical is [a ratio of] one to four," Schildmeier said. "However, given the acuity level of patients, the outside limit is one to six. Those are examples. DPH would come up with those exact numbers."

What about costs? And finding additional nurses?

There are several differing opinions on the severity — or not — of additional costs associated with any type of mandated nurse-to-patient staffing scenarios. Cost predications have ranged wildly, depending on who is talking.

While Pozniak told the Free Press he didn't want to talk about costs — "I don't want to get into costs because what I really prefer to look at is the impact on the patient and the unit where the patient is" — he acknowledged that finding additional funding to pay for state-mandated increases in nursing staff would be difficult, "... at a time when the state healthcare insurance reform law [is] on shaky ground."

Pozniak also said the Massachusetts Hospital Association projected that the cost of increased staffing due to the House bill could run as high as \$500 million.

However, Schildmeier said recent building and hospital expansion projects conflicted with the hospitals' claims that the House bill could be cost prohibitive or that it would be difficult to find nurses to meet the staffing levels.

"Hospitals like Melrose-Wakefield say, 'Where are we going to find these nurses?' There's a building boom — new wings and buildings — in the hospital industry," he said. "Why would you be building beds and floors if you didn't think you had nurses to staff those floors?"

And so the debate continues — as it has for the past several years, according to those involved.

"The bill has been floating around for about six years," said Cronin-Waelde. "It came out as a hard and fast bill ... and we've been working towards a compromise for years ... thankfully Sen. [Therese] Murray, with her leadership and understanding, said 'Let's send it to the Ways and Means Committee. We're very grateful to Sen. Tisei for his support of our version, which said 'no ratios.'"