

Letter: Beware California experiment with nurse staffing requirements

June 24, 2008 05:42 am

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To the editor:

I don't often find myself agreeing with the editorial opinions of Massachusetts newspapers, but I must say your editorial of June 18 ("Nurse staffing should be hospitals' call") was spot-on!

As a RN with many years of real-world experience, I can attest that it's not so much the patient load, but the failure of management to trust the nurse's judgment when it comes to making patient assignments. This failure also extends to nursing unions such as the California and Massachusetts nurse associations since they seem to think that nurses lack the critical thinking skills and training to implement an acuity-based patient assignment system, and thus always push the cookie-cutter system such as California's and the one Massachusetts is attempting to emulate.

A recent study from a respected nurse researcher/professor from UC San Francisco revealed that California's much-touted safe patient/nurse ratio law has had little effect on either nurse satisfaction or on the prevention of patient falls and other, similar injuries. The California law has also done little to ameliorate our state's nursing shortage, leaving us at the very bottom of the barrel when it comes to nurses per patient and allegedly causing the closure of numerous hospitals.

When the C.N.A. fought to pass this arbitrary approach to patient care, I and many other nurses opposed it, asking instead that our state enforce Title 22, which mandates an acuity-based system. This system makes patient assignments based on severity of a patient's illness, complexity of treatment and nurses' skill sets. Nurses don't treat numbers, we treat people, and for this reason alone I would ask the Massachusetts Legislature to consider encouraging your Department of Public Health to institute an acuity-based system. This puts the patient assignments into the hands of the nurse, not the unions or the bean-counters.

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Our view: Nurse staffing should be hospitals' call

June 18, 2008 12:09 am

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Legislators say they need to get the cost of doctor and hospital care down in order to make health insurance affordable for everyone. Yet a bill passed by the House last month and now pending in the Senate would significantly boost payroll costs for the state's community and teaching hospitals.

The misnamed "Patient Safety Bill" (H 4714) would allow bureaucrats in the state Department of Public Health to make decisions on nurse staffing that properly belong to hospital administrators. Massachusetts would become the second state, after California, to establish such standards. And while Golden State hospitals have seen a significant increase in staffing costs, there's been no evidence the law has made patients any safer.

"Caregivers on the front lines should have the authority to make the decisions about how to care for each of us. But, once again, a union that represents less than a quarter of all nurses in Massachusetts persists in lobbying for one-size-fits all, across-the-board care," according to a recent letter to this newspaper signed by Robert Norton and Stephen Laverty, chief executives, respectively, of North Shore Medical Center in Salem and Beverly Hospital.

Sadly, the House of Representatives succumbed to the pressure brought to bear by the Massachusetts Nurses Association and its allies, voting 119-35 on May 22 to pass the nurse staffing bill. (Those among the local delegation in favor included Reps. Lori Ehrlich, D-Marblehead; Mary Grant, D-Beverly; Brad Hill, R-Ipswich; Barbara L'Italien, D-Andover; and Joyce Spiliotis, D-Peabody. Reps. Brad Jones, R-North Reading; John Keenan, D-Salem; and Ted Spiliotis, D-Danvers, were opposed.)

The issue now moves to the Senate, where there seems to be growing support for a more reasonable compromise bill put forward by Sen. Richard Moore, who chairs the Health Care Financing Committee, that would address some of the concerns regarding patient safety and working requirements for nurses, without imposing minimum manning requirements on hospitals. It would also encourage state colleges and universities to step up their nursing education programs in order to increase the availability of trained personnel.

If legislators are serious about addressing health costs, they'll get behind Moore's bill and scrap the idea of imposing minimum manning requirements on the state's hospitals.

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