



Summary Report of the Public Hearings on Nursing October 18, 2005

The Iowa Department of Public Health conducted three public hearings in September 2005 to seek input on the issues of nurse staffing shortages and the use of mandatory overtime in response to Recommendation 4-8 of the Governor's Task Force on the Nursing Shortage. The hearings provided an opportunity for nurses and others to address workplace conditions that impact recruitment and retention of quality health care providers, patient safety, and workplace safety. The Department published a press release identifying the purpose, schedule and process of the hearings on August 15, 2005.

The hearings were conducted through the Iowa Communications Network (ICN) on September 1 (12:00 – 2:00 p.m.), September 6 (5:30 –7:30 p.m.), and September 14 (12:00 – 2:00 p.m.). Iowa Department of Public Health staff members served as facilitators at three origination sites and 12 remote sites. Origination sites included Des Moines, Iowa City, and Carroll. Additional sites included Sheldon, Peosta, West Burlington, Council Bluffs, Davenport, Mason City, Creston, Emmetsburg, Sioux City, Ottumwa, Waterloo, and Fort Dodge. The Advisory Committee for the Center for Health Workforce Planning, Bureau of Health Care Access, Division of Health Promotion and Chronic Disease Prevention recommended the hearing sites and schedule.

A total of 277 individuals signed attendance forms at the public hearings. Oral comments were limited to two minutes on a site rotation basis. When all participants at each site had an opportunity to present one comment, additional two-minute comments were invited until every site facilitator confirmed that no participant wished to make a statement. Over 400 written comments were submitted. Written comments submitted by September 28, 2005 were scanned verbatim into an electronic file and converted to CD format for storage and public information.

Common Concerns

Participants included nurses throughout the state of Iowa who clearly articulated their long-term commitment to the provision of safe, high quality nursing care to clients and their families, and to the nursing profession. Individuals who participated in the hearings and submitted written comments included nurses who provide direct care to patients, nurse executives, nurse managers and supervisors, hospital and college administrators, nurse educators, nursing students, and retired nurses. Many submitted comments on behalf of professional colleagues, their employing institution, or a professional organization. Others spoke on their own behalf. Several common concerns were identified regardless of job description, age, years of nursing practice in Iowa, employing institution, or geographical location. They include the following:

1. **Maintaining safe, high quality patient care as the highest priority.** Participants provided personal experiences, research findings, and professional position statements that link patient safety to an adequate supply of nurses to accommodate sicker patients, shorter hospital stays, computerization, new procedures, and budget constraints. Many emphasized the need for time at the bedside to assess patients at risk for sudden changes in condition, falls, and skin breakdown, and to educate patients and their families about treatments plans and medications before discharge. Staff nurses and executives alike identified the need for adequate staffing to accommodate fluctuating census and patient acuity levels on an hour-to-hour basis every day of the year.
2. **Low reimbursement rates in Iowa despite high quality care.** Many participants linked Iowa's low reimbursement rates for Medicare and insufficient Medicaid funding to low wages for Iowa nurses compared to all U.S. states, but especially neighboring states that recruit new and experienced nurses from Iowa. Many asked that the state legislature focus on reimbursement issues to assure the survival of Iowa's hospitals and an adequate supply of nurses to meet the health needs of Iowans. Others submitted testimonials that identified they have personally seen the negative impact lack of Medicaid funding has on patients and families, and stated their interest in learning what they, as nurses, can do to rectify the situation in Iowa.
3. **A call for shared governance among staff nurses, managers, and administrators.** Participants identified an overarching goal of shared leadership and governance through decision-making processes in which bedside nurses evaluate and respond to the drivers of patient care intensity. While the method to address this need differed, most participants agreed staffing decisions should be based on many variables, including individual patient needs, patient acuity levels, technological demands, staff competency, skill mix, practice standards, facility design, health care regulations, and accreditation requirements. Others identified the need for staff nurses to work together with their nurse executives to set high standards and achievable benchmarks.
4. **Impact of the national nursing shortage in Iowa.** Some nurses said their colleagues who provide direct patient care leave the bedside because they are burnt out physically, mentally, and emotionally. At times of high census and very sick patients, some described themselves as frustrated, fatigued, overwhelmed, discouraged, forgetful, and irritable at work and home. Some said Iowa hospitals deal with staffing and overtime issues very differently, and recommended rewarding those hospitals that "do the right thing." Many requested support to prepare qualified nursing faculty to accommodate waiting lists and increased enrollments in Iowa's nursing schools, in order to produce replacement nurses for the large number of experienced nurses who will retire in the next decade. Others requested support to retain experienced nurses at the bedside.
5. **Impact of budget cuts on bedside nurses.** Nurses with many years of experience identified the changes they have seen in their ability to focus on patient needs when health care becomes budget driven. A nurse with over 50 years of experience decried the decline in patient contact that occurs when nurses are rewarded for production rather than care. Some nurses described how budget cuts in other departments, including pharmacy, dietary, and central supply, result in less time for patient assessment and teaching. Others linked attrition from the profession, fewer new nurses, and low job satisfaction to situations in which finances dictate care.

Legislation to Regulate Nurse Staffing Ratios

While participant comments revealed many common concerns, they provided different perspectives on methods to resolve workplace issues that impact nurses. The primary dichotomy occurred among those who seek to set nurse-to-patient ratios into law, and those who oppose such legislation. This discussion followed action on the part of the State of California to legislate staffing ratios, and legislation introduced into the U.S. Congress that would set medical and surgical ratios at 1:4 nationwide.

The following summary comments are representative of those provided through the public hearing process on the issue of legislation to regulate nurse staffing ratios in Iowa. The overwhelming majority of oral comments opposed government intervention in the regulation of nursing staffing and/or overtime as a strategy to relieve nursing shortages and improve quality of patient care. A total of 158 written comments specified opposition to legislation. A total of 180 written comments compiled and submitted by the Service Employees International Union Nurse Alliance Local 199 stated a 1:4 ratio would improve staffing in some instances.

In Opposition to Establishing Nurse to Patient Ratios through Legislation	In Support of Establishing Nurse to Patient Ratios through Legislation
Iowa hospitals rank #6 nationally in quality of care despite very low reimbursement rates. On-site clinical judgments made by qualified professionals, not ratios, assure quality care.	Ratios are a major force in patient outcomes. They allow nurses to accommodate fluctuations in patient census and are needed to address patient acuity levels and safe care.
Safe care is monitored and documented by the nursing leadership in Iowa hospitals using national benchmarks.	Nurses and patient safety are at risk because Iowa has no laws to maintain adequate nurse staffing levels.
Ratios lead to canceling surgeries, diverting ambulances, and denying care to patients.	Staffing ratios will provide a safety net for patients in Iowa's hospitals.
Ratios interfere with shared governance by focusing on numbers, not quality.	Ratios are needed in hospitals where there is little or no shared governance.
Ratios will increase dissatisfaction and "tie the hands" of nurses.	Ratios will reduce stress and turnover among nursing staff.
Ratios are too simplistic.	Ratios are a starting point.
Legislation cannot replace staffing decisions that require judgment, critical thinking, and flexibility on the part of both nurse managers and the staff nurse who is providing care.	Legislation may assist nurses to provide the level of care they are trained to give, but cannot when challenged to stay focused, organized, and able to prioritize.
Adding a new level of bureaucracy will not improve health care. It will worsen the nursing shortage by taking the ability to determine appropriate staffing from Iowa's professionals who understand nursing competencies, the care environment, patient diagnoses, co-morbidities, the financial challenges of rural hospitals, and the importance of the health care team in assuring good patient outcomes.	Legislating ratios can alleviate the nursing shortage that is anticipated in Iowa by improving recruitment and retention in those institutions where bedside nurses are not included, or do not perceive their input is valued, in staffing decisions. Without a law, hospitals respond to financial issues and cannot be counted upon assure adequate nurse staffing levels.

A synopsis of recurring topics submitted by those who oppose legislation follows. In this instance, the respondents included 158 nurses and others who identified themselves by name and institution, and/or submitted signed letters. Many stated they represented a specific institution or professional organization. Respondents included bedside nurses, nurse executives, and nurse educators.

- Surveys of Iowa hospitals indicate shared leadership and governance are valued and widespread. Iowa hospitals are not experiencing high nurse vacancy or turnover rates, and manage patient acuity and fluctuating volumes successfully through innovative strategies, including flexible staffing and rapid response teams. Success is evaluated through patient satisfaction, quality indicators, and staff retention rates.
- Establishing ratios that potentially result in denying care due to inadequate staffing place Iowa's hospitals at risk for noncompliance with existing legislation, specifically the Emergency Medical Treatment and Active Labor Law (EMTALA). EMTALA is a statute that governs when and how a patient may be (1) refused treatment or (2) transferred from one hospital to another when he/she is in an unstable medical condition.
- Iowa hospitals and other health facilities are heavily regulated. New regulations pertaining to nurse staffing will increase human resource and financial burdens in a rural state with a high percentage of critical access hospitals that provide high quality patient care despite low Medicare reimbursement rates. In its 2002 report, Governor Tom Vilsack's Task Force on the Nursing Shortage did not recommend legislation of staffing ratios. Likewise, in its 2003 document, *Keeping Patients Safe - Transforming the Work Environment of Nurses*, the Institute of Medicine did not recommend legislation of staffing ratios. In the absence of proof that legislated nurse-patient ratios improve quality of patient care or relieve nursing shortages, these added burdens are not in the best interest of Iowans.
- Research demonstrates that reducing nurse-to-patient ratios requires an increase in total nurse working hours in an already tight labor market. If all hospitals in one state simultaneously adopted ratios as a result of legislation, there is evidence substantial wage pressure would ensue. Reimbursement that is stagnant, at best, combined with costly advances in technology and pharmaceuticals have created financial crisis for hospitals. If hospitals are forced to raise wages that draw nurses away from nursing homes, clinics and home care, Iowa's rural hospitals will suffer because they cannot compete with larger hospitals' salaries and benefits. At the same time, the nursing supply in non-hospital settings will be depleted.

A synopsis of recurring topics submitted by those who support a 1:4 nurse to patient ratio on medical-surgical floors follows. In this instance, some provided oral comments and signed letters. The overwhelming majority of respondents addressed specific questions on pre-printed forms submitted to the Iowa Department of Public Health by SEIU Local 199, supplemented by personal testimonials. Of a total of 278 respondents in the latter category, 87 identified themselves by name and institution. Many specifically requested their name and institution's identity be withheld. A few stated they believed they would be fired or subjected to discipline if they revealed their own or employer's identities. One respondent said some nurses had been prohibited from speaking publicly by a hospital director.

Question #1: The State of California has set into law nurse-to-patient ratios, and legislation introduced into Congress would set medical and surgical ratios at 1:4 nationwide. Having these ratios at my hospital would make staffing on my unit:

- Better 180
- Worse 26
- About the same 39
- No reply 35

Question #2: Have you seen the impact that lack of funding for Medicaid has had on your patients? (This question did not appear on all form letters.)

- Yes 117
- No 28
- No reply 18

Question #3: Would you be interested in learning more about what you can do to help keep funding to the Medicaid program which helps so many low income families and our patients? (This question did not appear on all form letters.)

- Yes 104
- No 32
- No reply 30

Question #4: I am interested in learning more about how I can help make improvements in my workplace and elsewhere by becoming more active in our union. (This option did not appear on all form letters.)

- Yes 28
- No 32
- No reply 85

Note: In addressing the issue of ratios, many respondents worked in hospital specialty units such as intensive care, obstetrics, and emergency care where nurse-to-patient ratios are lower than 1:4, frequently 1:1 or 1:2. They indicated that they were satisfied with their staffing but spoke out for colleagues in other units, some of whom reported ratios of 1:8 or higher.

Question #5: Specifically, here's how patient care and my job as a nurse would be affected by changing the nurse-to-patient ratio in my unit:

- Patients are placed in life threatening positions and nurses "work scared" when patient needs exceed the capability of qualified, hard-working nurses to provide safe care. Thorough assessments, patient histories, timely medication administration, teaching and counseling, communication with other team members, skin care, ambulation, infection control, and time for difficult patients is equally important on evening and night shifts when fewer staff are available, and on medical-surgical, orthopedic, cardiac, rehabilitation, and oncology units when stable conditions can deteriorate quickly.

- Nurse-to-patient ratios are not the sole solution to assuring safe care. However, patients' lives are put in the balance when employers treat them like a business and use words like "productivity," when doctors are reluctant to return patients from intensive care units to floors where staffing is low, when nurses feel compelled to work for 18-23 consecutive hours in high risk areas, when patients apologize for asking for help, when nurses can provide only 20 minutes of care to patients each day, and when nurses fear retaliation for reporting when bad things happen. One nurse wrote, "Even the most highly motivated and hardest working RNs have a limit to their caring capacity and too often have to sacrifice quality care to achieve minimum care and patient safety."
- While ratios may improve staffing in some areas it is important to recognize if ratios change the skill mix may change as well, providing nurses fewer assistive personnel. Legislating a ratio of 1:4 increases the fear that nurses would be required to accept four patients even when the severity of the patients' conditions makes that unsafe.

Mandatory Overtime

A second polarizing topic addressed the use of mandatory overtime as a strategy to accommodate periods of high patient census and acuity levels. Overtime means hours worked in excess of scheduled hours and is a common occurrence in nursing. Excess hours may be scheduled with the employee and include incentive hours offered by an employer or requested by an employee. *Mandatory overtime* generally refers to situations in which employees are required to work additional hours under the threat of being fired or disciplined if they refuse.

The Iowa Organization of Nurse Leaders states mandatory overtime does not include "staffing up" for unforeseen emergencies, such as mass casualties or snowstorms, or scheduled "on call" time when a nurse may be paged to come into work as defined in the job description.

Participant comments addressed nurses' and employers' perceptions regarding the existence of mandatory overtime in Iowa and the need for legislation to regulate the use of overtime hours to assure safe nurse staffing levels.

Is mandatory overtime used in Iowa as a nurse staffing strategy?

1. Several comments identified that overtime hours are not mandated. They described overtime as voluntary and compensated, often according to special pay programs. They stated success in addressing fluctuating acuity and census levels without mandating overtime is evidenced in low nurse turnover rates. Some staff nurses stated they had never been mandated to work unscheduled excess hours. These participants stated their opposition to legislation regulating the use of overtime hours.
2. Some nurses stated overtime hours are mandated in their institution despite statements to the contrary. One said staff benchmarks or grids are not adequate to meet patient needs. Another called for hospitals to provide measures of patient satisfaction, nurse satisfaction, nursing use of overtime, and turnover rates. One nurse said she spoke for nurse colleagues who were told that speaking publicly about overtime, staff ratios, and other issues would place their jobs in jeopardy.

3. No participants supported the use of mandatory overtime hours as a planned staffing strategy. However, many stressed the need for flexible staffing due to the 24-hour demand for safe care when clients exhibit urgent obstetric, pediatric, emergency, critical care, and psychiatric needs. A few participants identified mandatory overtime as a “last resort.” Others identified that individual nurses must be accountable to either accept or decline extra hours based on personal self-assessment and ability to provide safe patient care.

The Role of the Iowa State Legislature

The participants expressed appreciation for the opportunity to present facts, experiences, concerns, and requests to Governor Vilsack and the Iowa legislature. Many addressed the role of state legislators in recognizing and prioritizing actions that will promote recruitment and retention of nurses, assure patient safety, and improve workplace safety. These comments fell into the following categories.

1. **Focus on issues that improve the quality of patient care.** Most participants identified that legislation should only be considered if it improves the quality of patient care in Iowa. They requested that the legislature act to assure nurses receive the education and resources they need to provide safe, quality care to Iowans with physical, mental, and behavioral health needs. They expressed concern for patient safety and access when staff shortages occur as a result of escalating health care costs, an insufficient supply of nurses, and low job satisfaction. Nurses at every level reinforced a need for targeted efforts to improve Medicare and Medicaid reimbursement rates in Iowa to reverse the negative impact of low funding streams on Iowa hospitals and the nurses who provide direct care services.
2. **Listen to nurses who provide and manage direct patient care.** The overarching theme that emerged in the public hearings was maintaining the highest priority on patient safety. Bedside nurses described their concern for patients when they themselves are tired, have inadequate time for assessment and teaching, and perceive that their efforts to improve care are ineffective. While legislation to regulate nurse staffing ratios and overtime hours are controversial issues, the importance of shared governance and leadership that reflects the input of nurses who provide patient care every day, patient satisfaction, and nurse satisfaction was presented frequently.
3. **Recognize the complexity of nurse staffing decisions.** Many participants identified that legislation to regulate nurse staffing ratios and overtime hours is an ineffective and dangerously simplistic attempt to improve the quality of patient care, eliminate staffing shortages, or build the nursing workforce. Several comments were written to inform legislators that staffing decisions should be made by qualified professionals, in a milieu of shared governance, at the place and time where care is provided. They spoke directly to the Governor and legislators in Iowa to recognize the need for on-site clinical judgment and familiarity with individual patient needs, staff competencies, health team members, and technological resources to assure safe patient care. Remarks that summarized this viewpoint stated, “Adding an additional layer of bureaucracy will not improve health care. Health care professionals, not lawmakers or regulators, are in the position to determine appropriate staffing. If legislators visited a nursing unit and asked

a nurse to go over even one shift's activity, it would not take them long to understand just how dangerous that type of legislation would be."

4. **Address the nursing shortage head-on.** Participants asked legislators to focus on the issues facing nurses and their employers that will encourage Iowans to enter and be successful in Iowa's nursing workforce. These include the following recommendations:

- Address Medicare and Medicaid reimbursement to Iowa's hospitals and other health facilities to attract and retain nurses through competitive wages and progressive work environments.
- Build the capacity of Iowa's hospitals and other health facilities to improve technology and facility design.
- Increase funding for nursing education programs to accommodate increasing enrollments and expand formal and continuing nursing education in rural areas.
- Provide state funding for scholarships and loan repayment programs to assist nurses to obtain the needed credentials to alleviate the nursing faculty shortage.
- Increase funding for staff development to address a critical need for effective nursing leaders who can develop systems and change the work environment.
- Institute equitable pay practices among nurses who provide patient care and nurses who teach in Iowa's colleges and universities.
- Support mentoring programs for new graduates and new nursing faculty.
- Assist hospitals and other health facilities to support changes in the work environment that allow older nurses to remain at the bedside.
- Reduce regulatory burdens on hospitals and other health care facilities.
- Standardize documentation requirements and insurance forms.
- Promote tax breaks and childcare assistance for nurses.
- Improve health and retirement benefits to nurses.
- Increase funding to middle and high school programs that prepare students for entry into the nursing profession.
- Support programs to recruit men and minorities into the nursing field.
- Provide funding to healthcare organizations that offer clinical practice settings for nursing students, graduate nurse internships, and customized orientation programs.

Acknowledgement

The Iowa Department of Public Health extends appreciation to the nurses and others who participated in the public hearings and submitted written comments addressing issues that impact the recruitment and retention of nurses, patient safety, and workplace safety, to the many individuals who facilitated the statewide hearings, and to the legislative committee that was convened in October 2005 for inviting a report of the hearings.

To purchase a copy of written comments on CD please contact the Iowa Department of Public Health, Bureau of Health Care Access at bcooper@idph.state.ia.us.