TESTIMONY OF
NANCY LAMONICA, MSN, MHA, RN, PCCN, NEA-BC
ASSOCIATE CHIEF NURSING OFFICER
BRISTOL HEALTH
SUBMITTED TO THE
PUBLIC HEALTH COMMITTEE
Wednesday, March 17, 2021

SB1 -- An Act Equalizing Comprehensive Access To Mental, Behavioral And Physical Health Care In Response To The Pandemic

My name is Nancy LaMonica and I am the Associate Chief Nursing Officer for Bristol Health. Thank you Sen. Abrams and Rep. Steinberg for allowing me to submit my testimony regarding SB 1 -- An Act Equalizing Comprehensive Access To Mental, Behavioral And Physical Health Care In Response To The Pandemic.

First, I would like to acknowledge and thank Rep. Whit Betts and Rep. Dr. William Petit for their longtime support of Bristol Health, and their commitment to the health and wellness of our patients and families.

Bristol Health is opposed to nurse-patient ratios established by the state in Section 8 of SB 1.

Bristol Hospital—which is a part of Bristol Health—was re-designated as a Magnet recognized organization last summer. Bristol Hospital was first designated as a Magnet hospital in 2015.

Magnet is the highest recognition an organization can receive for nursing care as established by the American Nurses Credentialing Center (ANCC), a division of the American Nurses Association. The Magnet status recognizes health care organizations that provide the very best in nursing care and uphold the tradition of professional nursing practice. Currently there are only 478 Magnet-designated hospitals in the United States and only eight in Connecticut.

Magnet status designation is granted for four years and Bristol Hospital is required to maintain the strict criteria of the award which includes high-quality care, strong nursing leadership and high levels of job satisfaction.

One of the major components of Magnet is encouraging nursing autonomy in terms of leadership and staffing best practices. Nurses at all levels must have a role in nurse staffing decisions. Nurse staffing needs are multifactorial. Nurse-to-patient ratios change daily—sometimes even on an hourly basis—in the Intensive Care Unit dependent on patient acuity and nurse competencies.

(more)

Mandating specific nurse to patient ratios is not always realistic in day to day practice and could potentially lead to overstaffing or understaffing an ICU nursing team which is both a patient safety concern and a fiscal concern. This is true especially in instances where a patient's condition is improving and is ready to be transferred to a medical/surgical floor; ratios can be higher and 1:1 or 2:1 acuity ratios staffing needs to be increased. At Bristol, we do not have a step down unit therefore patients can be waiting on transfer dependent on flow and bed availability. There are many instances when depending on census, when a hospital's nursing needs for this population are not ICU but med/surg.

All Connecticut hospitals are committed to providing the highest quality care to achieve optimal patient outcomes. They are intensely engaged in building and sustaining organizational cultures of safety and employing high reliability strategies and evidence-based practices to prevent patient care complications and ensure the best patient experience. Health care providers at the bedside and not the government should be making important patient care decisions.

Nursing professionals at Connecticut hospitals continuously assess patient care needs and consider a wide range of factors that go beyond numbers and ratios to make staffing decisions. Some examples include patient-specific factors such as the severity and urgency of a patient's condition, age, cognitive and functional ability, scheduled procedures, and stage of recovery. Staff-specific factors such as licensure, educational preparation, skill level, years of experience, tenure on the patient unit, and level of experience with a particular type of patient care are considered. These elements are not captured by simply counting the total number of patients and the total number of staff at any level.

Thank you again for allowing me to submit testimony regarding SB 1, Section 8.

(end)