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Committees:

- Finance – *Ranking Minority Member*
- Agriculture
- Energy and Natural Resources
- Finance – General Government & Agency Review Subcommittee
- Government Oversight and Reform
- Judiciary

Before the Senate Health, Human Services & Medicaid Committee
Senate Bill 55 – The Ohio Patient Protection Act
Sponsor Testimony by Senator Michael J. Skindell
March 21, 2017

Chairman Burke, Vice Chair Beagle, Ranking Member Tavares and members of the Senate Health, Human Services & Medicaid Committee, I appreciate the opportunity to provide sponsor testimony on SB 55, which would establish the Ohio Patient Protection Act, the primary aim being to provide patient safety through ratio requirements in hospitals for direct-care nurses vis-à-vis patients. I introduced this legislation in the 131st General Assembly as SB 324.

Currently, there are no direct-care nurse-to-patient ratio standards in the state for hospitals. This lack of set ratios creates a health and safety risk for patients where they may potentially not receive the attention and care needed. This is particularly a concern regarding patient treatment when nurse staffing is insufficient. Where nursing staffs are insufficient in a unit of a hospital, there are also health and safety issues for nurses, whereby they may have greater stress in achieving the objectives of the job of patient care. This bill addresses these health and safety shortcomings in the health-care industry.

This legislation would require minimum, numerical direct-care nurse-to-patient ratios based on treatment sought. The ratio requirements will be based on the seriousness of the condition being treated or the medical procedure in which the respective patient is undergoing. Some of the more critical procedures where the requirement would be one direct-care nurse to one patient are patients in an operating room, a trauma or critical care patient and an unstable newborn or one in a resuscitation period. An intermediate ratio level where one direct-care nurse is to be attending to three patients would include a pediatric unit and antepartum patients who are not in active labor. This proportion would decrease to being one direct-care nurse to five patients for such patients as infants in well-baby nurseries.

For units not listed in the legislation, a hospital-wide nursing care committee is to establish ratio requirements for them to be implemented. Factors to be considered in these ratio requirements are issues such as severity of illness of patient, the need for patient advocacy, the patient-care delivery system and the hospital's physical layout. Hospitals will be required to post these ratio requirements in public view. The legislation also requires that the direct-care nurse assignments based on these ratios be competent for each of the assigned units for which they are providing care. It also prohibits such practices as mandatory overtime to meet the ratio requirements as

well as the use of cameras or monitors as substitutes for the actual direct-care nurse to fulfill the requirements.

Finally, there are various protections given to the direct-care nurses for refusal to follow a policy he or she believes in good faith to be in violation of the legislation and prohibitions on discrimination and discharge for such a good-faith refusal.

California has passed a similar Patient Protection Act. The California law was found to have the positive results of protecting patients, improving medical outcomes, reducing re-admissions and increasing nurse satisfaction and retention¹. Conversely, a 2012 study conducted by the U.S. Agency for Healthcare Research and Quality found that higher nurse workloads are associated with more patient deaths, complications and medical errors². A 2013 study published in *BMJ Quality and Safety in Healthcare* found a direct link between nurse-to-patient ratios and readmissions for pediatric patients³. In fact, it was found that the number of licensed RNs increased by 40% in California after the law was passed in 1999, and it was found to produce cost savings in hospitals due to lower overtime costs, improved patient outcomes and shorter patient stays⁴.

These policies will help ensure that patients get the best medical care based on need and will provide nurses with safeguards to ensure that they are protected from retaliation for whistleblowing and refusals to follow potential violations of the law. Genuine and enforceable safe-staffing standards will save money and lives by ensuring that patients obtain excellent nursing care.

This legislature took great strides on this issue with its passage of HB 346 in the 127th General Assembly. However, that legislation only required hospitals to establish their own nurses services staffing plan based on current standards established by private accreditation organizations or governmental entities. This bill enhances patient and nurse safety standards by providing strict guidelines for direct-care nurse-to-patient ratios according to the significance of the procedure and the severity of patient condition.

The legislation was brought to my attention and is being advocated by National Nurses United in Ohio. Additionally, I have received tremendous support for this legislation from United Auto Workers Local 2213. Let's pass this bill and protect our patients' health and safety, help reduce nurse workloads and create efficiencies and cost-savings in our hospitals.

Chairman Burke, Vice Chair Beagle, Ranking Member Tavares and members of the Senate Health, Human Services & Medicaid Committee, thank you for your consideration of SB 55. I would be happy to answer any of your questions at this time.

¹ "The Case for RN to Patient Ratios". National Nurses United. 2016.

² *Id.*

³ *Id.*

⁴ "The Ratio Solution". National Nurses United. 1996.