



December 9, 2015

Lynne M. Dixon
 Chairperson, Health and Human Services Committee
 The Erie County Legislature
 92 Franklin Street - 4th Floor
 Buffalo, New York 14202

Dear Ms. Dixon:

Government-mandated staffing ratios are the wrong approach to provide the best care to patients at Catholic Health. High-quality patient-centered care is our number one priority and maintaining appropriate staffing levels among our nursing and other professional staff is the key to achieving this goal.

Proposed legislation (A.8580 and A.1548/S.782) would impose arbitrary staffing ratios that have not been proven to improve quality. Instead, these bills would prevent our experienced nursing leadership team from making appropriate staffing decisions at Catholic Health to meet changing patient needs—jeopardizing patient access to care and adding nearly \$63 million in unfunded costs annually to our system. A few points for you to consider:

- **One Size Does Not Fit All—Flexibility is Critical.** Nursing assignments must be adapted to meet diverse patient needs that can change rapidly. Nurses have different levels of experience and preparation, as do other members of the care team. Achieving the right staffing mix for our patient population is more critical than ratios.
- **Mandated Ratios Are Not Supported By Research—Many Factors Impact Quality Outcomes.** California is the only state to have experimented with nursing ratios in hospitals; and the latest peer-reviewed studies find no direct link between set, mandated statewide staffing ratios and improved patient outcomes in California.
- **Significant Checks and Balances are Already in Place.** Catholic Health is required to report numerous quality measures to state and federal agencies and make quality information publicly available. Unannounced surveys provide added assurance that staffing meets the needs of patients and residents.
- **Hospitals and Nursing Homes Engage in Many Quality/Patient Safety Initiatives.** Catholic Health has committed unprecedented financial and human resources to improve quality and patient safety throughout our system.
- **Staffing Ratios Would Have a Significant Financial Impact.** Arbitrary staffing ratios would cost NY hospitals and nursing homes about \$3 billion annually—the largest-ever unfunded healthcare mandate in the state, at a time when our fiscal condition is already among the worst in the nation, jeopardizing the future of many hospitals.

Thank you for your consideration on this critical issue. Every day our staff in Catholic Health strive to provide the highest quality care to our patients. This legislation would hamper our ability to meet our patients' changing healthcare needs and cause serious financial harm to our system and hospitals throughout New York State.

Sincerely,

Joe McDonald
 President & CEO

Comm. 25M-6



A Closer Look at Staffing Ratios



Nurse Staffing Ratios - One Size Does Not Fit All

There is much debate throughout the country and in our own state about nurse staffing ratios. Like many health experts, we believe that government-mandated staffing ratios are the wrong approach to provide the best care to our patients.

Appropriate staffing levels are just one piece of a complicated puzzle to ensure we have the right number and mix of staff to provide the highest quality patient care. Many factors, including unexpected fluctuations in patient volume, unplanned absences, shortages of specialty care nurses, and unreasonable restrictions in labor contracts, all contribute to staffing issues at area hospitals.

Some of these factors, like fluctuations in patient volume and shortages of specialty care nurses, are common concerns among all area providers. Other issues, like excessive absenteeism and contract restrictions, require an open dialogue between hospitals and their labor unions to find workable solutions that fairly meet the needs of both parties.

Arbitrary staffing ratios, which will cost New York hospitals and nursing homes \$3 billion annually (nearly \$63 million at Catholic Health), at a time when many facilities are already struggling, are not the answer. Most experts agree, these unfunded mandates will do more harm than good and do little to address the real problems that affect safe staffing.

Like all healthcare providers, our goal is to provide the best care and service to our patients. We believe working with our labor unions in a more collaborative manner is a more productive way to address our staffing needs, rather than relying on unproven government-imposed staffing ratios.

The Facts About Staffing Ratios

- **One Size Does Not Fit All - Flexibility is Critical.** Because no two hospitals are alike, staffing decisions should be made by each hospital, not the government, taking into consideration patient populations and the experience of the staff.
- **Research Does Not Support Ratios - Many Factors Impact Quality Outcomes.** California is the only state in the country to have mandated staffing ratios in its hospitals; and the latest peer-review studies find no direct link between set, mandated statewide staffing ratios and improved patient outcomes. Evidenced-based care practices, teamwork and improved communication are critical to quality outcomes.
- **Measures are Already in Place to Ensure Appropriate Staffing.** Hospitals are required to report numerous quality measures to the state and federal governments and make quality information publicly available. Unannounced surveys and ongoing quality reviews by independent agencies help ensure that our staffing is right for our patients.
- **Hospitals Engage in Many Quality and Patient Safety Initiatives.** Catholic Health has committed significant resources to measure, monitor and improve quality, continually looking at staffing patterns, best practices and other innovative approaches to deliver safe, high quality care.

Financial Impact of Staffing Ratios

Cost to Catholic Health Hospitals*	\$54,908,930
Cost to Catholic Health Nursing Homes	\$8,032,120
Total Annual Cost to Catholic Health	\$62,941,050

Comm. 25M-6

Page 2 of 2

* Does not include Mount St. Mary's Hospital