

# Letters

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## **NURSES**

### **Strike stopped, but staffing spat goes on**

As a registered nurse in California with more than 35 years of experience, I must say that the Star Tribune's July 19 editorial "Nurses push on for unproven ratios" hit the nail on the head.

The impacts on patient safety promised by the California Nurses Association and its supporters are as yet unrealized, and all studies seem to reveal that more study is needed. However, I can attest that the system that works the best is not the cookie-cutter system advocated by the CNA (and now by the Minnesota Nurses Association), but an acuity system, which differs from the proposed nurse/patient ratio on several critical points.

First, it treats patients and nurses as people, not numbers. Second, it allows the nursing team to take into account the severity and complexity of treatment for a patient's illness. Third, it matches all these factors with the individual nurse's skills, experience and knowledge, which is what good patient care is all about.

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## **Editorial: Nurses push on for unproven ratios**

July 18, 2010

A bitter battle over nurse staffing levels is now shifting to the Minnesota Legislature. As the nurses' union begins its push for a bill mandating California-style staffing ratios, lawmakers need to realize they'll be asked to support a costly, controversial measure that so far hasn't been proven to improve patient safety.

Fixed staffing ratios were a key sticking point in the fractious labor negotiations earlier this summer between 14 Twin Cities hospitals and the Minnesota Nurses Association (MNA) union. A settlement averted an open-ended strike. The union won a contract that gave nurses small pay increases and preserved pension and health benefits. Yet it gave up prized ground on fixed staffing ratios, the signature issue of the young National Nurses United union with which MNA is now affiliated.

This is an issue best handled by hospitals and the nurses -- not by politicians lacking the necessary expertise. But the MNA now plans to seek fixed ratios from the Legislature. MNA negotiator and nurse Nellie Munn said Thursday that the union took the issue to lawmakers several years ago but was told to seek a remedy in labor negotiations. "We pursued that, but weren't able to get that in the contract," Munn said. "Now we're definitely going back to the legislative arena. ... We believe it could be a community standard."

Nurses' expertise on staffing issues certainly needs to be respected. But they can't simply go to the Legislature and say "we think this is best," which is what their strategy looks like at this point. A California-style staffing ratio bill is an expensive proposal: Twin Cities hospitals alone put a \$250 million price tag annually on additional staffing costs. Nurses need to back up their beliefs with strong evidence that the ratios work and that they're needed in Minnesota, where hospitals routinely get high national marks for quality. These days, health care costs need to be controlled, not unnecessarily increased.

The nurses will have a hard time making their case. A number of researchers have studied the 2004 California staffing ratio measure. One of them, Joanne Spetz, of the University of California, San Francisco, sums up the findings this way: "I don't think there's enough evidence to clearly support it."

Spetz was a coauthor on a University of Pennsylvania study cited frequently by the MNA in its push for fixed ratios. That study found a lower death rate in California hospital patients than in two other states without the ratios. Spetz, however, has said the study doesn't show that the ratios caused this outcome, only that there's a correlation. And she notes that many other quality-improvement measures were being implemented in California hospitals at the same time.

A new working paper also questions the California ratios' effectiveness. Researchers concluded that the law "did have the intended effect of decreasing patient/nurse ratios in hospitals that previously did not meet mandated standards. However, we find no evidence of a causal impact of the law on patient safety." The paper, which is under review, was authored by researchers from Resolution Economics and Carnegie Mellon University.

The MNA's Munn hadn't seen this paper. She pointed out correctly that studies typically have some flaw in their methodology. And she said that bedside nurses have an expertise that researchers don't.

Lawmakers have plenty of pressing items on their agenda. This is one issue they should leave be. But if they take it up, they should ensure that the staffing remedy advocated by nurses will actually do what nurses say it will: improve patient safety.