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NEW JERSEY SHORTAGE OF NURSES SPURS CALL FOR NEW LAW

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The day the nurse took the wrong woman downstairs for a brain scan, she was caring for eight heart patients instead of her usual nine. Even so, she was on the run.

That day, the three other registered nurses in her unit were too busy with their own patients to fill in for her while she went to radiology, and the nurse at the desk was swamped with phone calls and doctors' orders. She had to ask a nurse's aide to cover for her while she escorted the elderly woman to have her scanned for signs of stroke.

Luckily, she said, none of her other seven other patients had an emergency while she was away. But an hour after she returned to her floor, the radiologist called.

"This is not Mrs. So-and-So's brain," the radiologist said.

"I looked at the list and realized I had brought the woman in the next room, who had similar symptoms," said the nurse, who asked that her name and the name of her North Jersey hospital be withheld.

"If everyone has that many patients, there's no way you can help each other," or keep mistakes from happening, she said.

Nurses in New Jersey say this situation is typical at many hospitals throughout the state. In general, they say, too few nurses are assigned too many patients, and this causes exhaustion and burnout, and seriously jeopardizes patient safety.

Ideally, nurses say, these numbers should range from one nurse for every six patients in a psychiatric ward and one for every five patients in a medical-surgical unit to one nurse for each patient in emergency trauma service, or under anesthesia in an operating room.

The Health Professionals and Allied Employees, the nurses' union in New Jersey, is pushing a bill in the state Legislature to require hospitals to follow strict nurse-to-patient staffing levels. The ratios — which have been criticized by state hospital officials — were modeled on those that went into effect last month in California, the first state to have such a law.

These staff ratios, along with demands for improved wages, pensions, and worker safety, are central issues in nearly a dozen hospital contracts the union is negotiating this year. Many of those contracts are with North Jersey hospitals. To support their concerns, the union plans to issue a report this week based on more than 30 studies of hospital staffing and safety problems across the nation. The hospital staffing law is the latest demand by the increasingly activist union that, in the face of a national nursing shortage, has been pushing the

Legislature for reform.

Earlier this month, New Jersey banned hospitals and nursing homes from forcing nurses to work overtime except in emergencies, capping a five-year battle by the union. This week, the Assembly Labor Committee will hear arguments for a bill that would establish a commission to review pensions for health care workers in the state.

Members of the union recently threatened to hold a one-day strike at Meadowlands Hospital in Secaucus if negotiations don't go their way. Near Cooper University Hospital in Camden, the union recently put up a billboard that said: "The nurses at Cooper are serious about how you're treated. Shouldn't Cooper Hospital get serious about how they treat nurses?" In the union's report, Vinnie Fedor, a radiologic technologist at Bayonne Medical Center, describes being called to X-ray a heart attack victim in the ER and a newborn who was in respiratory distress. "I am forced to choose. If I had enough staff, all these patients would get proper care," he said.

The union, which has 10,000 members, has even challenged whether there is a real nursing shortage, saying instead that there are plenty of nurses, but many are staying home until hospitals improve working conditions.

"Nobody needs more studies," said Jeanne Otersen, spokeswoman for the Health Professionals and Allied Employees. "All the studies say that understaffing and too few nurses are unfair conditions that cause patient deaths.

"The hospitals say, 'The reason we're short-staffed is we can't find nurses, so there's a shortage,'" Otersen said. "It's really the reverse. There are enough licensed nurses, but they're not willing to work under these conditions." Ron Czajkowski, spokesman for the Hospital Association of New Jersey, doesn't buy this theory.

"We're still in the midst of a nursing shortage. The fact is that mandating nurse-to-patient staff ratios when hospitals need the flexibility to best use available resources is not a viable solution," he said.

"That's why one-size-fits-all is absurd. They're going to proscribe staffing levels for all hospitals in the state. That's going to apply to a 600-bed hospital in Bergen County and a 120-bed in Salem County. It takes out all the flexibility that hospitals need to assure patient safety," Czajkowski said. Assigning a specific number of patients to each nurse does not take into account variables, such as how sick the patients are, what treatment they need on a particular shift, or how long they have been recuperating. Ratios also fail to account for a nurse's level of experience and the availability of support staff, he said.

Otersen, however, said the proposed New Jersey hospital staffing ratios bill would allow the state Department of Health and Senior Services to develop a system for adjusting the numbers based on how sick the patients in a particular unit are.

The bill, which is being sponsored by Assemblywoman Loretta Weinberg, D-Teaneck, and Sen. Joseph Vitale, D-Middlesex, is also supported by the 3,000 members of

the New Jersey State Nurses Association.

A union survey found that nearly 80 percent of nurses responding said their facility was short-staffed, with a majority saying there were not enough nurses on their own unit to provide quality care to all their patients.

The average vacancy rate for nursing positions in New Jersey was 14 percent in 2002, compared with a national rate of 12.7 percent in 2001, according to the union's report. The registered nurse vacancy rate in New Jersey is expected to reach 30 percent by 2020, the report said.

This year, California became the first state to require staffing ratios, but hospitals there say they have been unable to meet those requirements. "They're just numbers that don't reflect reality hour by hour, shift by shift, day by day," Czajkowski said. "So if it's not working in California, why should we inherit somebody else's mistakes?" Nearly 90 percent of hospitals surveyed in California said they have not been able to comply with the new law on ratios since it took effect in January, said Jan Emerson, a hospital industry spokeswoman in Sacramento.

"They're not working, despite the rhetoric the labor unions would have you believe," said Emerson, of the California Health Care Association, which represents 470 acute-care hospitals in the state. "It's a very, very difficult situation in California right now." Since Jan. 1, waiting time in California's emergency rooms is up 20 percent because of the ratios. Without enough nurses to meet their ratios, hospitals are turning away more patients, and there has been a 43 percent increase in the rate of ambulance diversion to other hospitals, Emerson said.

California simply does not have enough nurses to fill the ratios, Emerson said. The state has a shortage of 30,000 nurses, which is expected to grow to 109,000 by 2010.

The biggest sticking point of the California law is that it requires hospitals to maintain the new smaller ratios every minute of every shift, she said. "The terminology is 'at all times.' So when a nurse steps away for a 15-minute break for lunch or coffee or a phone call or even to go to the bathroom, the hospital has to have a substitute nurse standing in for her," Emerson said. "That's an impossible standard to meet." The association is suing the state to have this provision removed to allow for breaks and for other nurses on the floor, except in intensive care or the operating room, to cover for somebody on a break, as has been traditionally done for decades, she said.

The hospitals also fear that non-compliance with the ratios will make them liable in negligence and malpractice suits, or cause them to lose federal reimbursements, Emerson said.

The union, the California Nurses Association, said its own survey of 111 hospitals showed that 60 percent of them had complied with the new law, and that conditions had improved at 68 percent of them.

"There absolutely is a growing body of evidence that more nurses leads to more and better patient outcomes," Emerson said. "But there is no scientific evidence

anywhere that numeric ratios are the right way to staff a hospital or what those ratios should be.” Even while nurses lobby for reform in New Jersey, working conditions are improving, Czajkowski said. The nurse vacancy rate has dropped from 14 percent to 9 percent, he said, while average salaries have increased 25 percent.

“Hospitals are trying to be as responsible as possible for all these concerns,” Czajkowski said. He objects, however, to “making them the foundation of union organizing tactics.” As the economy lurches toward recovery, hospitals are also offering signing bonuses for new nurses and incentives for working undesirable shifts. They are recruiting foreign nurses.

“That’s part of the recruitment game plan, to use as many available resources as possible to get quality nurses who are licensed to work in New Jersey,” Czajkowski said.

But, something must be improving, he said. “They’re coming back for some reason.”