

## **Nurse Staffing Bill Makes Hospitals Queasy**

Rep. Schakowsky wants to set ratios

By Sarah A. Klein - Crain's Chicago Business  
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Illinois hospitals are feeling feverish over a bill in Congress that would set minimum staffing levels for nurses.

A bill introduced earlier this month by U.S. Rep. Jan Schakowsky, D-Evanston, would mandate nurse-to-patient ratios for every department of a hospital. Operating rooms and trauma units would have to have one nurse for every patient, while emergency departments would be required to have one for every three patients.

Ms. Schakowsky contends the legislation is necessary to prevent understaffing that she calls a threat to patient safety.

"Chronic understaffing is harming patient care and driving overburdened nurses out of hospitals," Ms. Schakowsky said in a statement.

Although Ms. Schakowsky's bill would increase Medicare payments to cover the additional cost of treating Medicare patients under the guidelines, many hospitals still don't like the proposal.

Hospital officials say the bill will cost them millions to comply and create a logistical nightmare as they struggle to manage ratios that fluctuate as patients are admitted and discharged.

"Staffing ratios are a static fix on a very dynamic process," says Jane Llewellyn, vice-president of nursing at Chicago's Rush University Medical Center. "One day, (a nurse) might be able to take five patients; another day, two might be overtaxing."

In Illinois, hospitals determine the appropriate level of staffing in all departments except the maternity ward, where state mandates apply. Nurse-to-patient ratios in other departments vary with the severity of patients' conditions and the number of other professionals on duty, says Cathy Grossi, director of health policy and regulation at the Naperville-based Illinois Hospital

Assn. Hospitals say they don't know if their current ratios are higher or lower than those required by Ms. Schakowsky's bill.

Still, they insist the new rules would cost them money, pointing to the experience of California hospitals, which spent \$900,000 on average in 2004 to comply with a state law similar to Ms. Schakowsky's bill, according to the California Healthcare Assn., a hospital trade group.

The concern is overblown, says Gerald Kominski, associate director of the Center for Health Policy Research at the University of California at Los Angeles, who has studied the impact of minimum standards in California.

"I see no evidence (it) is placing undue hardship on hospitals," Mr. Kominski says.