

NEVADA LEGISLATURE
COMMITTEE ON HEALTH CARE SUBCOMMITTEE TO STUDY STAFFING
OF THE SYSTEM FOR DELIVERY OF HEALTH CARE IN NEVADA
(Assembly Bill 313, Chapter 410, *Statutes of Nevada 2003*)

SUMMARY MINUTES AND ACTION REPORT

The first meeting of the of Nevada's Legislative Committee on Health Care Subcommittee to Study Staffing of the System for Delivery of Health Care in Nevada was held on Thursday, January 8, 2004, at 9 a.m. in Room 3137 of the Legislative Building, 401 South Carson Street, Carson City, Nevada. The meeting was videoconferenced to Room 4412 of the Grant Sawyer State Office Building, 555 East Washington Avenue, Las Vegas, Nevada. A copy of this set of "Summary Minutes and Action Report," including the "Meeting Notice and Agenda" ([EXHIBIT A](#)) and other substantive exhibits, is available on the Nevada Legislature's Web site at www.leg.state.nv.us/Session/72nd2003/Interim. In addition, copies of the audio record may be purchased through the Publications Office, Legislative Counsel Bureau (LCB) (e-mail: publications@lcb.state.nv.us; telephone: 775/684-6835).

COMMITTEE MEMBERS PRESENT IN CARSON CITY:

Assemblywoman Ellen M. Koivisto, Chairwoman
Senator Bernice Mathews

COMMITTEE MEMBER PRESENT IN LAS VEGAS:

Assemblyman Joe Hardy

LEGISLATIVE COUNSEL BUREAU STAFF PRESENT:

Marla L. McDade Williams, Senior Research Analyst, Research Division, LCB
Leslie K. Hamner, Principal Deputy Legislative Counsel, Legal Division, LCB
Kennedy, Senior Research Secretary, Research Division, LCB

OPENING REMARKS

Assemblywoman Ellen M. Koivisto, Chairwoman, welcomed members and staff of Nevada's Legislative Committee on Health Care Subcommittee to Study Staffing of the System for Delivery of Health Care in Nevada to the first of two meetings to be held during the 2003-2004 Interim.

PRESENTATION CONCERNING STAFFING REQUIREMENTS IN OTHER STATES

Tim Henderson, Director, Primary Care Resource Center, National Conference of State Legislatures, Washington, D.C., told Subcommittee members that the extent to which states have been involved in staffing is "fairly new and emerging." His slideshow presentation ([EXHIBIT B](#)) included the following highlights:

- According to the 2000 *National Sample Survey* performed by the Federal government, the supply of nurses throughout the country varies considerably and Nevada is more than 10 percent below average of employed

nurses per 100,000 population. Nevada has 520 nurses per 100,000 patients as compared to the national average of 782 nurses per 100,000 patients. The nation's southwest region ranks consistently lower than the rest of the United States.

- According to a 2001 nationwide nurse employers report conducted by the National Council of State Boards of Nursing, a comparison of performance records of newly licensed registered nurses (RNs) in acute care facilities and nursing homes revealed the following:
 1. Employers reported that 43 percent of RNs can adequately administer medication by common routes; only 11 percent were able to respond adequately to emergency situations.
 2. There is a significant turnover rate within the first two years of hire of Baccalaureate and associate degree nurses. Few employers have a preference for certain types of educational preparation when hiring new nurses.
 3. Most employers perceive newly licensed RNs as not fully prepared for basic practice setting tasks.
 4. National hospital nurse vacancies in 2002 are on average 13 percent to 15 percent less than the 2001 vacancy rate. This is due to increased hiring of nurses aged 50 years or older and nurses trained overseas. National nursing home vacancies have risen sharply during this same time span.
- Various challenges for the creation of a more effective and efficient nursing educational process include: (1) nurse shortages; (2) nurse employers and nurse educators have not cooperated with each other on the issue; and (3) nursing is the only major health profession not going through a “sex change.”
- States can address nursing shortages by supporting partnerships of stakeholders from industry, education, and policy to problem solve at the state and local level.
- Recent legislation to address nurse shortages includes: (1) bestowment of educational “pipeline” incentives; (2) improvement of data collection and workforce planning; (3) enactment of minimum federal staffing ratios in nursing homes and other regulatory initiatives in acute care facilities; and (4) development of career ladder training/articulation programs.
- A comparison of states’ minimum staffing requirements shows Nevada having minimum staffing requirements that are greater than federal minimums. Minimum federal standards either require a certain number of nursing care hours per patient per day or maintain a specified staff-to-patient ratio. States can determine state minimums in nursing homes and acute care facilities. California passed legislation in 1999 that resulted in a lawsuit to halt the January 2004 implementation of regulations regarding minimum staffing ratios. An independent study in 1999 by the University of California, San Francisco, found that most acute care hospitals in California already had ratios at-or-above the final minimums at the time of the new legislation and implementation would cost hospitals less than 2 percent to hire four full-time employees (FTEs).
- Issues with staffing include: (1) patient acuity; (2) intensity and quality of patient care; (3) volume of care and demand for patient care staff; (4) appropriate supply and skill/degree mix of staff; (5) staff vacancy/turnover rate and wage competition; (6) the growing presence and power of nurse unions; (7) training capacity of area nursing schools and preparedness of graduates to “hit the ground running;” (8) staff costs and financial condition of health care institutions; (9) staff role in organizational decision-making; and (10) staff leadership capability and skills.
- Nurse job dissatisfaction due to poor working conditions is one part of why nurses are vacating this profession. There are other factors driving the exodus, including: (1) changes in the lifestyles and physical conditions of nurses; (2) desires to spend more time at home; (3) opportunities for salary changes and adjustments in other places; and (4) increasing requirements for retraining.
- Issues to consider in implementing nurse staffing ratios include: (1) outcomes of patient care; (2) availability of nurses to meet ratios; and (3) the potential costs of hiring a quality skill mix of RNs could result in cuts in

other care giving staffing.

There was a discussion concerning the merits of data collection. The purpose of data collection activities is to achieve a better understanding of the details of the problem, not to understand the overall problem. The intent of most data collection centers is to determine the nature of nurse staffing problems, for example, the changing needs of employers for specific kinds of skills and service mix of nurses. Also, data provides information to a state on the availability of training programs for nurses to meet public health demands. Most states have programs to train more associate nurses than baccalaureate nurses.

Responding to a question, Mr. Henderson noted the NCSL does not have data relating to primary care physician shortages. Several years ago there was a national perception that the primary care physician shortage had abated; however, there may still be a problem in rural areas of Nevada.

Additional supplemental materials from Mr. Henderson were made available to members and the public as [EXHIBIT C](#).

The Subcommittee did not take any action on this agenda item.

DISCUSSION OF STANDARDS FOR STAFFING MEDICAL FACILITIES

Noelle D. Brown, Associate Director, State Relations, and Carol Gilhooley, Director of Accreditation Process Improvement, Joint Commission on Accreditation of Healthcare Organizations (JCAHO), discussed state standards. Their presentation included a PowerPoint slideshow ([EXHIBIT D](#)) with the following highlights:

- The JCAHO is a private, not for profit organization founded in 1951. Accreditation is voluntary and there are 17,000 organizations enrolled nationally, 196 of which are in Nevada. The JCAHO incorporates surveys, screenings, data and trend analysis, evaluation, et cetera, to assist its member organizations. The essential connection between accreditation and quality improvement is an accurate system of accountability. Hospital quality reports will be available to the public later in 2004 on JCAHO's Internet Web site. Information on this Web site will include hospital performance data in a variety of areas.
- The mission statement of JCAHO states, "to continuously improve the safety and quality of care provided to the public through the provision of health care accreditation and related services." The JCAHO's standards and initiatives emphasize a system-oriented approach to providing safe, high-quality health care. Announced and unannounced on-site surveys are routine to follow patient tracers, systems tracers, and conferences with leadership, trustees, and others. A sample hospital quality report is available as [EXHIBIT E](#). The foundation of the JCAHO process incorporates standards development and an on-site survey process.
- The review process for JCAHO's required action during a "sentinel event" (an unexpected occurrence involving death or serious physical or psychological injury, or the risk thereof) was detailed, as well as the review process for JCAHO's management of complaints.
- The JCAHO approach to staffing effectiveness standards includes an evaluation of outcomes to ensure that the right numbers of "competent staff, in the right skill mix, are available to provide safe, quality service." Staffing standards are complex, dynamic, and unique to each facility, and staffing ratios cannot be applied universally. The recommendations for Nevada's nursing shortage are: (1) create a culture of retention; (2) bolster the educational infrastructure; and (3) establish financial incentives. Another resource, the National Quality Forum, recently released a report identifying 13 evidence-based nursing sensitive performance measures.

There was a discussion regarding the membership of the JCAHO board of directors and cost of accreditation to smaller hospitals. The JCAHO has one "at large" nurse member, who is allowed to vote. The JCAHO has recently developed standards for smaller hospitals, many of which utilize but do not pay the cost for accreditation.

There was also a discussion regarding the number of students in health care settings and whether they are included in staffing ratios. The JCAHO currently does not have any standards that review student ratios or students involved in sentinel events.

Mr. Henderson noted that each profession's licensing board has a ratio of instructor to student. Accreditation boards address this issue because hospitals, especially teaching hospitals, have a variety of students.

The Chairwoman heard the following public comments on Agenda Item Nos. II and III:

- Bill Welch, President/CEO, Nevada Hospital Association, Reno, Nevada, pointed out that Nevada has the lowest ratio of nurses to population and suggested that recruitment of nurses be based on education. Additionally, Nevada does have staffing standards that were not discussed. He encouraged future participation from the representatives of the California Healthcare Association to discuss their view on mandatory numerical staffing ratios and further suggested hearing from HealthInsight because of its peer review of hospitals. He said that adding four FTE nursing positions would cost Nevada hospitals \$60 million annually, not the previously mentioned 2 percent.
- Barbara Fraser, Director of Education, Sunrise Hospital and Medical Center (Sunrise), and Sunrise Children's Hospital, Las Vegas, stated she coordinates with faculty from three nursing programs and other entities that utilize clinical practitioners at Sunrise to ensure that there are not multiple students of various capacities taking care of patients simultaneously. She discussed the efforts of Sunrise to educate and train its nurse students. She encouraged the Subcommittee to address Nevada's nursing shortage without the use of mandated staffing ratios, but through effective recruitment and retention programs. She noted the doubling of enrollment of nursing students, as mandated by the Legislature and said, "We can't just hire everyone, they have to have the right competency."
- There was a discussion regarding the effectiveness of allowing student nurses to perform their "clinical" during weekend and night shifts. Currently, Nevada has an eight student to one teacher ratio.

The Subcommittee did not take any action on this agenda item.

PRESENTATION CONCERNING PROGRAMS ADMINISTERED BY THE UNIVERSITY AND COMMUNITY COLLEGE SYSTEM OF NEVADA (UCCSN) TO TRAIN HEALTH CARE PROFESSIONALS IN NEVADA

Richard Curry, Ph.D., Vice Chancellor, and Crystal McGee, Senior Research Analyst, Academic and Student Affairs, UCCSN, Reno, explained the following three documents to Subcommittee members:

- The Board of Regents' ad hoc Health Education Committee task force areas of focus and membership ([EXHIBIT F](#));
- Minutes from the December 2003 meeting of the Board of Regents ad hoc Health Education Task Force ([EXHIBIT G](#)); and
- A report of Health and Allied Health Programs by institution and degree level ([EXHIBIT H](#)).

Dr. Curry reported the UCCSN Health Education Committee will: (1) oversee the plan to double the capacity of the nursing programs; (2) review and make recommendations concerning the School of Medicine's proposal to restructure its Practice Plans; (3) consider and make recommendations concerning the development of an Academic Medical Center; and (4) review and make recommendations regarding existing health care programs in the UCCSN; and (5) consider new programs and structures that may be needed to meet State needs. He said that preliminary reports, during this intensive data collecting time, indicates "optimism" in the placement of nursing students in clinical settings throughout Nevada.

Ms. McGee discussed the activities of a Health and Allied Health Programs inventory. She said UCCSN staff is currently contacting campuses to gather information on enrollment levels, declared majors, and health program graduates from the past three years. This will help determine the demand for health programs. Likewise, staff is also contacting various health professions to see what the demand is. She said the Task Force meets next on April 1, 2004, and will analyze data from UCCSN and Nevada's Department of Employment Training and

Rehabilitation to gauge future demand for certain programs and to determine UCCSN's effectiveness. Additional funding may be required.

The Subcommittee did not take any action on this agenda item.

PRESENTATION CONCERNING REQUIREMENTS IN NEVADA FOR STAFFING OF THE SYSTEM FOR THE DELIVERY OF HEALTH CARE, INCLUDING A DISCUSSION OF THE REQUIRED METHODS OF RECORD KEEPING BY MEDICAL FACILITIES AND OTHER ORGANIZATIONS

Diane S. Allen, RN, Health Facilities Surveyor IV, and Jeannie Anspach, RN, Health Facility Surveyor Supervisor, Bureau of Licensure and Certification, Health Division, Department of Human Resources (DHR), Carson City, presented staffing current requirements in Nevada. A complete copy of Ms. Allen's testimony is available as [EXHIBIT I](#). The regulations she referred to throughout her presentation are available as [EXHIBIT J](#). A copy of Ms. Anspach's presentation is available as [EXHIBIT K](#), and her testimony as [EXHIBIT L](#).

Highlights from the presentation included a review of Nevada's 15 different types of "medical facilities" licensed by the Bureau that are required by regulation to have nurses on their staff. These are:

1. Hospitals (there are 47 licensed hospitals, 33 of which are joint accredited);
2. Psychiatric hospitals;
3. Skilled nursing facilities (there are 42 free-standing or distinct part-skilled nursing facilities);
4. Intermediate care facilities (nursing facilities and intermediate care facilities for the mentally retarded are the two types of intermediate care facilities);
5. Independent centers for emergency medical care (there are only two of these facilities. Both are located in Douglas County and are owned by hospitals);
6. Rural health clinics (there are six clinics);
7. Obstetric centers (there are currently no licensed centers);
8. Surgical centers for ambulatory patients (there are over 50 licensed centers);
9. Home health agencies (there are 65 licensed agencies);
10. Hospice care programs (there are 15 licensed programs);
11. Facilities for the treatment of irreversible renal disease (there are 22 licensed facilities);
12. Nursing pools (there are 52 licensed nursing pools, 5 in Reno, 47 in Las Vegas);
13. Facilities for refractive laser surgery (this facility does not require nurses);
14. Facilities for modified medical detoxification; and
15. Mobile units.

There was a discussion regarding the Bureau's regulatory environment and the fact that the regulations do not utilize ratios of numbers of nurses to patients. Most regulations require sufficient nursing staff to meet the needs of the patients; however, there is a critical shortage of nurses to provide care in hospitals and skilled nursing facilities.

There also was a discussion regarding the types of nurses allowed in a home health care setting. The patient's assessment determines whether care will be administered by a licensed practical nurse, an RN, or a certified nursing assistant.

It was further discussed that the Bureau investigates complaints through unannounced site visits and examinations of staffing recruitment and managers' schedules. Last year, the Bureau investigated 263 complaints. Some hospitals in Nevada cannot staff according to acuity standards.

The Subcommittee did not take any action on this agenda item.

DESCRIPTION OF SOURCES OF INFORMATION THAT MAY BE USEFUL IN THE SUBCOMMITTEE'S STUDY

Marla L. McDade Williams, Senior Research Analyst, Research Division, LCB, Carson City, presented members with a list of additional sources on the topic ([EXHIBIT M](#)), which included the following:

- *Keeping Patients Safe – Transforming the Work Environment of Nurses*, Institute of Medicine, January 2004;
- *Nursing Staff in Hospitals and Nursing Homes: Is It Adequate?*, Institute of Medicine, 1996;
- *Hospitals, Nurse Staffing, and Patient Mortality, Nurse Burn-out and Job Dissatisfaction*, by Linda Akins published in 2001 by the University of Pennsylvania; and
- A report titled *Nursing, Staffing, and Patient Outcomes, and Hospitals*, which was a study headed by Jack Needleman. The report is based on interviews with patients in 11 states.

The Subcommittee did not take any action on this agenda item.

DISCUSSION OF FUTURE TOPICS FOR MEETINGS OF THE SUBCOMMITTEE

Ms. McDade Williams, previously identified in these minutes, referred to the Subcommittee's work plan ([EXHIBIT N](#)) and explained the areas of emphasis for the A.B. 313 Subcommittee's final meeting, which included:

- A discussion of conditions under which nurses refuse work assignments;
- The consequences of a nurse refusing a work assignment;
- Possibly patient testimony on how they were affected when a nurse refused a work assignment;
- A discussion of recruitment and retention of nurses; and
- A presentation regarding nurse turnover from several entities.

Ms. McDade Williams said the advisory committee could not agree on which state to invite to discuss its nursing issues.

PUBLIC TESTIMONY

The following participants gave public comments:

- Ernie Stegall, Sunrise Medical Center, Las Vegas, stated that mandated ratios could "increase the stress of an overburdened health care system, and create potentially greater public safety risks by an inability to provide access to care." Further, mandated ratios could cause reduction of services, bed closures, and emergency department closures.
- Jerri Strasser, RN, University Medical Center, Las Vegas, and member, Service Employees International Union, Local 1107 Nurse Alliance, Las Vegas, expressed her support for nurse staffing ratios. She also said she supports nurses who refuse unsafe assignments.

- Doris Bower, RN, Vice President, Philippino Nurses Association, Las Vegas, said delivering health care must include measures to ensure safety for the patient and the care giver. The nursing shortage created the challenge to deliver safe care to patients. She offered support for the work of the A.B. 313 Subcommittee.
- Debra Scott, RN, M.S., A.P.N., Executive Director, Nevada's State Board of Nursing, Carson City, said the Board supports nurses who refuse unsafe assignments and there has never been a case of a nurse disciplined in that situation.
- Bill Welch, previously identified in these minutes, expressed his support for the work of the Subcommittee and said he hopes to be part of a long-term solution.
- A document for public comment was submitted by Glen E. Martin, M.P.A., N.C., Carson City ([EXHIBIT O](#)), which urged members of the Subcommittee to include a component on exercise in resolving the staffing system issues.

ADJOURNMENT

There being no further business to come before the Subcommittee, the meeting was adjourned at 12:33 p.m.

Respectfully submitted,

Kennedy
Senior Research Secretary

Marla L. McDade Williams
Senior Research Analyst

APPROVED BY:

Assemblywoman Ellen Koivisto, Chairwoman

Date: _____

LIST OF EXHIBITS

Exhibit A is the Meeting Notice and Agenda provided by Marla L. McDade Williams, Senior Research Analyst, Research Division, Legislative Counsel Bureau (LCB), Carson City, Nevada.

Exhibit B is a paper copy of a 15-slide PowerPoint presentation titled "State Initiatives to Regulate Nurse Staffing," given by Tim Henderson, Director, Primary Care Resource Center, National Conference of State Legislatures (NCSL), Washington, D.C.

Exhibit C is a 149-page glue bound book titled "Supplemental Materials from Tim Henderson," submitted by Tim Henderson, Director, Primary Care Resource Center, NCSL, Washington, D.C.

Exhibit D is a paper copy of a 40-slide PowerPoint presentation titled "Joint Commission on Accreditation of Healthcare Organizations," provided by Noelle D. Brown, Associate Director, State Relations, Joint Commission on Accreditation of Healthcare Organizations (JCAHO), Carson City.

Exhibit E is a seven-page document titled “2004 Quality Hospital Report DRAFT - A Sample Hospital Accredited by: JCAHO,” provided by Carol Gilhooley, Director of Accreditation Process Improvement, JCAHO, Carson City.

Exhibit F is a one-page document titled “Health Education Task Force,” given by Richard Curry, Ph.D., Vice Chancellor, Academic and Student Affairs, University and Community College System of Nevada (UCCSN), Reno, Nevada.

Exhibit G is a ten-page copy of minutes titled “Ad Hoc Health Education Task Force - Board of Regents - University and Community College System of Nevada,” furnished by Richard Curry, Ph.D., Vice Chancellor, Academic and Student Affairs, UCCSN, Reno.

Exhibit H is a two-page spreadsheet titled “Degrees Separated from Certificates,” provided by Crystal McGee, Senior Research Analyst, Academic and Student Affairs, UCCSN, Reno.

Exhibit I is a nine-page copy of testimony dated January 8, 2004, and titled “Presentation for Nurse Staffing,” given by Diane S. Allen, R.N., Health Facilities Surveyor IV, Bureau of Licensure and Certification, Health Division, Department of Human Resources (DHR), Carson City.

Exhibit J is a 72-page glue bound booklet titled “Presentation on Current *Nevada Revised Statutes* (NRSs), Nevada Administrative Codes (NACs), Code of Federal Regulations (CFRs), Concerning Requirements for Staffing in Medical Facilities,” referenced by Diane S. Allen, RN, Health Facilities Surveyor IV, Bureau of Licensure and Certification, Health Division, DHR, Carson City.

Exhibit K is a 13-page document titled “Surgical Centers for Ambulatory Patients – Nevada Administrative Code (NAC),” presented by Jeannie Anspach, Bureau of Licensure and Certification, Health Division, DHR, Carson City.

Exhibit L is an 18-page untitled copy of testimony given by Jeannie Anspach, Bureau of Licensure and Certification, Health Division, DHR, Carson City.

Exhibit M is a one-page document titled “Resources Recommended by the Advisory Committee to the Subcommittee to Study Staffing of the System for Delivery of Health Care in Nevada,” provided by Marla L. McDade Williams, Senior Research Analyst, Research Division, LCB, Carson City.

Exhibit N is a nine-page document titled “Legislative Committee on Health Care 2003-2004 “Working” Work Plan for Assembly Bill 313 (Chapter 410, *Statutes of Nevada 2003*),” furnished by Marla L. McDade Williams, Senior Research Analyst, Research Division, LCB, Carson City.

Exhibit O is a copy of testimony for public comment submitted by Glen E. Martin, M.P.A., N.C., Carson City.

This set of “Summary Minutes and Action Report” is supplied as an informational service. Exhibits in electronic format may not be complete. Copies of the complete exhibits, other materials distributed at the meeting, and the audio record are on file in the Research Library of the Legislative Counsel Bureau, Carson City, Nevada. You may contact the Library via the Internet at www.leg.state.nv.us/lcb/research/library/feedbackmail.cfm or by telephone at 775/684-6827.