

November 8, 2023

Dear Chair Rogers and Members of the House Health Policy Committee.

I wish to express my opposition to House Bills 4550-4552, specifically legislation that would prescribe nurse-to-patient ratios based on scope of services. My reasons are as follows:

1. The ratios are not evidence-based and fail to consider severity of illness, intensity of care, patient volume, experiential level of staff, and the competencies of the individuals assigned to patient care.
2. The legislation fails to consider other members of the health care team who can competently assist the Registered Nurse in the provision of care such as virtual nurses, licensed practical nurses, nurse assistants, nursing students, and paramedics.
3. The opportunity to establish different and more effective models of care at lower cost are overshadowed by a rigid and higher cost model without any evidence of better quality/safety outcomes.
4. The clinical experience and judgement of our professional nursing leaders and staff are entirely replaced by a one-size-fits all proposed solution. Furthermore, there are no allowances made at the end of the day for facility type such as critical access, short-term acute care, and long-term acute care, just to name a few.
5. Specific to Trinity Health Michigan, there are approximately 500 RN vacancies across our statewide health system; 63 beds have already been closed as a direct result. The mandated nurse-to-patient ratios would force the closure of more than 500 beds in the state. As a result, Emergency Department waits would be prolonged, and many hospitals would divert ambulance traffic, thereby creating hardships for other hospitals inside and outside county lines. To comply with the legislation, over 1,100 nurses would have to be hired during a period when the RN shortage is a national problem. Additionally, we would no longer be able to employ the ancillary support staff currently in place due to exorbitant staffing expenses, and thereby deprive them of career advancement opportunities.

6. Ultimately, patient access to care, treatment, and services would be jeopardized. This is untenable as a health care organization and violates our core value of justice. The fines imposed by deviation from established and legislated nurse-to-patient ratios would be unsustainable over the long-term.

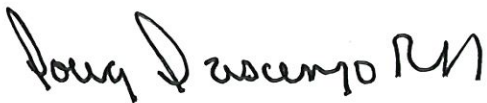
Instead of a mandate which won't solve the nursing shortage, I would urge you instead to consider the following:

- Creating funding opportunities for clinical faculty and preceptor development, as well as formal partnerships between nursing programs and clinical sites such as hospitals, skilled nursing facilities, and outpatient practices.
- Establishing Michigan as a nursing compact state to increase nurse resource availability by making it easier for nurses to practice in Michigan without having to experience the administrative burden, cost, and delays inherent in licensure application.
- Facilitating the acquisition of international nurses from countries where surpluses exist while protecting the investments made by vendors and hospital partners in Michigan.

Patient safety is priority #1 for all health care providers, staff, and leaders. As such, I sincerely thank you for the privilege of allowing me to connect with you and express my views. As a nurse leader in the State of Michigan, I commit to you my concerted and unwavering efforts to collaborate and innovate solutions that make access to care possible at lower cost, while improving the experience of care for both patients and caregivers. It is only through interprofessional collaboration, empowerment, and innovation that multiple approaches to effective problem-solving are possible.

I would be happy to answer any questions.

Sincerely,



Doug Dascenzo, DNP, RN, CENP  
Regional Chief Nursing Officer-Trinity Health Michigan  
Chief Nursing Officer-Trinity Health Oakland Hospital