

President and Publisher
Dennis Francis

Editorial Page Editor
Lucy Young-Oda

Deputy Editorial Page Editor
Mikey Campbell

lyoungoda@staradvertiser.com
808-529-4831

Editorial Page Staff
Elizabeth Kieszowski

Proper patient care requires staff flexibility, not fixed ratios

By Hilton Raethel

There have been many stories in the media over the past year about the topic of patient-staff ratios. Patient-staff ratios refer to how many patients a nurse is managing.

Hawaii's hospitals already have patient-staff ratios. Every day, decisions are being made about how many nurses are needed to take care of the patients in our hospitals to ensure a high level of care. These decisions are made based on a variety of factors.

One factor is the severity of illness of the patients. Another factor is the skill level of the staff on a unit. A nurse who has worked in a hospital for 10 years will have much more experience than a nurse who graduated a year ago. How many support staff are available is also a factor. A unit may have Certified Nurse Assistants

(CNAs) or Licensed Practical Nurses (LPNs) available who work under the supervision of the nurse, and who can take care of routine patient tasks.

Another factor is whether a patient has just come out of surgery, versus one who is waiting to be discharged. The patient coming out of surgery will require more care and monitoring than the patient who had surgery a few days ago, and who is ready to be discharged.

Student nurses are also often being trained in hospital units. These students require supervision, which increases the staffing needed for that unit.

The severity of illness of patients varies significantly. One

ISLAND VOICES



Hilton Raethel is president/CEO of the Healthcare Association of Hawaii.

unit could have five patients with simple pneumonia. Another unit could have five patients with complex pneumonia. The nursing resources needed to take care of the five patients with simple pneumonia are very different from the nursing resources needed to deal with complex pneumonia. And taking care of an 80-year-old patient with complex pneumonia, heart failure and kidney disease, is very different to taking care of an otherwise healthy 40-year-old with complex pneumonia.

Every day, around the clock, decisions are being made about how many nurses are needed to take care of the patients on any given floor in our hospitals, based

on these factors. Fixed patient-staff ratios do not take into account the factors above and are a one size fits all solution that doesn't work to address patient needs.

The decision about how many nurses should be working on a unit at any one time is made by charge nurses and nurse managers, nurses with many years of experience who review all the factors in their decision-making. Nurse managers have the ability to coordinate with other nurse managers to move staff from unit to unit as demand changes, to call in additional nurses if the need arises, or to contact an agency if they cannot find enough of their own staff.

Management and staff at our hospitals work together and are committed to taking care of our patients. One of the great things about health care is the opportu-

nity for growth. New graduates who gain experience and who aspire to leadership roles can, and do, become charge nurses and nurse managers, and they then have the opportunity to manage units.

We already have patient-staff ratios that allow for the needed flexibility to care for our patients. Decisions are being made every shift and every day about the number of staff needed to maintain and continue to provide quality care for the people of Hawaii and our visitors. Creating a system where fixed staff ratios are required removes the ability to remain agile and meet the needs of our patients and the rapidly changing health care environment.

EDITOR'S NOTE: Coming Friday, the striking nurses' view on staffing ratios.