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I am writing this letter to encourage the State of Maine to reconsider the deletion of the regulatory requirement for reporting of structural nursing measures (90-590. Chapter 270, Section 5). Currently, Maine appears to be a leader in healthcare transparency by providing the consumer with quality information allowing for informed healthcare choices This is the basis of consumer driven healthcare and a free-market healthcare delivery system.

The two most important categories of measures are outcome, which measure patient safety, and structure, which measures the available staff and working environment. Nurse-to-patient ratios have been shown to be highly related to patient mortality and the occurrence of patient harm.[1, 2] Similarly, the ratio of registered nurses to licensed practical nurses (skill mix) along with total nursing care hours has been shown to lower adverse events.[3]

There are a number of agencies which already incorporate structure measures in their publicly reported quality measures. For example, Nursing Home Compare is a Federal website which provides quality data on nursing homes for the consumer. Publically available information includes nursing hours per patient and staffing skill mix.

	BROOKDALE RICHMOND PLACE SNF	KENTUCKY AVERAGE	NATIONAL AVERAGE
Total number of residents	88	81.2	87.0
Total number of licensed nurse staff hours per resident per day	2 hours and 29 minutes	1 hour and 50 minutes	1 hour and 41 minutes
RN hours per resident per day	1 hour and 20 minutes	55 minutes	51 minutes
LPN/LVN hours per resident per day	1 hour and 9 minutes	55 minutes	50 minutes
CNA hours per resident per day	1 hour and 55 minutes	2 hours and 29 minutes	2 hours and 28 minutes
Physical therapy staff hours per resident per day	10 minutes	5 minutes	6 minutes

The State of New Jersey requires reporting of the nursing structure measures for nurse-to-patient staffing ratios and skill mix for each type of hospital unit. This data is also available to the public. [4]

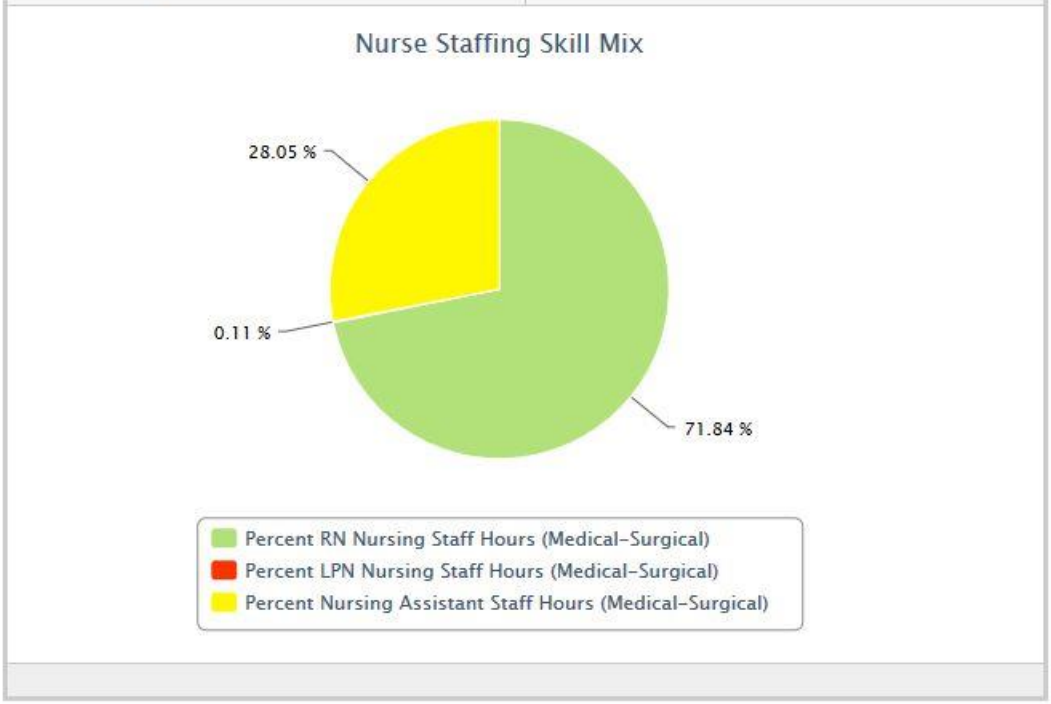
Inpatient Units: Average Daily Ratios

Adult Closed Psychiatric	
Staff Type	Number of Patients per Staff
Registered Professional Nurse	5.8
LPN/Certified Psychiatric Screener	13.4
Unlicensed Assistive Personnel	9.3

The state of Illinois requires reporting of nursing staffing levels, nursing turnover rates and position vacancies.[5]

Nurse Staffing - Medical-Surgical

Measure	Result
Total RN Nursing Hours per Patient Day (Medical-Surgical) 01/01/2014 to 12/31/2014	6.2 hours
Total Nursing Hours per Patient Day (Medical-Surgical) 01/01/2014 to 12/31/2014	8.63 hours
RN Turnover Rate in the Medical-Surgical Unit 01/01/2014 to 12/31/2014	32.08 %
Percentage of Nursing Hours Worked by Hospital Employed RNs (Medical-Surgical) 01/01/2014 to 12/31/2014	95.71%
Percentage of Nursing Hours Worked by Contractual RNs (Medical-Surgical) 01/01/2014 to 12/31/2014	4.29%



With the elimination of the Disproportionate Share Hospital (DSH) Payments by the Affordable Care Act and Maine selecting to not expand Medicaid, many hospitals, especially rural ones may be placed under financial stress. The National Rural Health Association estimates that over 10% of rural hospitals are in danger of closing due to financial stresses. Almost 50% of a facility's operating income is from Staff salaries and there is a risk that facilities will respond to this financial stress by cutting staff which will place patients at risk.[6]

It is not possible to impact a Federal program, such as the Affordable Care Act on a State level. Withdrawing from Medicaid, just leaves Mainer's tax dollars on the table to be spent by another state.

Instead of setting the stage to allow facilities to more easily cut staffing, another option would be to expand the State's Medicaid system and use the extra money to supplement staffing and augment patient care.

Respectively,

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Board Chairman
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[1] Aiken, L. H., Clarke, S. P., Sloane, D. M., Sochalski, J., & Silber, J. H. (2002). Hospital nurse staffing and patient mortality, nurse burnout, and job dissatisfaction. *Journal of the American Medical Association*, *288*(16), 1987-1993.

[2] Needleman, J., Buerhaus, P., Mattke, S., Stewart, M., & Zelevinsky, K. (2002). Nurse-staffing levels and the quality of care in hospitals. *New England Journal of Medicine, 346*(22), 1715-1722.

[3] Patrician, P. A., Loan, L., McCarthy, M., Fridman, M., Donaldson, N., Bingham, M., & Brosch, L. R. (2011). The association of shift-level nurse staffing with adverse patient events. *Journal of Nursing Administration, 41*(2), 64-70.

[4] New Jersey Department of Health and Senior Services. (n.d.). *Hospital patient care staffing report.* Retrieved from http://web.doh.state.nj.us/apps2/nursestaffing/quarterly.aspx

[5] Illinois Department of Public Health. (n.d.). *Illinois hospital report card and consumer guide to health care.* Retrieved from http://www.healthcarereportcard.illinois.gov/methodology

[6] Kavanagh KT, Cimiotti JP, Abusalem S and Coty MB. Moving Healthcare Quality Forward With Nursing-Sensitive Value-Based Purchasing. Journal of Nursing J Nurs Scholarsh. 2012 Dec;44(4):385-95. doi: 10.1111/j.1547-5069.2012.01469.x. Epub 2012 Oct 15. PMID: 23066956