

I understand the philosophy of offering the community a 25-bed small-format hospital, having worked in a 50-bed hospital during my nursing career. However, the addition of any number of new beds within a community or region creates a healthcare crisis. Providing patient care for these beds places a greater demand for more registered nurses (RNs) than the community, region, or the nation can provide in light of the nursing shortage across the United States. The healthcare crisis is the challenge of providing safe, high-quality nursing care to not only the proposed 25-bed hospital but to all the healthcare facilities within the region needing RNs and recruiting from the same RN applicant pool. Because Quincy, Illinois is located within a tristate region, the region's healthcare providers are competing for RNs within an area encompassing west-central/central Illinois, southeast Iowa, northeast Missouri, and the greater St. Louis area.

One could argue that nursing programs are graduating new RNs every year and therefore, in reality, there is no nursing shortage. However, for various reasons, nursing programs cannot graduate enough new nurses to alleviate the nursing shortage. One must keep in mind that a healthcare organization cannot staff its nursing department with a majority of recently graduated RNs. Because they lack experience, they must be mentored by experienced nurses, of which there is a shortage.

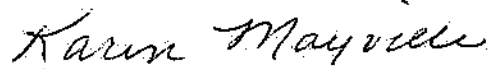
Despite the number of new RNs graduating from the 46 nursing programs in the region, there remains 1,590 opened RN positions in the region. This number only represents hospitals and healthcare systems that list their current openings for RNs. The number does not include the region's health departments, nursing homes, and other agencies needing RNs. As such, the demand for RNs to fill open positions in the region is far higher. The Illinois Nursing Workforce Center estimates a current shortage of 21,000 RNs and this shortage will continue as the demand for RNs increases due to the increasing healthcare needs of an aging population and as the current RN workforce retires.

The proposed 25-bed hospital will need RNs because only RNs under state law – the Nurse Practice Act – assess patients; develop nursing care plans; implement nursing interventions; evaluate effectiveness of nursing interventions; provide health education and counseling; develop nursing care policies; and delegate and supervise LPNs, CNAs, and patient care technicians. Research has shown the the greater the complement of RNs to LPNs, CNAs, and patient care technicians, the better the care, reducing morbidity, mortality, falls, other injuries, medication errors, infection rates, and the need to transfer patients to acute care facilities.

Although 25 beds appear to be a small number, staffing 24 hours a day, seven days a week for a 10-bay emergency department, 3 operating rooms, a procedure room, 3 birthing rooms, a C-section suite, and non-acute medical-surgical rooms will create a substantial demand for RNs experienced in different specialties. Meeting this demand, especially if the beds are not needed to meet the region's hospital care needs post-pandemic, will make the nursing shortage more acute for all healthcare organizations in the region, especially for hospitals providing acute care. As the population ages, co-morbidities will increase placing a demand for RNs to staff facilities offering intensive care units, intermediate care units, step-down units, observational units, rehabilitation units, and medical-surgical units that can care for high-acuity patients.

In light of nursing programs not having the ability to alleviate the nursing shortage and the nursing shortage being ever present, my concern with adding 25 beds to the region is threefold. First, Quincy Medical Group may not be able to keep its promise to the community of offering an intimate, patient-centered, low-cost healthcare experience as it competes in the market for RNs along with LPNs and CNAs, of which there is also a shortage of these healthcare workers. Second, the region's healthcare

organizations will have the burden of facing greater competition for the region's limited pool of new and experienced RNs. Third, the consequences of operating another hospital, no matter the size, on the overall health of the community and the region in which it is located is unknown. Providing the community with healthcare choices and competition is healthy because it increases quality and reduces cost is an assumption. It is an assumption that treats services, patients, and RNs as mere commodities. Given my concerns, I ask that Quincy Medical Groups' 25-bed, small-format hospital is not approved.

A handwritten signature in cursive script that reads "Karen Mayville".

Karen Mayville, PhD, RN  
Professor of Nursing