

peace and security for all the free peoples of the Earth. Let it be known that, as the elected representatives of the people of this community, the Leon County Board of County Commissioners declares no compromise possible on the principles of freedom, the requirements of security, and the natural right of every person to live free from the fear of terrorist assault. As such, we once again look to the men and women of our armed services, the finest in the world, to defend our lives, our freedom, and the sacred right of every person to life, liberty and the pursuit of happiness.

Dated this 20th day of November, 2001.

It gives me great pleasure to share with my colleagues the generosity of the exceptional people in my district. I hope that we can all stand behind declaration such as this one, and pray for the speedy return of the many soldiers that are putting their lives on the line in the name of freedom. They truly represent the very essence of the red, white and blue.

PATIENT CARE INNOVATION ACT
OF 2001

HON. JOHN P. MURTHA

OF PENNSYLVANIA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, December 12, 2001

Mr. MURTHA. Mr. Speaker, The United States is facing a serious, long-term, shortage of health care professionals. For example, the demand for nurses will exceed the supply by 2010, when the first of the 78 million Baby Boomers begin to retire and enroll in the Medicare program. Across the board, working in patient care has become more stressful and care givers are leaving their profession as more sicker and elderly patients are entering our hospitals and nursing facilities. The future therefore, will require new models of patient care and the efficient use of the skills of our increasingly scarce nurses and other health care professionals.

Care giving has always been a demanding profession. Those men and women who go into it—like those who go into teaching—do so out of commitment. Unfortunately, conditions in the work environment are making it virtually impossible for them to fulfill that commitment.

The nursing shortage has set off the alarm and the concern is appropriate. But before effective responses and solutions can be devised, policy makers need to realize that nursing and the health system have been at this crossroads before. Over the past several decades, nursing has found itself caught in a perpetual cycle of workforce shortages and short-sighted solutions that, over the long term, have failed. The result has been more demanding workloads for care-givers with sicker and more older patients and a weakened infrastructure to support patient care.

Nurses are increasingly spending more of their time away from direct medical care. From lifting and moving patients and providing hygienic care to increasing administrative support, over 40 percent of a nurse's hours are spent meeting non health related support activities. This inefficient use of nursing care has directly reduced the level and quality of patient care. Unfortunately, with operating margins the tightest they have ever been, hospitals have scaled back the number of skilled care givers and reduced the mix of qualified nursing per-

sonnel to a level where staffing ratios are inconsistent and mandatory overtime has become the necessity.

The "Patient Care Innovation Act of 2001" will lead to the establishment of new, more efficient, postures of patient care.

The legislation establishes a federally funded program of planning grants for the design, and demonstration grants for the implementation and evaluation of new innovative models of patient care delivery that provides quality patient care, recognizes and utilizes the professional competencies of nurses, and creates workplace environments conducive to nurse retention and recruitment, including care giver to patient ratios.

This is an important step. Health care providers need to fundamentally rethink the way in which they organize and deliver patient care to determine if there is a better way to deliver care for both the patient and the care giver. Nurses, health care providers and other direct care givers need to be involved in designing, testing and evaluating new and innovative models of patient care.

The development and testing of new and innovative models of patient care delivery must involve changes in organizational structures and processes; new management practices; greater nurse autonomy and involvement in patient care decision-making; more effective use of support staff; greater interdisciplinary collaboration and the expanded use of technology to reduce manual documentation and repetitive administrative tasks.

Obviously, one solution will not fit all environments. All the more reason for passage of the "Patient Care Innovation Act of 2001". A broad band of responses must be developed if we are to maintain quality patient care and stop the exodus of care givers from the health care profession.

Planning grants will be used to bring together multi disciplinary clinical and administrative teams to assess current patient care delivery systems, collect data, define work and care environment problems, evaluate new approaches and develop innovative models for delivering efficient safe and quality patient care.

Demonstration grants will be used to implement and evaluate innovative models of care to demonstrate and determine their effectiveness in providing quality patient care and increasing the professional satisfaction of nurses within various health care settings.

Health care providers are already struggling to maintain day-to-day operations under restrained payments by Medicare, Medicaid and insurance companies. Grant funding will enable providers to move forward more expeditiously to implement new methods of care while addressing the shortage of health care professionals before it reaches the crisis stage.

Patient care must remain the primary focus of our health care system. The nursing shortage will affect the health care of all Americans unless we act now to create and implement the means to ensure the highest quality of care for all patients. Ultimately, success will mean generating changes in attitudes and practices that have been entrenched in the health care system for decades.

Can the emerging shortage of health care professionals be turned around? To do so, policy makers and planners must go beyond discussing recruitment and increasing the size

of educational programs. It will mean generating changes in attitudes and practices that have been entrenched in the health care system for decades. It requires that we engage in a reevaluation of how health care professionals are educated, credentialed and employed. In particular, employers need to create professional work environments that promotes and ensures high-quality, cost effective patient care and that recognizes and rewards the contributions that nurses and other health care professionals make to the very well-being of hospitals and our health care system.

Therefore, I strongly urge all Members of Congress to join with me and sponsor passage of this critical piece of patient health care legislation.

HONORING TWO ESTEEMED RAILROAD INDUSTRY LEADERS, WILLIAM J. DRUNSCIC AND ANTHONY M. LINN, FOR CONTRIBUTIONS TO THE STATE OF TENNESSEE

HON. BOB CLEMENT

OF TENNESSEE

IN THE HOUSE OF REPRESENTATIVES

Wednesday, December 12, 2001

Mr. CLEMENT. Mr. Speaker, as the State of Tennessee embarks upon an initiative to create a commuter railroad system, it is most appropriate that members of the U.S. House of Representatives recognize two esteemed leaders in the railroad industry. I am speaking of William J. Drunscic and Anthony M. Linn, whose personal involvement in the concept and planning of this project have had a tremendous impact and have caused this great effort to stay on course and move forward at a constant and deliberate pace.

Mr. Drunscic and Mr. Linn began their involvement in the railroad industry in Tennessee nearly twenty years ago in March 1983. They have been recognized as leaders in the short line railroad industry for a long while. Today there are some 400 members of the American Short Line and Regional Railroad Association. In Tennessee alone there are 17 short line railroads in operation. Mr. Drunscic and Mr. Linn are either principals or share affiliations with five of the 17 short line operations in the Volunteer State.

Mr. Drunscic, a resident of Manchester Center, Vermont, and Mr. Linn, a resident of Closter, New Jersey, have indeed registered a mark on the railroad industry in Tennessee and in the United States, worthy of this recognition. As Middle Tennessee, and specifically the 5th & 6th Congressional Districts, begin to explore the opportunities of a commuter rail system, these two men will certainly be hailed for their vision and their service toward making this long standing proposition a matter of reality.

Today we congratulate and thank Mr. Drunscic and Mr. Linn for their many contributions to the railroad industry, to the nation, and to the entire State of Tennessee.

Mr. Speaker, I yield back the balance of my time.