Felisa Hagins, Political Director
Service Employees International Union, Local 49
HB 2945
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Testimony to the House Committee on Health Care in support of HB 2945

Chair Salinas and members of the Committee,

My name is Felisa Hagins and I am the Political Director for the Service Employees International Union, Local 49. SEIU Local 49 is comprised of healthcare and property service workers throughout Oregon and SW Washington. When combined with SEIU Local 503, we are the largest union in the state representing over 80,000 public and private sector workers. Our mission as a union is to achieve a higher standard of living for our members, their families, and dependents by elevating their social conditions and by striving to create a more just society.

Local 49 represents thousands of nurse staffing members, such as CNAs and LPNs, and many more hospital workers who are critical to keeping hospitals clean and operational. On behalf of our members, I am here today to testify in support of HB 2945, a bill that will improve and strengthen important patient and healthcare worker protections.

In 2015, the Oregon Legislature demonstrated understanding of the critical importance of adequate staffing by passing SB 469, which strengthened and improved the existing law to create Hospital Nurse Staffing Committees (HNSC) tasked with formulating nurse staffing plans, as well as increasing the frequency of OHA nurse staffing audits.

Hospitals are failing to establish minimum staffing levels

These state nurse staffing audits suggest, however, that many hospitals are not ensuring minimum staffing levels. We have reviewed numerous hospital audits across multiple systems, and they *all* describe broad deficiencies in how hospitals are developing and executing their staffing plans. The audits show that numerous hospitals do not establish the minimum number of Nurse Staffing Members (NSMs) required on specific shifts, and some hospitals are not even ensuring that there is at least one nurse and one other NSM when there is a patient present.

Staffing is rarely based on the number of patient admissions, or on the variety or acuity of patient diagnoses

These state audits further highlight that staffing is rarely based on how many patients have been admitted, or on the variety or acuity of patient diagnosis. All too often, hospital staffing is not based on measurements of unit activity quantifying the rate of admissions and discharges, patient diagnoses, the severity of patient diagnoses, or the time required for a direct care RN to provide complete care. This can lead to compromised patient outcomes, and our members have reported that short staffing and the disregard for patient acuity has left patients vulnerable to falls, delayed tests such as EKGs, and skin breakdowns (decubitus ulcers) due to spending too much time in soiled clothing and bedding.

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Chronic understaffing means missed rest and meal breaks; employees are frequently forced into mandatory overtime to cover staffing gaps

When hospitals prioritize profits over patients, it's not only patients who are put at risk. Understaffing means workers may have to stretch themselves to the limit to compensate for gaps in coverage. Our review of nurse staffing audits consistently showed staffing plans are not adequately accounting for workers' rest and meal breaks. As a result, nurse staffing members are frequently missing breaks and/or required to work overtime beyond their agreed upon and prearranged shifts. Sometimes this means working more than 12 hours in a 24-hour period in order to make up for low staffing and avoid potential harm to their assigned patients.

At PeaceHealth Sacred Heart, over 90% of workers surveyed responded "No" or only "Sometimes" when asked if staff was appropriately backfilled to cover staff sick time, vacation, and personal leave.

Short staffing can drive down moral, affecting worker retention, and ultimately impacting the quality of patient care

Frontline hospital workers experience the consequences of inadequate staffing firsthand, and repeatedly indicate safe staffing is a priority on our worker surveys. Over 70% of Kaiser workers surveyed responded "No" or only "Sometimes" when asked if there was enough staff to cover worker safety. At Providence Milwaukie Hospital, over 80% of workers surveyed responded that they felt short staffing and increased workloads had harmed their hospital's ability to provide quality patient care, with multiple employees reporting that short staffing had led to an increase in worker injuries.

The impact of short staffing clearly takes a significant toll on health care workers, and the stories they have shared with us are alarming. A Kaiser patient registration representative recently shared this account with us:

> *We were [already] understaffed, then our department was recently reduced by one, with plans to reduce by another individual next year. I often find myself alone on the registration desks and cannot help patients the way they need to be helped. I can't escort a vision impaired patient to the suite where their physician will be meeting them- which may be two floors above me. I cannot leave my desk to push a patient that may be wheelchair bound anywhere. Medical assistants ask me for help that I simply cannot give.*
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> *It is very upsetting that we cannot care for patients the way that they need to be cared for, all to save a few bucks on staffing costs. . .Our team is exhausted and nearly broken.*

We rely on frontline health care workers when we need medical care. But chronic understaffing can strain these workers to the breaking point.

To begin working towards a solution, nurse staffing members and all hospital workers need a stronger voice on the job

HB 2945 will build on the Legislature's 2015 progress in three key ways: By strengthening the CNA voice on existing Hospital Staffing Committees, by expanding the staffing conversation to include the voices of

all hospital employees, and by increasing resources for the Oregon Health Authority to enable more robust audits and enforcement of staffing plans.

HB 2945 will add an additional Certified Nursing Assistant to existing staffing committees, ensuring there will be a wider representation of CNA experiences. CNAs complete much of the intensive hands-on patient care that occurs in a hospital, such as turning patients, helping them walk safely while in recovery, bathing, and other personal needs. These workers and their close proximity to patients' needs have a vital perspective on staffing, amplifying this perspective will benefit both patients and nurse staffing members alike.

HB 2945 will also expand upon current procedure to ensure that all hospitals instate a process to record and assess the concerns of any employee who believes that understaffing is impacting patient safety or quality care. While nurse staffing members are essential to quality patient care, so too are many others- like those who deliver tailored, nutritious food to the correct patient, or clean patient rooms. Understaffing among those who are responsible for disinfecting surfaces around the hospital can have grave consequences.

Finally, HB 2945 will increase resources available to Oregon Health Authority for audits and to enforce staffing plans as staffing plans absent meaningful enforcement will not succeed in promoting quality patient care. The state must have adequate resources to audit, investigate, and enforce hospital staffing plans and regulations. Sufficient funding for meaningful enforcement and accountability can further motivate hospitals to thoughtfully develop staffing plans that meet patient needs and employ adequate staff to execute the plans.

HB 2945 will make important and necessary improvements to ORS 441.152 - 441.192, improvements that will increase safety for both patients and workers. I urge you to support this measure.

Thank you for the opportunity to testify. I would be happy to answer any questions.

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