UNIVERSITY OF OREGON

February 23, 2021

To: Oregon House Committee on Health Policy
From: Mark Brenner, University of Oregon Labor Education and Research Center

Re: Testimony on House Bills 3011 and 3016

Since 2018, I have been a faculty member at the University of Oregon's Labor Education and Research Center. I am submitting written testimony regarding two measures that address nurse staffing in Oregon's hospitals, House Bills 3011 and 3016.

For over 20 years I have been studying the impact of employee involvement programs and other high-performance work systems across a variety of industries, as well as the best practices for implementing public policies such as Oregon's nurse staffing law.

For the past decade I've also been researching the impact of nurse staffing levels on patient outcomes, and worked closely with nurse professional associations across the United States to understand the dynamics associated with providing quality patient care. This written testimony draws on my extensive research and hands-on work with practitioners in the field.

Like most Oregonians, I have watched our frontline healthcare professionals manage the COVID-19 pandemic with a mixture of anxiety and admiration. Over the past year, I have heard firsthand from dozens of nurses and healthcare workers about the risks they've endured when faced with shortages of personal protective equipment, and the stress, anxiety and trauma that's accompanied work on the frontlines. Another consistent theme has been the added stress of staffing shortages, and the unilateral determination of staffing levels in Oregon hospitals, and the way these have both affected patient care. House Bills 3011 and 3016 would help address both these problems.

What we know from more than two decades of research is that better nurse staffing in acute care hospitals is unambiguously associated with better patient outcomes, whether it's lower mortality, fewer complications, or shorter stays and fewer readmissions.[1-6,9-11] We also know that better nurse staffing is associated with higher patient satisfaction.[7-8] Emerging research has also made it clear that for COVID-19 patients, adequate staffing can literally be a matter of life and death.[13-14]

What is often overlooked in the debate over nurse staffing, however, is the important impact that work environment, particularly nurse participation in hospital policy-making, can also have on patient outcomes. Not only does available evidence indicate that better work environments reduce patient mortality, improve patient satisfaction, and lower nurse burnout, poor work environments can substantially undermine the benefits of additional nurse staffing in each of these areas. [9-12] There is also a strong economic argument for improving nurse work environments, including involvement in policy-making, since this has been shown to

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lower mortality with similar per patient costs, suggesting that better nursing environments are also associated with higher value.[15]

This accumulated evidence certainly bolsters the Oregon legislature's decision nearly twenty years ago to create a framework for bedside nurses to apply their substantial professional expertise and have a voice in determining hospital staffing plans.

Indeed, the core of the Oregon nurse staffing law, now contained in ORS 441.154 through ORS 441.157, is designed to institutionalize a key feature of positive nurse work environments, providing staff nurses an institutional role in shaping hospital staffing plans, one of the most critical elements to quality patient care.

However, the positive impacts that stem from jointly determining staffing has been substantially eroded during the pandemic, since under ORS 44.165 hospitals are not required to follow written staffing plans under a state of emergency. No one could have anticipated the conditions created by COVID-19, or the impact of a year-long extended state of emergency on bedside care. HB 3016 will go a long way towards addressing this problem, restoring the principle of joint decision-making in an extended state of emergency, and clarifying the role of the hospital nurse staffing committee during such a situation.

In closing, it's important to stress that hospitals only experience the benefits of nurse participation in policy-making when their input is reflected in action. Having a say, without having an impact, can be profoundly demoralizing, and this is one of the biggest challenges for creating authentic shared governance in modern healthcare institutions.[12]

The mediation, monitoring and compliance role of the Oregon Health Authority (OHA) is meant to ensure joint decisions are made and implemented in a timely fashion, but like most of the state's regulatory agencies, the OHA's capacity was stretched thin prior to the pandemic. COVID-19 has placed unprecedented demands on the authority's resources, including its role in implementing the nurse staffing law.

HB 3011 is designed to correct this problem, and provide much needed resources to the OHA. In the collaborative spirit of the staffing law itself, HB 3011 is supported by both the Oregon Association of Hospitals and Health Systems (OAHHS) and the Oregon Nurses Association (ONA), and will help Oregon make important strides implementing this critical public policy and improving patient care across the state.

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