Salem Health
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Feb. 27, 2023

The Honorable Rob Nosse Chair
House Committee on Behavioral Health and Health Care

Delivered electronically via OLIS

Chair Nosse, Members of the Committee:

Chair Nosse, members of the committee, for the record, my name is Sarah Horn. I am the Chief Nursing Officer for Salem Health Hospitals & Clinics. Our organization includes Salem Hospital (the largest in the state) and West Valley Hospital in Dallas – a Critical Access Hospital. We serve patients in Marion and Polk, as well as Benton, Lincoln, and Yamhill counties. I have been a nurse for over 21 years and am deeply proud of the profession and the care we provide our communities.

I am here to express concerns about HB 2697, and its potential impacts on staff and patients in our community.

First, I want to acknowledge the needs and intentions underlying this proposal. Working in a hospital is demanding work in the best of times, and the last three years have been anything but the best of times. Caregivers across the continuum of healthcare have been asked to do more than was ever imagined. Long-standing failures of the healthcare system have been exposed, and those at the front line have had to step in and fill the gap. Healthcare access and delivery in Oregon is currently not what Oregonians expect, it's not what I expect, and it's not what patients or staff deserve. The moral injury, stress and burnout amongst our frontline teams is real.

I am committed to fixing those problems, both at an organizational level and at a state policy level, but they must be fixed at the root cause, as far upstream as possible, not symptomatically. Staffing ratios are not the remedy, rather they would only contribute to further healthcare system failure. Studies have shown staffing ratios do not improve patient outcomes, and they will not address the fundamental failures of Oregon's health system. System failures are driving the dysfunction that has caused the struggle you will hear about today and tomorrow. HB 2697 would make things worse, not better.

HB 2697 is not just a nurse staffing bill or a ratio bill, but a hospital wide staffing bill. As written, it will impact the care patients in our communities get at every level. Healthcare is a team sport. Like most nurses, I entered this profession because I wanted to take care of people who were hurting as part of a strong, interconnected team. When they are working well, healthcare teams adapt to the needs of patients and staff to provide the best possible

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outcomes. This staffing proposal would disrupt this team dynamic, replacing a nuanced approach to care with a one-size-fits-all staffing model.

More than anything, however, I am deeply concerned about the impact this proposal will have on access to care in Oregon. Over the last year, access to care in Oregon has been eroded, in particular because of staffing shortages and patient needs. Mandatory staffing ratios double-down on the staffing crisis, and do not allow local community hospitals or nurses and the collective care team the adaptability needed to respond to the community need. Mandatory, "at all times" staffing ratios ignore unpredictable surges in community need and natural disasters that could force hospitals out of compliance, subjecting them to extreme penalties.

Oregon's access crisis has appeared in a lot of different forms for patients across the state: longer wait times, shared occupancy rooms, ICUs closing, crisis care guidelines and delayed care. But let me share the most striking example from Salem Health: for the first time since 2008, we have diverted ambulances away from our emergency room.

Salem Health is the busiest emergency room on the west coast between San Francisco and Canada, with more than 100,000 emergency room visits each year. We are a level II trauma center and are the resource hospital for six counties and smaller hospitals and their communities who refer complex cases to us.

Salem Health has long prided ourselves that we are here for our community, and that has meant we never go on divert. We take care of everyone. However, two years of the pandemic compounded with breakdowns in post-acute care have left hospitals as the state's healthcare safety net. Patients are sicker and they stay longer. Even when ready for discharge, there is nowhere to discharge them to. Over the past 6 months, approximately 90 patients per day reside in our acute care beds, discharge-ready and in need of no acute medical care. But due to labor shortages and limited beds in post-acute care settings, they have nowhere to go. As a result, Salem Health spent much of the last three years over 100% capacity. Hospitals are considered full at about 80% because of the normal movement of patients through different levels of care in the hospital. Maintaining care at this high volume of patients has required extraordinary efforts. Among other things, we've been forced to utilize over 330 contract staff in an effort to maintain appropriate safe staffing levels. Even with the extra hands, the volume and required pace of work was unsustainable. So we developed policies to use the only tool that we had left, which is to try to divert any non-critical ambulances away from our emergency room. This was a decision reached in agreement with our nurses and physicians, but it has been painful for all involved. It was a clear reduction in access to care, and a direct result of a labor shortage and healthcare system failure, which directed impacted patient needs.

Now imagine the reality of ratios that do not account for increased patient needs and ratios that require hundreds of additional nurses that are not guaranteed to be in the workforce.

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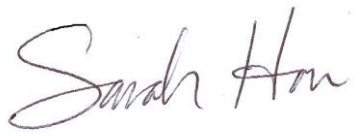
Hospitals will be left with terrible choices between which service lines to save and which must be cut for lack of staff. This is what concerns me most about this bill.

Let me close with a story from a recently hired nurse at Salem Health. This nurse came from a California system, where there are ratios in place. They worked night shifts in California, a time when things are typically quieter, and are now working days at Salem Health. This nurse commented to a co-worker how much they were enjoying the work at Salem Health, particularly because they felt they had more time to spend with their patients, despite working on busier day shifts. When asked to elaborate, they said there was so much more help available to nurses at Salem Health than they experienced in California. Ratios force the hiring of a specific number of specific types of staff, but they don't create the networks of support or the staff members that free nurses up to work at the top of their license. Ratios are a blunt instrument that calcify models of care, rather than moving them forward.

Thank you for the opportunity to share my concerns about this bill.

Sincerely,



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