

Submitter: David Young

On Behalf Of: Portland Jobs with Justice Healthcare Committee

Committee: House Committee On Behavioral Health and Health Care

Measure: HB2697

What is so important about staffing levels on the hospital ward? Is it not just about rest and meal breaks. That is probably just the least of it. It can become the subject of morbidity and mortality conferences.

The studies are in. The patients of union nurses have statistically better outcomes than the patients of non-union nurses. I tell this to physicians. They furrow their brows skeptically. I respond with two words, "staffing ratios." They immediately get it.

When one considers that the nurse is the doctor's eyes and ears on the ward when the doctor cannot be there it all makes sense. Take two groups of patients. The first group includes the four patients of a union nurse. The second group includes the five to six patients of a non-union nurse. Four patients each get twenty minutes per hour of the nurse's time. Five patients each get twelve minutes, twenty percent less.

Which group is more likely to have that spike in pressure or temperature noticed. What about a change in level of consciousness? Which patients are more likely to have that red spot on their spine noticed before it becomes an open ulcer?

The point is that poorer staffing levels adversely affect patient outcomes. The poorer level at non-union hospitals makes it difficult for union nurses to negotiate safer staffing on the next round of contract negotiations. The hospital's response to a request for better staffing? We would love to be able to raise levels but if we did it would put us in a less competitive position than the non-union hospital. A legislatively imposed standard would level that disparity.

Too many nurses return home at day's end with the complaint that they were not able to be a good nurse today. To lower the nurse burnout rate and to raise patient outcomes please pass this legislation for meaningful, safe, and effective staffing levels.