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RE: PLEASE SUPPORT HB 2702

Dear Members of the House Committee on Behavioral Health and Health Care

My name is Windy Sigler and I am a nurse at Asante (Rogue Regional Medical Center).

My hospital occasionally holds town hall meetings where staff gather to hear information and updates. I went to one right after working a weekend where we were 50% staffed on our unit. We had 15 patients, and our staffing plan calls for 3 RNs, 2 -3 CNAs and one unit secretary; we were nowhere near that number. That previous weekend, we had 2 RNs and one CNA for every shift even though we had staff scheduled for our unit, but the hospital was taking them to fill other units.

At this town Hall meeting, a representative of hospital management said, "The goal of the hospital is to remain full, so we can make money and build more buildings."

I think my jaw hit the floor. I asked, "Shouldn't the goal of the hospital to provide safe patient care?" There was no response.

From my perspective, this conflict of priorities is at the heart of our ongoing staffing crisis. Nurses and other frontline health care workers are singularly focused on providing safe patient care. Managers are singularly focused on their bottom lines. There must be a way to refocus the attention of hospital systems on the true goals of health care - helping patients.

HB 2697 is the help we need. It will improve the working conditions for and retention of our nurses and healthcare workers to ensure patient safety and improve health outcomes. For example, ensuring minimum staffing standards are upheld in hospitals would allow nurses more time with their patients so that they can more closely observe them and more quickly respond with lifesaving interventions when needed. Research shows that better nurse staffing is associated with better patient outcomes, increased patient satisfaction, decreased hospital acquired conditions, decreased length of stay for patients, decreased chances for patient readmission, decreased patient mortality, and may help diminish racial disparities. Higher staffing levels were also associated with a reduction in medication errors, fewer pressure ulcers, less need for restraints, decreased infection, and fewer cases of pneumonia. There was also a 14% decrease in risk for in-hospital mortality for every additional one decrease in patient load over 24 hours. That means minimum staffing standards save lives, reduce costs, and improve patient care. And isn't that what we all want our hospital systems to do?

Urging your support,

Windy Sigler