



House Bill 2697

FEB. 27

Becky Hultberg, OAHHS

HB 2697 threatens access to care throughout Oregon

- Takes what is dysfunctional and broken in the current nurse staffing law and replicates it so that it reaches what appears to be nearly our entire workforce
- Adds a one-size-fits-all approach to nurse staffing
- Adds more burdensome administrative processes
- Forces hospitals to face new expansive, excessive penalties

This is a hospital staffing bill, not a nurse staffing bill

Who you'll hear from today:

- **Sarah Horn**, RN, chief nursing officer, Salem Health
- **Ola Bachofner**, RN, Salem Health
- **Kelly McNitt**, RN, director of nursing services, Blue Mountain Hospital
- **Amanda Kotler**, RN, chief nursing officer, Asante
- **Jennifer Gentry**, RN, central division chief nursing officer, Providence
- **Andi Easton**, vice president, OAHHS

Sarah Horn, Salem Health

SALEM HEALTH



Staffing ratios are not the panacea staff or patients need. Studies have shown they 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 have caused the struggle you will hear about today and tomorrow.

Access to care in Oregon has eroded over time:



- Patients are waiting longer for care
- Patients are doubled up in hospital rooms
- Intensive care units (ICUs) are closing
- Patients are delaying care
- **Ambulances were diverted away from the Emergency Department for the first time since 2008**

SALEM HEALTH



Salem Health's ED is busiest between San Francisco and Canada

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 licensure. Ratios are a blunt instrument that calcify models of care, rather than moving them forward.

Ola Bachofner, Salem Health

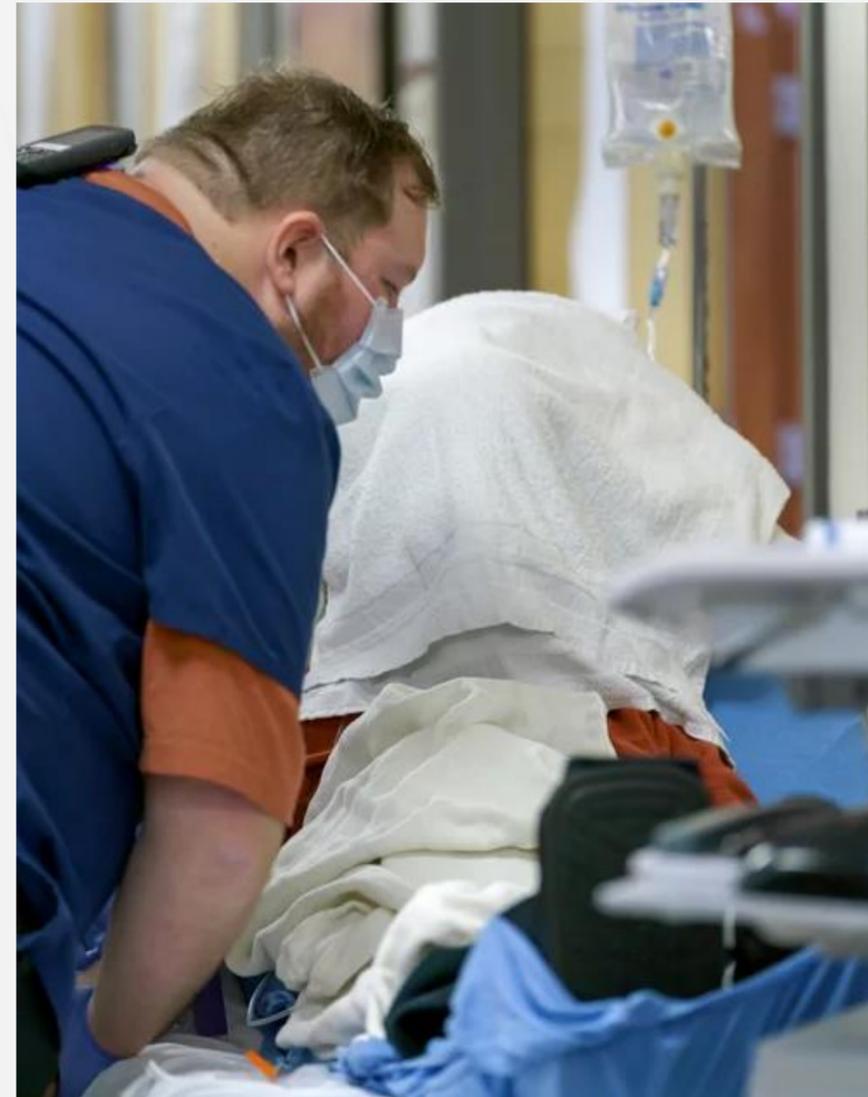
SALEM HEALTH



Salem Health's ED sees more than 300 patients a day

Daily scenarios we face in the Emergency Department:

- **A:** Patient is seen and treated and ready for discharge but has no ride home.
- **B:** Patient is intoxicated and has suicidal ideations. Patient must stay in a room until seen and treated and is able to sober up and talk to a behavioral health provider.
- **C:** Patients come to the ED who are medically stable and need to be seen for non-life-threatening conditions.



SALEM HEALTH

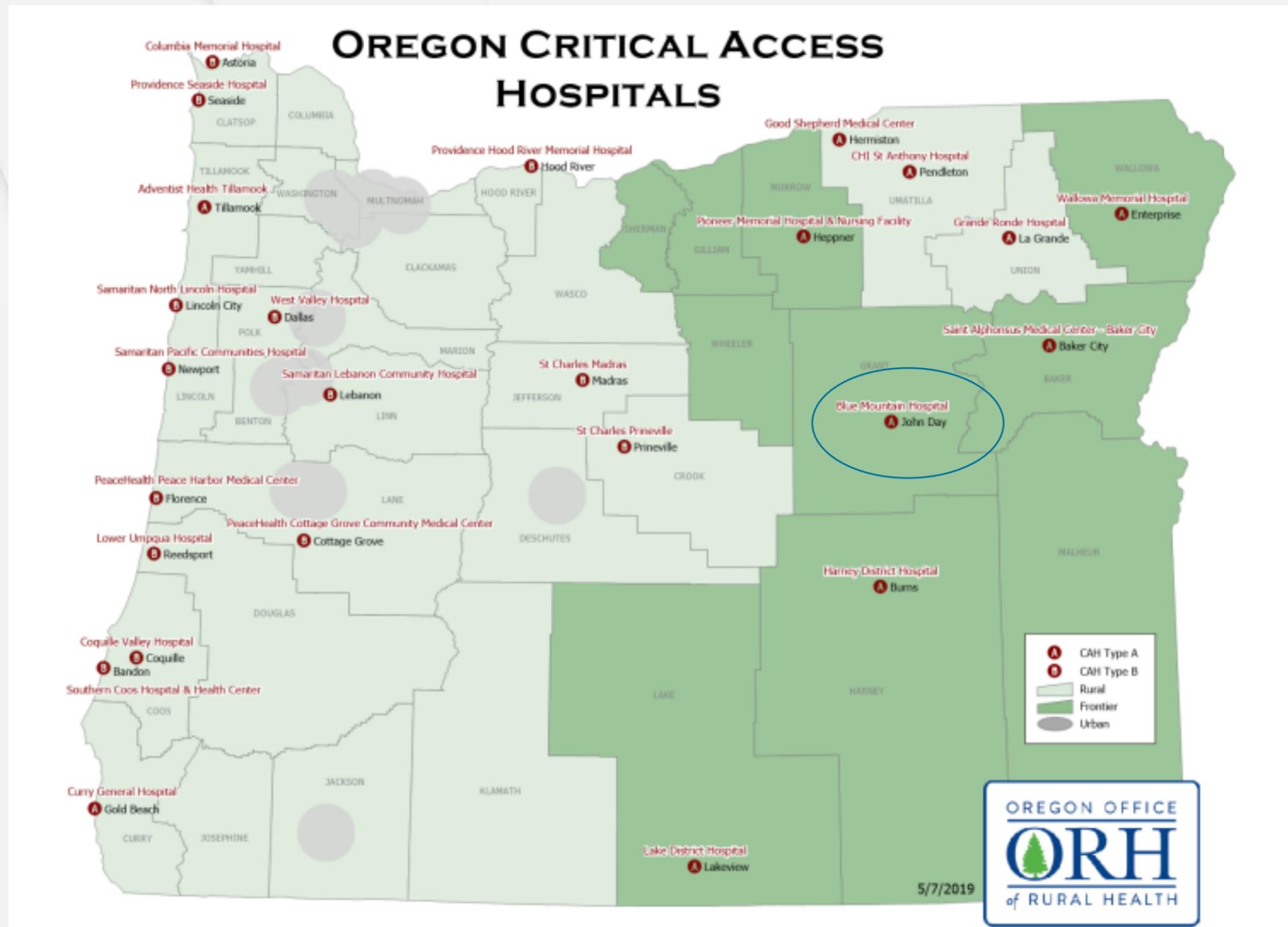


We come to work not knowing what will come through the door

Kelly McNitt, Blue Mountain Hospital

BLUE MOUNTAIN HOSPITAL

Critical Access Hospital serving a county of 7,272 people



BLUE MOUNTAIN HOSPITAL

Each shift: three RNs + one CNA + one ED tech



BLUE MOUNTAIN HOSPITAL

Workforce challenges

35%
OF NURSES ARE TRAVELERS

18
NUMBER OF POSITIONS BLUE
MOUNTAIN IS TRYING TO FILL



Patient care is changing

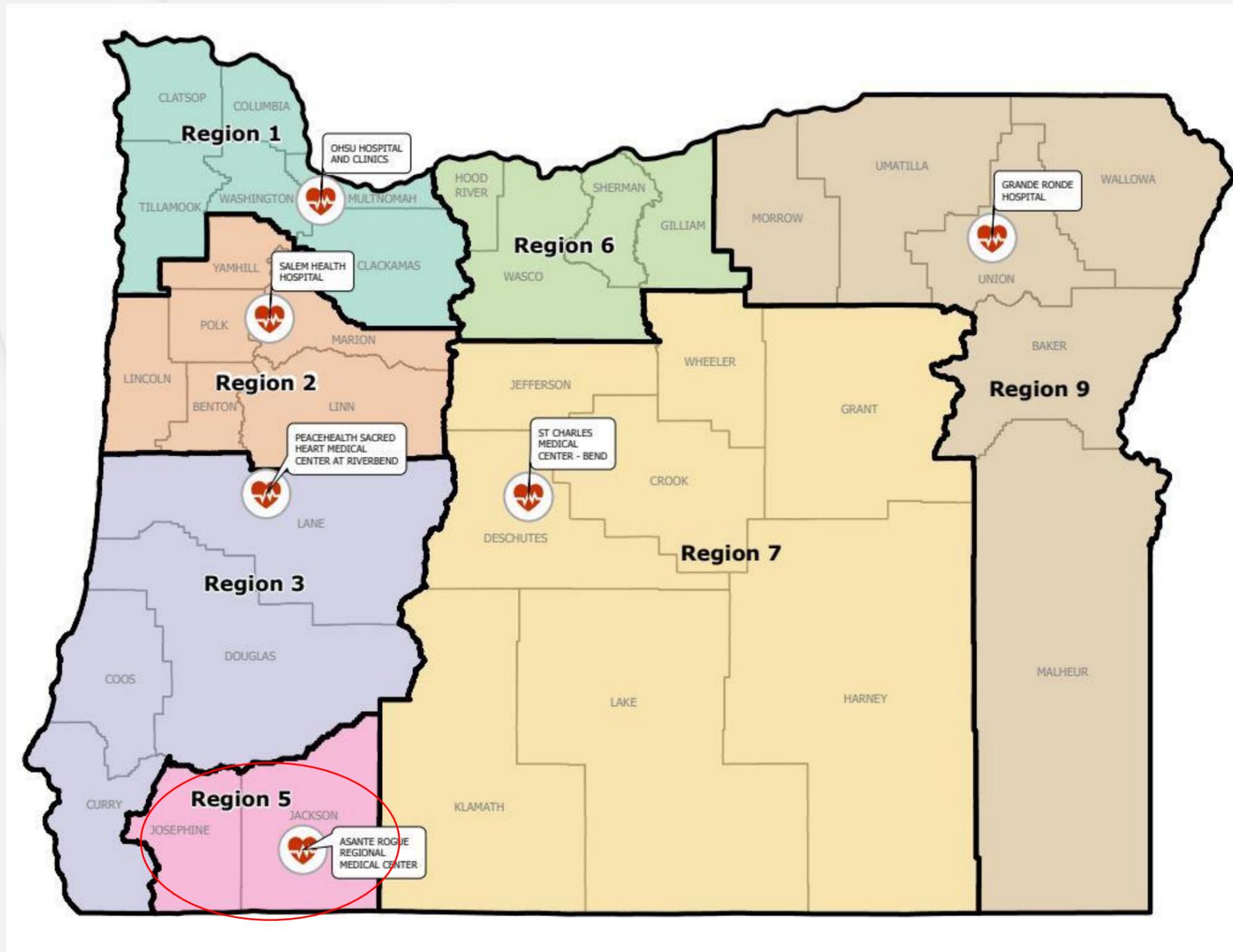


- Patient flow is an issue due to lack of beds in other care settings
- Blue Mountain relies on higher level trauma centers that may not have capacity
- Patients are coming in sicker than they used to
- **HB 2697 would remove autonomy to determine what is best for teams and patients**

HB 2697, as drafted, does not address the workforce shortages we are facing. It is a one-size-fits-all model that does not work for rural hospitals. HB 2697 is also a punitive approach that threatens a hospital's ability to serve the communities it is proud to serve.

Amanda Kotler, Asante

Three hospitals serving southern Oregon, northern California



Pandemic exacerbated nursing shortage



Workforce challenges

829

OPEN POSITIONS AT ASANTE

377

**OF THOSE POSITIONS ARE
FOR NURSES**



Long-term strategies to recruit and retain nurses



- Talent acquisition
- Supporting nurses' transition to practice through academic partnerships
- Career development and support including financial assistance for education
- Care model and nurse practice model innovation

Mandating ratios with stricter standards and shorter timelines for compliance without addressing the root causes of the shortages will force hospitals to limit services. There are also many clinical scenarios that result in surges of patients that we cannot anticipate. Hospitals should be able to respond to disasters accordingly without being limited by ratios.

Ratios could threaten access to care in communities

- Example: 1:3 ratio in Emergency Department
 - How is this operationally feasible?
 - Does this mean hospitals are expected to delay care to comply with the law?
 - Does that mean a nurse who is already assigned three patients can't help respond to a trauma arriving by ambulance?
 - How does this empower nurses and give them autonomy to adjust assignments?
 - What happens to patients when there is no ability to divert or transfer?



Given the current environment of exorbitant labor rates, lack of staff and inability to discharge patients, we are challenged meeting our mission for our employees and the rest of the community. Mandated ratios are not a proven way to improve nurse staffing levels or quality outcomes, especially in the setting of a nursing shortage.

Jennifer Gentry, Providence

PROVIDENCE

At a time of great uncertainty, HB 2697 would require:

- Operationalizing a nurse staffing committee plus three new staffing committees
- Implementing ratios in 12 units
- Subjecting hospitals to strict penalties for a program with so many unknowns



Andi Easton, OAHHS



A nurse working in a neonatal intensive care unit, 1950.



HB 2697 is NOT a recruitment and retention bill

Nurse staffing mandates begin journey through state legislatures

Kelly Gooch and Alexis Kayser - Tuesday, February 14th, 2023



Five states have recently proposed staffing ratios, which would limit the number of patients a nurse could be assigned at once. The battle to pass those measures will likely be uphill.

Proposed Federal RN-to-Patient Staffing Ratios

Based on patient acuity, with the most critical receiving 1-to-1 care.



SB 469 (2015) A model to allow committees to decide safe staffing levels at the hospital

- Shared governance to reflect the unique needs of a hospital's patients and facility type
- To provide a safe venue to constructively address staffing challenges and collaboratively explore new ideas for optimizing patient care
- SB 469 was mutually supported by ONA and Hospital

To impose ratios at a time of staffing shortages beyond the control of any hospital, at a time when many hospitals are in dire straits, would be devastating to the sustainability of health care in our communities. We are deeply concerned that our communities will suffer as a result of this bill.

The Future of Oregon's Nursing Workforce (HB 4003, 2022)

Recommendations in Nine Areas

- 1) **Workforce retention:** the mental health and well-being of Oregon's nurses must be prioritized and supported.
- 2) **Education pipeline:** address declines in the number of applicants and reaffirm the state's commitment to increasing nursing workforce diversity.
- 3) **Education capacity:** expand education capacity to meet Oregon's long-term nurse staffing needs.
- 4) **Clinical experiences for students:** increase clinical placement opportunities to support the education-to-practice transition.
- 5) **CNA education and scope of practice:** assess requirements and consider strategies for streamlining

5

Recommendations in Nine Areas (continued)

6. **Nurse Licensure Compact:** explore benefits and disadvantage to the Compact; consider joining
7. **Nurse staffing regulations:** evaluate Oregon's Nurse Staffing Law and the impact on workload, patient safety, and job satisfaction.
8. **Local solutions to shortages:** address local barriers to recruitment and retention and customize solutions.
9. **Anticipating future shortages:** increase the state's ability to project supply and demand trends in the nursing workforce to allow proactive strategies

We are working with labor partners on an amendment:

- To ensure the voices of direct care workers are heard
- To create standards that are clear and feasible, and that facilitate quality patient care
- To identify enforcement tools that are fair and meaningful

But hospital staffing is only a piece of the larger puzzle that we must solve.





Thank You

Questions?

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