

Submitter: Kristin Harman
On Behalf Of:
Committee: House Committee On Health Care
Measure, Appointment or Topic: HB4074

This measure would prevent nurses involved in patient care to have our voices heard around our concerns of inadequate nursing staff levels to implement the nursing care plan for our patients.

Currently PPMC finance is dictating ,through internal policy, how many nursing staff are allowed on a given shift and day. Necessary care is missed routinely, shortcuts in care delivery are frequent in order to manage care of the nursing care ratio with the inadequate hands on deck. Civil monetary penalties for not having a staffing plan-is the only reason PPMC is even considering collaboration with direct care nurses on the staffing committee to adopt plans that reflect the needs of our dynamic and extreme variation of patient acuity on med-surg floors for a large inner city hospital without a step down unit.

This bill would erase the progress we are currently making on the staffing committee to establish accountable staffing levels that align with the promise Providence markets to our community about the excellent care its employees provide.

Direct care nurses have been trying to work with managers on the committee since the go-live of the original hospital staffing law. If they dont want to pay the fines, hospital administrators need to keep in mind that they have had plentiful opportunity to develop staffing plans with nuring staff, but they have outright refused telling us that ratios are rigid and obligatory and refusing to acknowledge the presence of progressive care patients on acute care, and the need to keep the dependence of nursing levels on provided CNA levels. The current staffing law is a stop sign, it is not a motor or driver of the care dynamics between nursing staff and patients. An actual staffing plan would be be map for us to drive safe staffing and care delivery to patients in hospitals.