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Thank you Madame Chairwoman, members of the Committee.

My name is Maryanne Salm. I am the Political Director for the SEIU Nurse Alliance, representing approximately 4,000 nurses in Southern Nevada.

I am joined by Glenda Canfield, a Nurse and SEIU Nurse Alliance member from California, who was instrumental in winning passage of the Safe Staffing Bill in California and Jerri Strasser a Registered Nurse at UMC who has been practicing nursing for nearly 20 years.

Behind me I'm joined by nurses who support AB 313, a bill that represents the work of thousands of nurses developed with the input of many more thousands of nurses who care for patients at the bedside, in our hospitals, everyday.

AB 313 establishes safe nurse-to-patient ratios that hospitals must meet. These are minimums that are meant to establish a base line of care. The actual staffing plan for any particular hospital must meet these minimums, but must also be drawn up with the input of nurses from various departments in hospitals and must be based on acuity, or the severity of a patient's condition. This bill also places limits on mandatory overtime for nurses. And, there are whistleblower protections for nurses who report violations of the minimum nurse to patient ratios.

ASSEMBLY HEALTH AND HUMAN SERVICES
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SUBMITTED BY: Maryanne Salm

This ambitious proposal presents a broad approach to addressing patient care concerns and our concerns with the mass exodus of nurses from hospitals and the nursing profession, an exodus that is giving rise to a nurse shortage.

Long before there was a nurse shortage, bedside nurses have sounded the alarm – nurses in hospitals are caring for many more patients than they did 20 years ago, and these staffing levels are too low to provide the quality of care patients need to get well. Study after study shows that patient care suffers when there aren't enough nurses to care for patients.

- Linda Aiken reported in 2002 in the Journal of the American Medical Association that for each additional patient over four in a registered nurse's care, the risk of death increases by 7 percent for surgical patients. In hospitals with eight patients per nurse, patients have a 31 percent greater risk of dying than those in hospitals with four patients per nurse.
- JCAHO reported in 2002 that understaffing was a contributing factor in 24 percent of sentinel events, events that are unexpected and lead to patient death or injury in the hospital.
- According to a study by Dr Jack Needleman of the Harvard School of Public Health, in hospitals with fewer registered nurses, patients are 2 to 9 percent more

likely to suffer complications like urinary infections and pneumonia, 3 to 5 percent more likely to have to stay in the hospital longer and 2.5 percent more likely to die

The bottom line is nurses save lives. And when there aren't enough of them, patient care suffers. While hospital representatives, like the lobbyists here today, have pointed to the nursing shortage as an excuse for short staffing in the hospitals, there has been a deliberate, concerted effort by hospital administrators to reduce staffing in the hospitals for more than a decade. Well before the present-day nurse shortage, hospitals were reducing their nursing staff. Responding to financial pressures from the growth of managed care, hospitals began in 1990 to reduce their labor costs with the lay-off of tens of thousands of Registered Nurses across the U.S.

Nurses have documented chronic understaffing in Las Vegas hospitals for more than five years, through Assignment Despite Objection forms and staffing notebooks that tracked staffing over a 30 day period. Short staffing is an everyday problem confronted by bedside nurses, and the problem is reaching dangerous levels.

It should come as no surprise that this deliberate understaffing would take its toll on nurses. The nurses that are left to care for patients are overloaded. They are overworked, experiencing high levels of stress, chronic fatigue and work-related injuries. As a result, Nurses are leaving hospitals and the profession altogether for less demanding jobs.

Last year, our Union conducted a study of nurses who had terminated employment at a union hospital over the last 2 years. When asked why they left their jobs, 72% of those nurses point to working conditions like hours of work, overtime and staffing. In fact, 64% of nurses who left hospital nursing cited staffing as their reason for leaving. We should be concerned that 45% of those nurses who had left hospital work, did not return to work at another hospital. This led us to conclude that there are thousands more nurses who are licensed but not practicing nursing.

Figures provided by the Nevada Hospital Association and the Nursing Board last year, support these findings. In 2001, there were approximately 700 more licensed nurses than vacant nursing positions. **Nationally, Department of Labor statistics indicate that only 82% of licensed nurses work as nurses. Only 48% work in hospitals.**

Overwhelmingly, Nurses are telling us that staffing ratios and limits on overtime, like those contained in AB 313, will help us retain nurses and bring others back to the nursing profession. But this is not limited to anecdotal evidence.

Low nurse turnover rates are found at hospitals with better than average staffing.

According to statistics provided by hospital administration

Turnover Rates for Las Vegas Hospitals from 2000-2002 were

10.3% at UMC

26.9% at Sunrise Hospital

26.2% at Valley Hospital

and 23.5% at Desert Springs

This compares to a national average of about 15%

The Lewin Report asserts that staffing levels are higher than average in many units at UMC, where nurse turnover is lowest.

The California experience is very similar, where Kaiser Hospital, which has already begun implementing nurse to patient ratios, reports low nurse turnover.

And there is further proof that nurse Staffing Ratios Will Bring Nurses Back to the Profession. Glenda will tell you that they have seen an increase license applications as the California nurse ratios are being implemented.

Additionally, In September of 2001 Victoria, Australia implemented nurse to patient ratios. Less than nine months later, the Australian Nursing Federation reported in a July 25, 2002 press release that more than 3,000 nurses have been recruited *back* to the public health system. Victoria, Australia has a population of 4.9 million people, and this represents about a 15% increase in licensed nurses.

In California, Hospitals are beginning to realize the value appealing to nurses with attractive nurse to patient ratios. Kaiser Hospital sent this letter to nurse recruits, citing 4 to 1 ratios in medical surgical departments and 1 to 3 in step down units.

Hospitals like Kaiser realize that in the long run, Staffing legislation and limits on mandatory overtime like those in AB 313 will Save Hospitals Money and Pay For Itself.

Safe staffing ratios will encourage more nurses to stay or return to the bedside, a smarter approach than increasing spending on education alone.

High Nurse turnover costs hospitals money. It is estimated that it costs on an average of \$46,000 to replace one med/surg nurse and about \$64,000 for an ICU nurse according to "The Business Case for Work Force Stability," Voluntary Hospital Association, 2002)

Better retention reduces the need for traveler nurses who cost about \$10 more per hour than permanent nurses.

Better staffing and better working conditions for nurses will save money for insurers as well. According to "The Business Case" hospitals with turnover rates below 12% had lower mortality rates and shorter lengths of stays.

A Harvard School of Public Health Study shows that hospitals with a higher percentage of RN staff had 3 to 6% shorter stays, which saves healthcare costs.

In closing, This Committee has heard a lot of testimony about the nurse shortage, and there are several nurse recruitment proposals being debated. The federal government and our state Legislators are being called upon to increase funding for nursing schools and new nurse recruitment. Before you vote to spend millions of dollars to expand enrollment in nursing schools, keep this in mind: The International Hospital Outcomes Research Consortium released a report two years ago that shows that 33% of nurses younger than 30 planned to leave the profession within a year of graduation, primarily because of working conditions.

I urge you to spend some time after this hearing to speak with the nurses that are with me today. You'll hear how important nursing is to them. You'll also hear the frustration in not being able to give the kind of care patients need to get well – they call it the extra touch. Barb Kahn a Peds nurse in Las Vegas who recently left bedside nursing laments that the time she spends holding the babies in her unit, is as important to their care as administering medication and taking vital signs, yet there is no longer enough time to sit and stroke a babies face, or rock it to sleep. She recently left bedside nursing because it has become less satisfying. In her words, AB 313 is about giving nursing back to nurses.

We urge your support.