



## **November 2, 2022 Press Conference**

**“Save Staffing Saves Lives Legislative Campaign Launch”**

**Prepared Remarks and Supporting Materials**

[www.SafeStaffingSavesLives.com](http://www.SafeStaffingSavesLives.com)

Press Contact: Myrna Jensen, Communications Specialist

[jensen@oregonrn.org](mailto:jensen@oregonrn.org), 907-350-6260

### **Remarks from Tamie Cline, RN, President of the Oregon Nurses Association Board of Directors:**

“Good morning and thank you all for joining us today. My name is Tamie Cline and I am proud to serve as the President of the Board of the Oregon Nurses Association.

This is an important day for all nurses in Oregon. Today, ONA is launching our ***Safe Staffing Saves Lives*** campaign – a statewide campaign to support new legislation ONA is proposing that will address the number one issue facing our state’s health care system: unsafe staffing.

Every nurse in Oregon knows what I am talking about. Every single nurse working in acute care, anywhere in the state, knows what I am talking about. We live the terrible consequences of unsafe staffing levels every single day.

We are forced to pick up extra shifts and work longer hours without rest or meal breaks. Managers assign us unmanageable and unsafe numbers of patients.

We leave work feeling exhausted, physically and emotionally, because we are just not able to deliver the quality of care that our patients, and our communities, deserve. We experience moral injury, we question if nursing is a safe place for us, and we are scared and worried for our patients. Every. Single. Day.

We also know that Oregon had a staffing shortage problem long before the pandemic. COVID simply turned this decades old problem into a national crisis.

From the moment COVID reached Oregon, we put our lives on the line to care for the sick patients who flooded our hospitals.

While administrators and executives worked from the comfort and safety of their own homes, nurses struggled to do our best, without appropriate tools and equipment, in our overflowing ERs and ICUs. Instead of improving working conditions, management threw us pizza parties, encouraged us to “just breathe,” told us to get counseling, called us heroes, took millions of dollars in federal aid, and are now throwing their hands in the air and pleading poverty.

The stress and heartbreak, for many nurses, was just too much. In 2022, more than a quarter of active nurses have quit their jobs. More than 25% of nurses quit their jobs in just this year alone! And more than a third of those who remain say it is very likely they will quit their jobs this coming year.

Is it any wonder, given the conditions at hospitals across the state, that so many of our colleagues have left the bedside in search of safer working conditions, better pay and more respect?

The situation is dire, and without action, things will only continue to get worse. Hospital management has had years and years to take action – we have been calling for change for years and years – but they simply refuse to act. So, yet again, nurses are here to save the day, to be heroes, to find the solution and to take action.

Today, ONA launches our Safe Staffing Saves Lives campaign; a legislative fix, which will be introduced during the 2023 Legislative session, that seeks to address to root causes of our ongoing nurse staffing crisis.

Before we get to the details of the proposed legislation, it is my great pleasure to introduce Allison Seymour who is going to tell you her personal story about the impact of unsafe staffing levels.

Allison?"

**Remarks from Allison Seymour, RN:**

"Hello. My name is Allison Seymour I am a Registered Nurse and a Certified Med Surg RN. I serve on the Oregon Nurses Association Board of Directors as Secretary. I've been a nurse for the past 6 years and currently live in Salem, OR.

Nurses across the state have persevered during the pandemic, but now we are scared. Many of us have suffered significant levels of mental and physical fatigue, exhaustion, moral distress, and burnout. The extreme stress, lack of legally required meal and rest breaks, uncertainty, the surge in care demands, ongoing risk of infections, equipment challenges, staffing shortages, and not staffing to acuity nor intensity per our current staffing law have a price.

I speak today to share my story of poor staffing and burnout in the hope that we can make improvements so I and others will return to the bedside.

Burnout is defined as a workplace syndrome characterized by high emotional exhaustion, a deep sense of cynicism, and a low sense of personal accomplishment. My cynicism with an overwhelmed and underperforming healthcare system that values profits over patients led to hopelessness and despair. Even though I left the bedside a year ago I am still experiencing symptoms, having nightmares about the people that were not saved - their faces are imprinted in my mind.

My identify was so connected to being a bedside nurse that when burnout and poor staffing forced me to leave, I felt guilty, worthless, irritable, and isolated. Then I felt numb, apathetic and suicidal.

The most traumatic shifts were when we understaffed.

I carried the guilt of delays in care and missed care. I would go home wondering if my patients were going to survive the night. Unsafe workloads made me feel my license was in jeopardy. I developed overwhelming anxiety trying to juggle an unsafe workload, trying to care for everyone at once with the care they deserve. I was angry that we didn't have the resources we needed. I felt betrayed when I was

called a hero. I felt betrayed when I was told there wasn't money in the budget for additional staff when new buildings were being built.

With support staff also being understaffed, it was challenging to coordinate cares so patients could get their basic needs met. There were delays getting meals, going to the bathroom, and missed baths.

When people have to wait an extended time, some get upset and even violent. We are seeing violence in all care settings. I have suffered from verbal and physical abuse over many things, like when a patient tried to stab me with a fork over his breakfast being cold. This is not an isolated story - one in four nurses report violence in the workplace.

We need to value the nursing workforce like we value the patient outcomes that nurses deliver. Nurses get into this challenging work because we know we can make a positive difference for people. But we need help, now. We need hope that staffing levels will be safe. If we do, I believe many of us will return to the bedside - return to a job we once loved.

Paige Spence, ONA's Director of Government Relations, will now provide details on our proposed Safe Staffing Legislation. Paige?"

#### **Remarks from Paige Spence, Oregon Nurses Association - Director of Government Relations:**

"Good morning. ONA, in consultation with a wide range of nurse leaders, including our Board of Directors and elected leaders from our Cabinets and Bargaining Units, along with input from our partner unions OFNHP and SEIU, have drafted a bill which will be introduced by Representative Rob Nosse, on ONA's behalf, during the 2023 legislative session.

The bill language is in draft form, so changes and updates are likely to be needed and necessary before the final bill is introduced. And, as we all know, amendments and changes are all part of the legislative process, so the final language is still in the works.

Our proposed legislation has two basic components: First, strengthening Oregon's existing nurse staffing law – a law that ONA leaders across the state made possible - and, second, adding new, important elements like minimum safe staffing standards into Oregon law. The two sides of our legislation will work together to make real, measurable, and meaningful changes for the lives of nurses, and patients, across the state.

ONA's proposed legislation seeks to address three specific issues that are at the root of Oregon's staffing crisis.

**First, enforcement of Oregon's current nurse staffing law and increased transparency.** Because hospitals willfully ignore our current law and the Oregon Health Authority, or OHA, continues to fail in enforcing the current staffing law, we must significantly strengthen enforcement mechanisms. Our legislation does this by replacing the "mediation and impasse" language in the current law with final and binding arbitration between competing staffing plan versions. The bill also gives health care workers and their unions the right to file a civil lawsuit over violations of the law, and creates higher monetary penalties for hospitals that are out of compliance, up to \$10,000 per day, and finally, empowers and REQUIRES the Oregon Health Authority to enforce the law, to complete audits and investigations in a timely manner, and make that information publicly accessible to communities and patients who should be informed of the facts about their local hospitals.

The bill also includes much stricter timelines for staffing committees to submit and approve staffing plans, and forbids changes to staffing plans without staffing committee approval, such as a hospital suddenly announcing “crisis standards of care,” among other key changes.

**Second, rest and meal break protections.** Nurses are chronically missing legally required rest breaks and meal breaks, often due to a hospital’s use of the “buddy system” where a nurse can only go on break if there is another “buddy” nurse able to cover their patients.

These practices must stop so that nurses get the rest and meal breaks they are legally entitled to, and our legislation does so by requiring the number of missed meal and rest breaks to be added to the list of factors nurse staffing committees take into account when making their staffing plans. This bill also requires nurse staffing levels to be sufficient to allow meal and rest breaks and, if nurses miss those breaks, the hospitals will be fined.

**Third, and finally, adequate staffing.** The reason we are here, and the number one concern facing every nurse in Oregon, is the failure of health care systems to adequately staff their units. Our legislation will mandate minimum numerical staffing standards if staffing committees cannot approve their staffing plans. Our legislation will require hospitals to have minimum safe staffing standards – a floor below which no hospital can drop – to ensure there is safe staffing for specific patient populations in specific units.

For example, one RN for every three non-trauma or non-critical care patient and one nurse to one trauma or critical care patient in the Emergency Department, or, in operating rooms, one nurse for one patient, or in a med-surg unit, one nurse to four patients. These are just examples, but our law will state clearly that no hospital can give a nurse an assignment that exceeds those minimum number of nurses per patient and, if a hospital refuses to comply, OHA can levy significant fines.

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We have included a more detailed list of the elements of our bill in your press packets, and that list is by no means exhaustive, but it is important to note that the nurse-to-patient minimum safe staffing standards we have suggested were based on regulations in other states, proposed federal legislation, and an analysis of current staffing practices in Oregon.

We know that the biggest impact on the nursing work environment is the workload of a nurse’s assignment. ONA has carefully analyzed hospital staffing plans and practices across the state and noted that hospitals that staff more closely to the minimums proposed in this law have lower rates of nurse turnover, which, as we know, is the real nurse staffing crisis in Oregon.

ONA’s legislation will give our existing nurse staffing law the teeth it needs to be effective, will hold hospitals, and the Oregon Health Authority, accountable, will ensure nurses get their legally required rest and meal breaks, and will create a minimum safe staffing standard for all units and their unique patient populations – in other words, our legislation addresses the roots of Oregon’s nurse staffing crisis.

Now, I'm pleased to introduce Matt Calzia, ONA's Director of Nursing Practice and Professional Development, to tell you a bit more about how this legislation will improve working conditions for nurses, help staunch the bleeding of nurses leaving our profession, and how it will improve outcomes for our patients. Matt?"

**Remarks from Matt Calzia, Oregon Nurses Association - Director of Nursing Practice and Professional Development:**

"Thank you, Paige. It has been mentioned before, but it bears repeating: this legislation does NOT replace or remove Oregon's existing nurse staffing law.

In fact, our legislation strengthens that law. It is good legislation that *should* be working, except for the fact that hospitals consistently and willfully ignore the law and OHA consistently fails to enforce it. Our current nurse staffing law is good; this new legislation gives it teeth, addresses the key problems of enforcement and accountability – and, we are going a step further in this new legislation - we are adding minimum safe staffing standards that hospitals must adhere to or face serious financial penalties.

And what will those minimum safe staffing standards mean for nurses at the bed side?

Nurses are overwhelmed; they are not able to take rest or meal breaks. Waiting times for treatment grow longer, patients become more frustrated, and workplace violence increases. Nurses grow more exhausted and stressed, and as their mental health suffers, they experience profound moral injuries. Hospitals exploit the pandemic by arbitrarily declaring "crisis" staffing and refusing to follow staffing laws, and state agencies refuse to enforce the laws which allows unsafe staffing conditions to fester.

A recent Oregon Center for Nursing report indicates that 80% of Oregon's nurses are experiencing serious workplace stress, and 70% report being exhausted and burned out. Other national research indicates that upwards of 90% of nurses in this country have considered, or are currently considering, leaving the profession for good.

Our legislation is designed to prevent each and every one of these devastating impacts from unsafe staffing levels.

But more than just the crucial step of improving working conditions, our law will also improve patient outcomes. The research is unequivocal: better staffing standards, like those mandated by our bill, are 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.

And we all know why: minimum staffing standards allow nurses more time with their patients so they can more closely observe them and more quickly respond with lifesaving interventions when needed.

You might be asking, "Won't hospitals just say that there aren't enough nurses to meet these minimum standards?" Yes, they will say that, but they will be wrong.

First, these staffing standards have been used by many hospitals for years and are being used today. In the OHSU day stay unit's 2018 staffing plan, the baseline staffing standard is 1 nurse for every 3 patients. The current standards for the OHSU orthopedics unit equates to 1 nurse for every 3.25 patients

and the General medical unit staffing plan states 1 nurse for up to 4 patients, but they often staff 1 nurse to every 3 patients depending on severity of the illness. The ICU staffing plan at Sacred Heart uses similar minimum standards as our bill, as do rural hospitals like Sky Lakes Medical Center, and others.

Second, Oregon has more licensed RNs than ever before. Between 2019 and today, RN's licensed in Oregon grew by more than 17,000. That is more than the total membership of ONA- the nurses who are staffing most hospitals in Oregon.

Third, everyone must remember that hospitals are the authors of this crisis due to turnover; we know nurses are leaving the bedside at record rates because they are unwilling to work in unsafe and unsupportive environments. Fix the working environment, and you fix turnover.

Combine the number of nurses currently licensed in Oregon with the nurses who would both return to work at the bedside, and *stay* at the bedside when working conditions improve, and you have more than enough nurses.

We all need to be 100% clear: the problem is not that we do not have enough nurses; the problem is there aren't enough nurses willing or able to work in these conditions.

You may also be thinking, "Won't hospitals just throw their hands up in the air and claim they are broke? That they don't have the resources to do this?" And yes, they will say exactly that, because it is what they always say.

Let's remember that no matter how often CEO's cry poverty, hospital systems in Oregon have been making immorally massive profits over the past ten years.

In 2021, Oregon hospitals amassed nearly \$400 million in profits from operations connected to patient care. When you add in non-operating income to the mix, driven largely by hospital investments in the stock market, Oregon's hospitals surpassed \$1 billion in profits in fiscal year 2021. Measured by total profits, 2021 was among the two most profitable years for Oregon hospitals in the past decade. In total, from 2011 through until 2021, hospitals in Oregon amassed more than \$8 billion in total profits.

But, you might be thinking, hospital CEOs say, "this last year has been terrible! The future looks dark for hospitals!" Even OHA recently sent out a press release that seemed to indicate that the wheels had come off hospital financial models...but this is like having a couple of days of rain and then forecasting nothing BUT rain for the next decade.

Yes, there may have been some financial pressure on hospitals recently, due to the COVID-19 pandemic, but health care systems have been making massive profits for decades before COVID, lining the pockets of their CEOs with million-dollar salaries and plowing the excess into the stock market. CEOs also often neglect to mention that they have received millions and millions of dollars in Federal assistance over the past few years. Shouldn't hospitals be investing in their workforce, and in patient care, instead of wall street hedge funds and venture capital projects? Imagine if, instead of putting all their profits into the stock market, hospital execs had instead invested in creating healthy work environments. We would not be where we are today.

But, more than that, the legislation we are proposing will actually **reduce** costs for hospitals. Research from 2014 looked at the impact of nurse staffing levels on patient care costs and concluded that increased nurse staffing is, **at the very least, cost neutral** due to reduced costs associated with fewer

adverse events and reduced lengths of stay.

But there are also massive savings to be found, and those come from reducing staff turnover.

A 2022 study found that the average cost of turnover for a bedside RN is over \$46,000, resulting in the average hospital losing as much as \$9 million annually due to nurse turnover. The same study shows that each percentage change in total RN turnover will either cost, or save, a hospital an additional \$260,000 each year.

With the cost of turnover averaging \$46,100 per bedside RN and the average rate of turnover at 27.1% and many more nurses still planning to leave, prioritizing nurse resources and safe staffing standards should be the top priority for every CEO and CFO at every hospital system in the state.

Finally, implementing minimum safe staffing standards WILL ALSO lead to reductions in patient costs related to length of stay, adverse events, readmissions, and reimbursement for hospital acquired conditions, not to mention the most important benefit: patient health.

In spite of all of this overwhelming evidence that safe staffing improves patient outcomes *and* the bottom line, hospital executives are STILL demanding cuts to nursing to **improve profitability**. Just last week, the PeaceHealth system declared that their levels of nursing are too good to continue, and nurses will need to do more with less so they can be aligned with budgetary goals.

A week earlier, managers from OHSU's medical unit, which has had an incredibly high nursing turnover in the last few years, told nurses they may not staff up for acuity and said "Just because it's busy doesn't mean it's not safe..." It is outrageous. It is immoral. It must stop.

Yes, causes of Oregon's staffing crisis are complex, but the results are, at least for nurses, easy to understand: unsafe staffing.

ONA believes that the legislation we are proposing is a strong, appropriate, affordable, effective, and achievable response to this deadly crisis.

Now, we will happily take a few questions."

::END PREPARED REMARKS::