St. Charles HEALTH SYSTEM

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Via Email: AEaston@oahhs.org

Testifier: Pam Steinke

INTRODUCTION/BACKGROUND:
Chair Monnes Anderson and Members of the Committee, my name is Pam Steinke. I am a native Oregonian and I am a master's prepared registered nurse serving in this state for 35 years.

As a staff nurse, certified critical care nurse, nursing manager, and chief nursing officer I have worked in a variety of environments from the community hospital, critical access hospitals, and a tertiary care medical center. In 2001, I was the Chief Nurse of Central Oregon District Hospital during the initial merger with the Redmond and Bend hospitals. Since 2010 I have been the Chief Nurse Executive of St Charles Health System in central Oregon supporting over 3,000 caregivers to serve a referral area of 33,000 square miles in central and eastern Oregon.

St Charles encompasses all the levels of hospital care I mentioned and has both ONA bargaining unit and non-ONA represented facilities. In addition, I am the 2015 president elect of the NW Organization of Nurse Executives and Nurse Leaders for Oregon and Washington, representing a membership of over 600 professional nurses.

WHY:
I am here today as a committed advocate for safe, quality patient care with support from St Charles, OAHHS and NWONE to ask you to vote no on SB 469 Amending the Oregon Nurse Staffing Law as it is currently written.

On the surface this proposed legislation appears to have redundancy to current law, the reality is it would impose significant changes and costs in the way our hospitals staff to deliver patient care and it does not account for our unique environments or for the changing healthcare industry needs.

As a full participant of the 2005 staffing law implementation I experienced the broad support and collaboration of staff nurses and nursing leaders to put the current law into practice. In the time since the current law was enacted nurses have been supported to network across the state through the development of the Oregon Nurses Staffing Collaborative with resources from ONA, and OAHHS. These avenues allow sharing of best practices, improvement efforts, and of most benefit networking in peer groups. The St Charles Bend staffing committee charter is currently used as a best practice example on the ONA and the OAHHS websites. However, this staffing collaborative has limitations for state-wide inclusive participation due to the perceived union influence.

In central Oregon our staffing committees have made hard decisions using data and research to come to joint agreement on the appropriate skill mix and use of resources for our patient care units. Even when asked for, support and/or timely mediation has not been available from the outside or from the Oregon Health Authority.

Having equity in the mix of front line nurses and management (50/50) at the table for staffing committees is essential for us to reach compromises that are effective in these sometimes difficult situations. Healthcare is in transition which requires organizational strategy and agility to manage human resources and the development of new models of care delivery to be viable for our communities in the future.

I am in agreement with ONA that there is a need for more auditing oversight and resources for support from the Oregon Health Authority. I will give you a recent example of their limited resources and timely action. In January 2015 the Oregon Health Authority "working on a back log of issues" investigated a staffing complaint at St Charles from December of 2013 and a patient complaint from July of 2013. Both of these issues were addressed at the hospital level, at the time they happened. There is no process to timely notify providers of any escalation of issues to the state level. It is a drain on precious resources to spend not hours, but days delving into issues from almost 2 years past.

I disagree that adding more complexity with an additional Nurse Staffing Advisory Board will address this need. It will more likely limit the ability of organizations to manage the costs associated with this bill, potentially translating into cuts in other areas of operations, and a direct loss for our patients. The current staffing law works but requires improved oversight.

It is of importance to acknowledge that patient care is dynamic. Nurses are knowledge workers. They use their professional autonomy, critical thinking, and clinical judgment to meet the individual needs of each patient. Just as each nurses' skill and each patient need is unique so are the challenges for hospitals of varying size and patient demographics. This bill proposes a requirement for posting notices of staff law and listing staff in each hospital unit and patient room which is very troublesome and certainly not patient centric. It would be very onerous with centralized electronic scheduling and is an administrative burden that takes the focus away from patient care. In some situations the posting of on-call staff may raise concerns with staff safety. Care delivery is unpredictable due to fluctuating patient volumes and the levels of severity of patients, meaning that the processes that each

hospital campus uses to adjust staffing are applied not just every day, but every shift, and sometimes every hour.

Providing adequate and appropriate skill mix of staff is essential for optimal patient outcomes. Our nurses rely on their professional autonomy and skills to make critical decisions in real time in order to give the best care. It should also be noted that the nurse is only one component of the broader care team that ensures overall quality and patient safety.

I am aware of the research showing that nurse staffing and education levels are associated with quality patient care, but also know that these research studies are rarely about mandated ratios such as those potentially imposed in SB 469. At St. Charles the strong partnership with front line nurses and leadership is evidenced by patient outcomes. For example:

- St Charles Health System all cause readmission rate is at 6% - compared to the national rate of 16%
- We have had no urinary catheter infections on the Redmond campus for over a year.
- System wide patient harm from hospital acquired conditions has been reduced by over 40% in the past 2 years.

Chair Anderson and committee members I am asking that you consider continuing to support our use of evidence and demonstrated best practices to make the necessary changes in Oregon staffing policy. We

need nurses working with nurses to deliver the optimal care to our patients and the communities we serve. This legislation removes the motivation for nurses and nursing leadership to come to the table, think creatively and jointly arrive at solutions.

For these reasons I urge you to vote against SB 469.
Respectfully yours,

Pamela Steinke,
Chief Nursing Executive and
Vice President of Quality
St. Charles Health System, Inc.