

PeaceHealth Opposes SB 469

PeaceHealth appreciates the opportunity to testify on this proposed legislation.

PeaceHealth is well aware of the union's concerns with nurse staffing at Sacred Heart Medical Center in Eugene-Springfield, and we have been working with the nurse staffing committee and others to actively address them. We've made progress, hiring 150 new nurses in the last year.

SB 469 does nothing to fix the underlying problem. In fact it casts aside the collaborative process we have used for almost 15 years to address staffing issues for our hospitals and clinics. Furthermore, SB 469 may compound a national looming talent shortage that can be traced to two trends: a growing number of retirements and an insufficient number of skilled clinical roles such as nurses coming out of our schools. Oregon already ranks near the bottom in terms of number of nurses graduated per year.

Others can elaborate on the technical and policy shortcomings of SB 469. While we won't belabor that, there are positive things we can do together – unions, hospital leaders, educators and legislators – to make sure our hospitals and clinics have adequate staff for a changing mix of patients: patients who are sicker and may require a more skilled level of care.

If we could wave a magic wand and make one change, it would be to make it easier for out-of-state nurses to transfer their licenses to Oregon. For example, it took *four months* before an ICU nurse we recruited from California had her license approved. In contrast, at our hospitals in Washington state, nurses can get their licenses recognized *in less than a week*.

Other steps we can take to address the nurse shortage problem that leads to staffing challenges is to expand nurse education programs and for Oregon to join the Nursing Compact. Twenty-four (24) states including Colorado, Idaho, Utah and Arizona agree to recognize each other's nursing licenses under this compact.

The ONA often talks about the number of complaints filed by their nurses alleging inadequate staffing. Less well publicized is that their complaints prompted an audit of Sacred Heart by the Oregon Health Authority last spring. There were no findings of inadequate staffing in that investigation.

In addition, objective data from the American Nurses Association's National Database of Nursing Quality Indicators places Sacred Heart RiverBend well above the 50th percentile and approaching the 75th percentile of 824 non-teaching hospitals in the United States for total nursing hours per patient day.

We encourage you not to pass SB 469 and instead focus our attention on ways we can develop and recruit additional nurses to meet our communities' needs. If there are improvements that need to be made to the existing nurse staffing committee process, let's work together collaboratively as we have in the past to resolve them. We owe it to the patients and communities we serve. Thank you.

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