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For the record, I am Mary Botkin representing Oregon AFSCME and the nurses working in Oregon's prisons. We are supporting HB 2804 introduced at our request.

We all know that there are few occupations that bring as much reward as nursing. We should also know that few occupations come with as much stress. Adding to an already stressful position as a professional nurse is working in a correctional environment for the Department of Corrections. Nurses face many physical challenges at ODOC.

- Working with an extremely unhealthy patient population
- Working with clients who don't want to be where they are
- Working short staffed all day every day
- Working double shifts as a requirement not a choice

The men and women who work in our corrections health services programs are required to respond to every inmate health complaint, serious or minor, real or imagined, made up or just connived for a break in routines or the chance of new maybe better drugs. They must follow more stringent protocols than nurses working in a non correctional environment.

- Threats of lawsuits by inmates are a constant and very real concern both financially and professionally. A formal complaint by an inmate could cause an investigation and the possibility of the loss of a nurse's license.
- There is a general lack of support for the work these men and women do. There is little to like about their client population and every treatment is driven by the cost, the need and the legal exposure.

The Department of Corrections has faced budget cuts over the last decade with few add backs for staffing cuts both with security staffing and for the staff that do all the other day to day work. That includes medical staff.

It is hard to recruit medical professionals to work in a prison environment when the pay is significantly less than these professionals could earn in the private sector. Many come for the opportunity to work in a challenging environment and the benefits of a good health and welfare package and the retirement system.

We understand the recruitment and retention issues that plague the Department. Finding medical professionals to work in this environment is challenging. This bill will not cure all the problems faced by the medical professionals working in the DOC but it will require that the ODOC begin to address the chronic understaffing of the nursing staff in every institution. While this legislation is not a complete solution it is a start. We ask you to support this bill and pass it out of Committee.



Hello my name is Dane Koznek. I am a husband and father of one living in district 35. I'd like to thank my Representative Doherty for her work on House Bill 2804.

I work as an Institutional RN with the Department of Corrections for the past 5 years at Coffee Creek Correctional Facility. I take pride in my service to the state and enjoy the daily challenge of working with a difficult population in the ODOC.

During the majority of my time with the department mandates were only used in the direst of emergencies for nurses. Lock downs, riots, and disasters. Times when more staff was needed to maintain safe operations in an extraordinary circumstance. In this type of emergency I would fully expect to stay and help.

Mandates today are being used to fill posts during times of normal operations because of a lack of staff. Being mandated like this is difficult for a number of reasons. Firstly, it happens far too frequently for some shifts. The vast majority of mandates fall on the few nurses who work nights. After arriving at 9:30pm staying awake all night they now have to work a second **very** busy day shift often doing two more medication lines increasing risk for medication errors. I personally work evening shift and have been mandated onto night shift where I find it very difficult to remain awake and alert enough to provide the proper care.

The problem with mandates is, even if you know you could be mandated or are near the top of the list, you still have a life outside of work. I wake up with my son and enjoy activities with him in the mornings before I come to work. If I get mandated while at work I could be awake for 23+ hours before I get back home again only to sleep before my next shift in 7 hours. There is a ripple effect on my family. I don't get to spend time with my wife or son. My wife has to find a sitter on short notice as she is a student. The next day I don't feel rested for my next shift because sleeping during the day is not a restful time period. If I am not fully alert at work this increases my risk for harming a patient by my error for a second day and putting my license and livelihood on the line.

This bill is important to bring ODOC up to the standards of the private sector in protecting both nurses and patients from harm. Being mandated for only four hours with an emergency fifth hour option is much better than a full 16. I can still get home safely and get more sleep for the next day and alleviates the pressure on my family to accommodate a parent that is effectively absent.

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My name is Annette Skillman. I have worked for the Oregon Dept of Corrections in Health Services for 17 years as an Executive Support Specialist 1. I assist Health Services statewide with Recruitment along with various other duties. I am currently and have been the AFSCME Chapter President (Security Plus / Non-Security) at EOCI in Pendleton, OR for the past 6 years.

Due to other commitments; I am not able to testify in person.

While I am not a registered nurse; I support HB2804. In fact; I brought this issue to the AFSCME Political Department and asked them to assist in getting ORS 441.166 – Need for replacement staff and ORS 442.015 Definitions revised to include nurses working in the Oregon Dept. of Corrections.

There are currently 14 states with restriction in law on the use of mandatory overtime for nurses: AK, CT, IL, MD, MA, MN, NH, NY, OR, PA, RI, TX, WA and WV and two that have provisions in regulations: CA and MO.

While Oregon currently has restrictions in law; the ORS states “Health care facility does not mean: (C) A residential facility licensed or approved under the rules of the Department of Corrections”.

Research consistently shows that for nurses, the risk of making a medical error increases when work shifts are longer than 12 hours, when nurses work overtime or when nurses work more than 40 hours per week.

Mandatory overtime is one of the many workplace issues that may be contributing to nurses leaving the workforce. Overtime is defined as the hours worked in excess of an agreed upon, predetermined, regularly established work schedule, as identified by contract, usual scheduling practices; policies or procedures.

As noted in the ODOC Issue Brief (attached); “...staff must remain vigilant because they are often faced with threats of violence and other traumatic stressors that are inherent to working in a correctional environment. In addition, it is often difficult for employees to create a healthy balance between home and work life, due to operational factors such as shift work and mandatory overtime. It is

because of this that DOC employees have some of the highest levels of stress among occupations. In fact, DOC has some staggering statistics.” While the 2012, OHSU (Oregon Health & Science University) study quoted was specific to correctional officers; I believe it also applies to any one that works inside a correctional facility.

In 2002 the inmate to nursing staff ratio at facilities with on-site infirmaries (reminder this is total nursing staffing. They are not all working every shift / day):

Coffee Creek Corr. Facility / CCCF – 22
 Eastern OR Corr. Inst. / EOCI – 94
 OR State Pen / OSP – 99
 Snake River Corr. Inst. / SRCI – 95
 Two Rivers Corr. Inst. / TRCI – 99

In 2015 the inmate to nursing staff ratio is: *Inmate Count*

Coffee Creek Corr. Facility / CCCF – 38	<i>-1685</i>	<i>44-1</i>
Deer Ridge Corr. Inst. / DRCI - 63	<i>769</i>	<i>12-1</i>
Eastern OR Corr. Inst. / EOCI – 79	<i>1625</i>	<i>21-1</i>
OR State Pen / OSP – 59	<i>2054</i>	<i>35-1</i>
Snake River Corr. Inst. / SRCI – 83	<i>2954</i>	<i>36-1</i>
Two Rivers Corr. Inst. / TRCI – 73	<i>1755</i>	<i>24-1</i>

From Jan 2013 to June 2014 these same facilities had the following number of nursing staff leave (let go; resigned; or retired).

Coffee Creek Corr. Facility / CCCF – 15
 Deer Ridge Corr. Inst. / DRCI - 2
 Eastern OR Corr. Inst. / EOCI – 4
 OR State Pen / OSP – 14
 Snake River Corr. Inst. / SRCI – 4
 Two Rivers Corr. Inst. / TRCI – 5

Number of funded nurse positions as of Jan 2015 for the same facilities:

Coffee Creek Corr. Facility / CCCF – 43	<i>21 Vacant</i>
Deer Ridge Corr. Inst. / DRCI - 12	<i>—</i>
Eastern OR Corr. Inst. / EOCI – 21	<i>73</i>
OR State Pen / OSP – 34	<i>65</i>
Snake River Corr. Inst. / SRCI – 36	<i>59</i>
Two Rivers Corr. Inst. / TRCI – 26	<i>73</i>

Nurses are being forced to work mandatory overtime, putting patients at risk and impairing many nurses' job satisfaction.

"The purpose of capping mandatory overtime is for patient's safety and nurses," said Dr. Carol Brewer, one of the lead investigators for a new study, published in the journal Nursing Outlook. "The laws seem to be accomplishing their objective." While patient safety is the main focus of mandatory overtime caps, the study's authors noted that the laws also likely have a positive effect on nurse retention, as they help maintain a healthy balance between nurses' work and home lives.

Most states that regulate mandatory overtime still allow nurses to work voluntary overtime hours; but no adverse action may be taken against a nurse who refuses to work overtime.

The American Nurses Association and the Oregon Nurses Association (ONA) support regulating mandatory overtime for nurses. I have attached the ONA position statement.

Recruiting and maintaining appropriate licensed staff to sufficiently ensure the continuity of nursing care is the responsibility of the facility / ODOC. They are not able to do that without legislative funding for additional staff. It should be noted that the cost of additional staff would be offset by the reduction in overtime.

Passing HB 2804 is good for the ODOC inmate population; the nursing staff and Oregon.

Thank you.

Annette Skillman



Issue Brief

OREGON DEPARTMENT OF CORRECTIONS

Staff Wellness

Overview

The Oregon Department of Corrections (DOC) oversees the management and administration of all adult correctional institutions in Oregon, as well as Linn and Douglas County Community Corrections, with indirect oversight and funding to the remaining 34 counties. DOC promotes the health and well-being of staff members and is working to expand its current Wellness Program. The expansion will create a culture of wellness throughout the department, encouraging employees to work toward living a healthier lifestyle.

The Wellness Program will deliver a platform for all employees that provides access to information and resources that enable improvements in health, physical fitness, stress management, and overall well-being. The Wellness Program is voluntary, easy to use, and will supply information specific to individual needs.

Correctional Worker Health

Currently, DOC has approximately 4,500 employees, the majority of which are employed as correctional officers within its prisons. While Oregon has one of the safest correctional systems in the country, staff must remain vigilant because they are often faced with threats of violence and other traumatic stressors that are inherent to working in a correctional environment. In addition, it is often difficult for employees to create a healthy balance between home and work life, due to operational factors such as shift work and mandatory overtime.

It is because of this that DOC employees have some of the highest levels of stress among occupations. In fact, DOC has some staggering statistics:

- One in three DOC employees has symptoms of post-traumatic stress disorder (PTSD) – a rate higher than that of firefighters and deployed military, and four times that of the general population.
- Research shows that employees exhibiting PTSD-related symptoms have higher levels of tobacco and alcohol use, more health problems, and a higher number of doctor visits and workday absences.
- The effects of all this stress are profound: declining health, high divorce rates, alcoholism, suicide, and shortened life-span.

This issue is not specific to Oregon – it is prevalent among corrections staff throughout the country. And, despite correctional workers across the country having these high health and safety risks, the issue has received limited study. Because of this, DOC has made staff wellness its top agency initiative.

Correctional Worker Health Research

Recent studies on correctional officers conducted by Oregon Health & Science University (OHSU) and Portland State University (PSU) identified a number of concerns pertaining to job-related demands and correctional officer well-being. DOC plans to use the results of these important research studies in its current endeavor to provide an extended Wellness Program for all of its employees.

OHSU Study

During 2012, OHSU conducted a health risk study of 220 correctional officers at four prison sites in Oregon. The study found that, as prison security levels increased, correctional officer stress, unhealthy alcohol use, and missed days of work increased. The preliminary findings are alarming. Staff had:

- High cholesterol
- High triglycerides

- High blood pressure
- High BMI

Despite this, OHSU's findings also suggest that an evidence-based, easily implemented, team-centered health and safety program is suitable for security staff. OHSU piloted such an intervention program among 81 correctional officers. This 12-week program, entitled Healthy Team Healthy U, includes curriculum on nutrition, body weight, exercise, strength training, and stress management. Preliminary results indicate this approach is effective in improving the health and safety of security staff in a cost-effective manner.

PSU Study

PSU conducted a study related to correctional officer stress, well-being, and work-life balance. Approximately 1,331 correctional officers from across the state participated in the study. Data on demographics, psychosocial workplace factors, work-family conflict, well-being, and health behaviors were collected from the surveys. The study identified a number of concerns pertaining to job-related demands and correctional officer well-being. The study found that DOC staff:

- Have high levels of perceived danger and hypervigilance
- Have presence of depressive symptoms and PTSD-like symptoms
- Have high levels of work-family conflict
- Average less than six hours of sleep per night

The researchers also found that family-supportive supervisor behaviors are positively associated with health behaviors and well-being, meaning staff members want a work environment where they feel valued and their family feels valued by their direct-line supervisor. When this exists, well-being increases. When it does not, stress remains high.

Program Goals

Given the difficult working circumstances staff face, combined with the above mentioned research relating to correctional officers, DOC strives to provide the best information available for wellness and overall well-being. Thus, DOC has decided to expand its current Wellness Program and promote wellness to enhance the quality of life for employees. The primary goals of the program

include creating and promoting a culture of wellness within DOC's facilities and encouraging all employees to access and utilize wellness activities and events.

The goal is that, by developing an enhanced Wellness Program, all staff members will be encouraged to take advantage of the health-related information provided by DOC and outside sources to create a more enriched and healthy lifestyle.

**The mission of the
Oregon Department of Corrections
is to promote public safety by
holding offenders accountable for their actions and
reducing the risk of future criminal behavior.**



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OREGON NURSES ASSOCIATION ACTION REPORT

Registered Nurse Fatigue and Patient Safety

Submitted by: Economic and General Welfare Cabinet

Recommended Actions:

The ONA supports the following employer specific actions, to be articulated within bargaining units' collective bargaining agreements, where appropriate:

Professional Self-Assessment of Fatigue

1. Provide policies and opportunities for direct care registered nurses to identify concerns about fatigue, relying upon the professional judgment of the registered nurse to assess their own level of fatigue. Implement policies that rely upon and do not undermine or penalize staff when appropriate concerns about fatigue are raised. These include:
 - a. Appropriate staffing, including encouragement to report understaffing; assuring sufficient numbers of nurses to allow for scheduled time off away from work at a minimum to the time off accrual levels specified by contract;
 - b. Attendance policies that recognize the self-evaluation of the fatigued or sick nurse without penalty of discipline;
 - c. Recognize the impact of fatigue on patient safety and accept the registered nurse's right and obligation to refuse an assignment if impaired by fatigue.

Position Availability and Length

2. Institute provisions regarding shifts that will promote health and enhance work life balance including creative options offering a mix of positions and accommodating schedules including full time, part time, and per diem.
3. Length of regularly scheduled shifts ranging from 4 to 12 ½ hours should be offered on multiple nursing units and shifts. These should avoid positioned shift lengths of more than 12 ½ consecutive hours.

Breaks and Rest Periods

4. Consistent availability and enforcement of uninterrupted meal and rest breaks, which includes staffing strategies that include supplemental assigned staff, whenever feasible, to cover for absent staff during breaks (which otherwise would result in temporary increases in workload to cover for absent nurses).
5. Premium (1 ½ base rate) compensation for missed rest breaks as an employer disincentive for not assuring breaks.
6. The option of combining meal and rest periods for the purpose of taking short power naps (45 minutes or less), particularly for night shift nurses.
7. Provide an environment for sleep breaks to ensure that it fully protects sleep.

Extra Shifts and Overtime

8. Adherence to the mandatory overtime provisions of the Oregon Nurse Staffing Law.
9. Designate sufficient positions and schedules for an adequate number of registered nurses and ancillary assistance to provide quality care and assure that nurses are able to work an appropriate schedule including breaks and without the need to work overtime.
10. Premium pay employer disincentive for scheduling excessive consecutive shifts work assignment regardless of work week (e.g. >5 eight hour shifts; >4 ten hour shifts; >3 twelve hour shifts).

Shift Rotation

11. Prohibition to mandatory or routine position assignment to variable shift start times with a greater variation than two hours (unless paid as call-back). This includes mandatory rotation shift work.
12. A requirement for an employer disincentive premium pay for scheduling consecutive shifts worked with less than 11 hours off between the ending of one shift and the beginning of the next shift.

Background:

This Action Report articulates the Oregon Nurses Association position with regard to patient safety and encourages employers of registered nurses to establish policies and procedures, including contractually binding provisions in ONA bargaining units, that promote healthy nursing work hours and patterns that do not extend beyond the limits of safety for both nurses and patients. It is further intended to give clear direction to ONA's members who bargain collectively to strive to incorporate these recommendations within their bargained contracts and strategies for collective action.

Given the well-documented relationship between nurse fatigue and an increased risk of errors with the potential for compromising patient care and safety, it is intended to clarify the position of the Oregon Nurses Association that all employers of registered nurses should ensure sufficient system resources to provide the individual registered nurse in all roles and settings with:

1. A work schedule that provides for adequate rest and recuperation between scheduled work; and
2. Sufficient compensation and appropriate staffing systems that foster a safe and healthful environment in which the registered nurse does not feel compelled to seek supplemental income through overtime, extra shifts, and other practices that contribute to worker fatigue.

This Action Report is limited in its scope and is not intended to be a comprehensive response to ONA's fatigue initiatives. Accountability for the nurse's own fatigue and the nurse's responsibility to create a culture of safety within their practice setting related to fatigue awareness are acknowledged to be additional factors that are not the focus of this Report. This Report is, however, submitted in support of and consideration given to the American Nurses Association's formal position statements related to both employer and registered nurses' responsibilities assuring patient safety (American Nurses Association).

Implementation:

The Oregon Nurses Association will:

1. Publicize and promote recommendations to ONA staff and ONA leadership, including negotiating committee membership, with the intent that these concepts be utilized as a framework for collective bargaining negotiations;
2. Develop best practice/model contract language based upon recommendations, to be made available to negotiating committees;
3. Forward recommendations to the Cabinet on Health Policy for a framework to utilize when assessing legislative initiatives.

Financial Impact:

Implementation is covered under the regular department operational budgets.

References:

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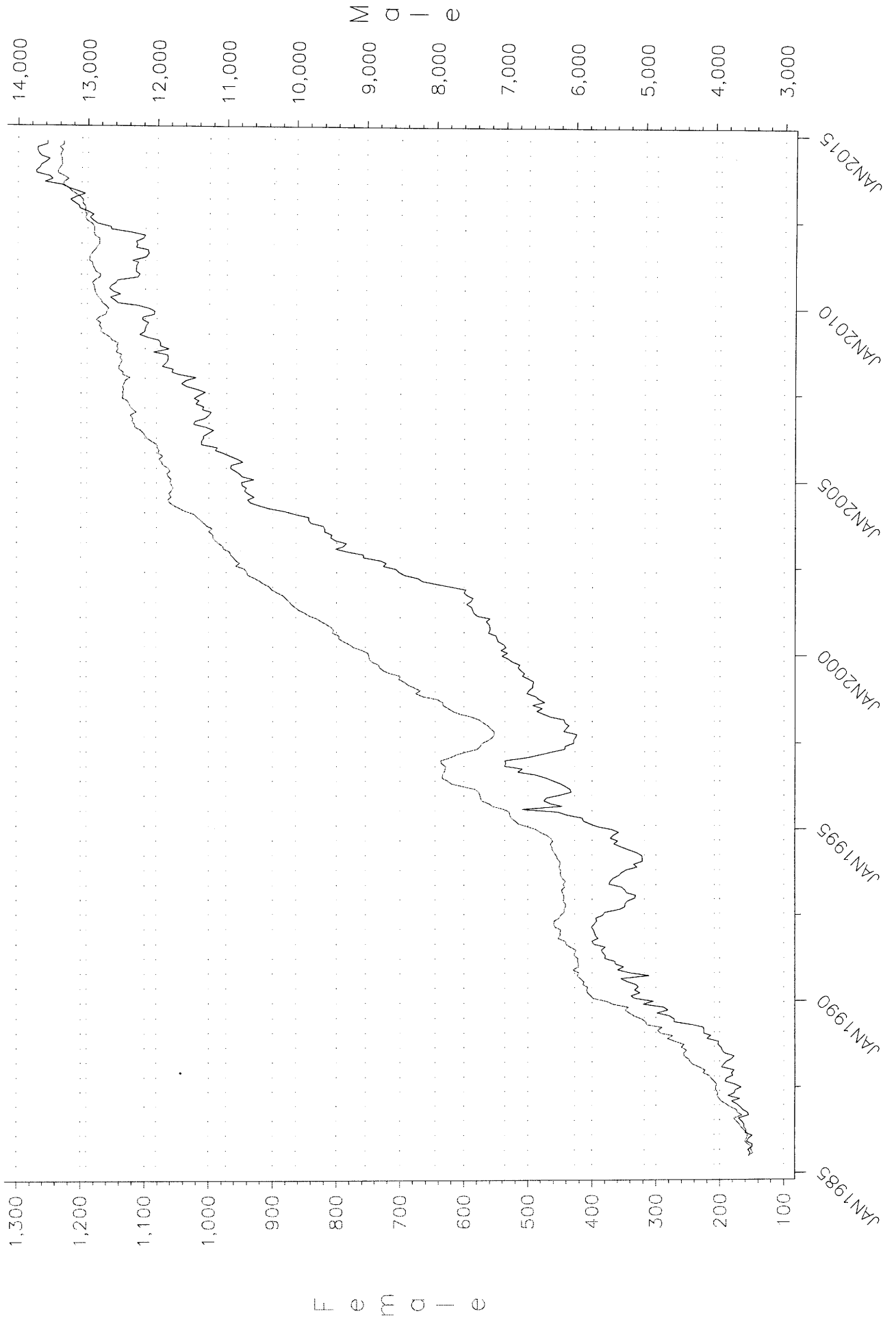
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OREGON DEPARTMENT OF CORRECTIONS

Prison Population by Gender



Correctional facilities employees are potentially exposed to a greater number of on the job risk factors because they house a population against their will with the mission of "contribute[ing] to public safety by actively encouraging and assisting offenders to become law-abiding citizens, while exercising reasonable, safe, secure and human control". Front-line correctional officers (COs) and staff are the employees who are responsible for keeping the facility safe and secure, maintaining the population of inmates and helping to facilitate their rehabilitation. Given the nature of correctional facilities and the service that is provided, the organizations that operate the facilities are characterized by "strict hierarchies...and pervasive bureaucrac[ies]". The organizational structure of corrections and, consequently, the hierarchical relationship between management and staff can cause stress and job dissatisfaction. Within correctional facilities (e.g. prisons, jails), it is estimated that 37% of staff experience job stress and burnout. This is significantly higher than the estimated 19-30% in the general working population. Cos and staff who experience symptoms of stress and burnout have the potential to show a lack of motivation and a lack of commitment, resulting not only in decreased organizational commitment, but also in an increase in counter-productive attitudes and behaviors. Counter-productive attitudes and behaviors compromise the safety and security of the correctional facility as well as inmate rehabilitation. An example of a counter-productive behavior is aiding and abetting inmates in carrying out criminal behavior from within the prison.