

Feb. 23, 2021

House Committee on Health Care
900 Court St. NE – Remote B
Salem, Oregon 97301

RE: HB 3016 – nurse staffing committees

Chair Prusak and members of the House Committee on Health Care,

I am writing to express Salem Health's opposition to HB 3016. This bill adds additional and unnecessary demands at the moment when organizations like Salem Health are laser focused on responding to crisis. Existing law already sets clear standards for staffing requirements and staff committee meetings during emergencies, and any additional regulation just hinders nimbleness and flexibility when we need it most.

Over the last 18 months, Salem Health has responded to more emergencies than I thought I would see in a career. At times, we have had multiple incident command teams operating at the same time, each responding to the dynamic changes of a pandemic or a fire or a supply shortage or an ice storm. Through several surges, Salem Health has cared for more than 1,100 COVID positive hospitalized patients over the past year, one of the highest counts in the state. But no matter what has come our way, we have continued to adapt and to care for our patients. I could not be more proud of the resilience, skill and ingenuity displayed by those I work with and lead.

Salem Health believes that our staff are our most valuable resource. If we are not protecting and caring for our staff, we cannot care for our patients. To this end, we have a very intentional culture of shared leadership and decision-making that ensures problems are solved starting at the front line. This goes beyond a mere meeting, and prioritizes relationships and mutual respect. On this foundation we have built dynamic processes with our staff to meet our common goal: healthy patients.

Here are some examples of what this shared decision-making looks like in times of crisis:

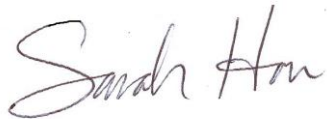
Our existing nurse staffing committee wrote an organizational standard for how we approach surges and respond to emergencies. This guides our approach. While the current nurse staffing committee law requires quarterly meetings, our committee meets every other month, beyond the demands of the law. For a facility like Salem Health, with many nurse specialties, the logistics and time commitment to hold a nurse staff committee meeting are consuming. This is prohibitive during a crisis, when we have existing plans in place to incorporate front-line

input. For example, within four days of standing up our incident command response to the pandemic, we incorporated charge nurses into our daily incident command huddles. This embedded front line nurses into the decision making process, bringing an intense cycle of planning, implementing, checking and adjusting to the daily workflow. Two-way communication with nursing staff meant that we could re-write policies as often as the situation required, based on their feedback. We also hired traveling nurses and instituted incentive pay to meet patient care needs. And when elective surgeries were canceled and others in the country were laying off hospital staff, we didn't lay off a single person, knowing that they might be needed in a later surge, and they were.

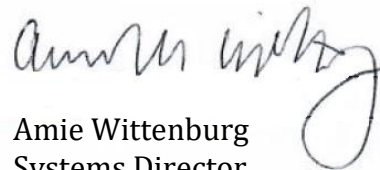
State and federal authorities recognized the need for increased flexibility last year, providing regulatory waivers in order to give hospitals increased nimbleness in crisis. These waivers gave us the ability to plan for and respond to surges in ways that we would not otherwise have been able, like utilizing non-traditional bed space if it became necessary. This bill is a step in the opposite direction: additional, unnecessary regulatory burden at a time when hospitals need less.

Thank you for your attention.

Sincerely,



Sarah Horn
Chief Nursing Officer
Salem Health



Amie Wittenburg
Systems Director
Emergency Department, Imaging, Lab,
Psychiatric and Trauma Services