



March 2, 2023

Honorable Rob Nosse, Chair
House Committee on Behavioral Health and Health Care
Oregon Capitol, Salem Oregon

RE: PeaceHealth concerns with HB 2697

Greetings, Chair Nosse, Vice Chairs Goodwin and Nelson, and members of the committee:

My name is Michelle James, and I am the Sr. Vice President of Patient Care Services and Chief Nursing Officer for PeaceHealth. PeaceHealth has significant concerns with House Bill 2697 as it is currently written, and I appreciate the opportunity to share my comments on specific provisions of the bill.

First, I want to express my profound gratitude for all the incredible caregivers who have answered the call to serve through the most trying times in our personal and professional lives. As a nurse I know that nursing is privileged work, and I feel grateful that I also was called to serve. Being a health care professional, let's be honest, is difficult right now. More than ever we need to work together to find solutions to support our caregivers and improve the care environment.

HB 2697 proposes inflexible ratios and expanded staffing committees that we do not foresee as solutions to holistically bolstering the health care workforce and care setting.

- I believe we need to rally behind solutions that allow for innovative care models and flexibility for nurses and caregivers. The proposed nursing ratios and "at all times" language is likely to stymie all flexibility we need to implement new models of care. Team based care is a good example of how the model of care has evolved over time to allow nurses to operate at the top of their license within a care team. We fear statutorily defined ratios may limit future innovations in care delivery.
- The proposed staffing ratios will affect patient access to care. In addition to causing delays in access, statutorily defined ratios may force health systems to shutter beds if nurses are not available, or if nurses lack the flexibility to respond to changing clinical circumstances.
 - Today lengthy wait times and other delays are exacerbated due to patients boarding in our hospitals that no longer require acute hospital care services. The community resources-to-need delta is causing increased length of stay for individuals who do not need medical care and our emergency department is operating at max capacity. Our focus at this time in post COVID recovery ought to be on supporting the entire system of care and focusing on creating access for patients to be cared for in the right setting at the right time in the right place. Challenges in post-acute discharges have become a public health crisis.
- PeaceHealth hospitals implement staffing plans that include core staffing needs for the patient care area based on acuity/unit and care needs of the patients. Those plans can flex based on volumes of patients. Staffing decisions are often adjusted as needed throughout the nurses' and other caregivers' shifts. Despite our diligent efforts, our hospitals currently have numerous nursing and CNA openings, as well as other caregiver vacancies to fill.



- If hospitals must close inpatient beds to meet the proposed staffing ratios this will increase wait time and boarding in the ED which is not good for patients, nurses and caregivers, or our communities.
- HB 2697 as written, adds incredible administrative staffing committee burden to an already stressed system. I am also concerned about the enforcement. This bill does nothing to address the inconsistent messaging and rules interpretations applied by OHA causing lost time away from further supporting our nurses and continuous quality improvement in our hospitals.
- At PeaceHealth we are focused on nurse retention. For example, the Professional Practice Advancement Program (PPAP) is designed to recognize our nurses for their passion in nursing, aid with advancing higher education, professional development, leadership on improvement teams and certification programs. PeaceHealth also supports shared leadership and has structures and processes in place to ensure nurses have a voice in their practice.
- PeaceHealth is proud of our Nurse Residency programs for new graduates. Our program is designed to compassionately transition novice nurses into practice with structured mentoring, curriculum and precepted hours for the first year of nursing practice. Additionally, our Fellowship program supports nurses' transitions to specialty practice.

In closing, PeaceHealth is opposed to House Bill 2697 as currently written. If this bill is to pass, we would ask at a minimum that it be amended to allow maximum flexibility to staff to the acuity and needs of each patient, that ratios are tied to nationally recognized best practices, and that staffing committee processes are simplified versus the added complexity suggested in HB 2697. I would also suggest this includes the OHA survey process too.

Sincerely,

Michelle James (signed electronically)
System VP Patient Services, Chief Nursing Officer

