Patient Safety Act

4/30/2023

Dear House Health Committee Members,

Nurses across the Commonwealth have been sounding the alarm for decades: There are not enough nurses at the bedside. What this means in ERs and on hospital floors across the state is that nurses are routinely, even strategically (in an attempt to enhance profits) being asked to care for more patients than is safe for either the patient or the nurse, and RNs are fleeing the bedside as a result.

This is a crisis for all Pennsylvanians – a crisis only the Patient Safety Act (and the patient safety standards it puts forth) will fix.

Decades of research and the results from the places where patient safety standards have already been implemented have repeatedly shown that they work – and, in fact, that they are the only strategy that works to ensure a basic level of care in every hospital in the state, no matter the size or the location of the facility. That is our goal and the goal of the Patient Safety Act.

Representing more than 100,000 nurses across the Commonwealth, we implore the members of the House Health Committee to consider the Patient Safety Act and all it brings to Pennsylvanians in every corner of our state.

1. **The Patient Safety Act will save lives.** The link between nurse staffing and improved patient outcomes has been proven by decades of academic research and in practice where ratios have been implemented. Safely staffed hospitals have lower mortality rates, lower length-of-stays, and lower hospital readmissions. In fact, for every patient added over four per nurse, the risk of a surgical patient dying increases by 13 percent.

2. **The Patient Safety Act will save hospitals money.** Research from areas within the United States and internationally where basic patient safety standards have been implemented has shown that the cost savings from reductions in length of stay and readmissions alone are more than twice as great as the cost of hiring additional nurses. Plus, those cost reductions come immediately once additional staff are in place. These are not long-term cost reductions, they happen right away.

3. **The Patient Safety Act will fix the nurse staffing crisis – in fact, it's the only approach that will.** Pennsylvania has a significantly greater supply of nurses than the national average and most other states. What we don't have – and haven't for many years – is enough RNs willing to risk their licenses and mental health to work in the dangerous conditions at the bedside created by short staffing. Understaffing is the single biggest cause of nurse burnout and the reason nurses are leaving hospitals faster than they can hire them – it's a revolving door. There are currently about 233,000 RNs in Pennsylvania, yet only about 149,000 are employed at the bedside. You can educate and train all the nurses you want, if more are leaving than are coming in, you are not going to solve the bedside staffing crisis in PA.

   In the decade after patient safety standards were signed into law in California, the number of actively licensed RNs there grew by more than 110,000, tripling the average annual increase that

was occurring prior to the law being passed. The state had been facing a nursing shortage, but after mandating safe staffing standards in 2004, the nursing shortage gradually but consistently improved as well, and California has enjoyed a nurse surplus since 2013.

The fact that there is no safety standard for the number of patients a nurse can have in Pennsylvania is a blind spot in our regulations. Childcare has ratios. Nursing homes have ratios. Why shouldn't hospitals, where the stakes are so much higher? Every day that goes by and we don't have this in place, more nurses will leave the bedside and more Pennsylvanians will die.

No one wants to see Hospitals succeed more than nurses. We know some Hospitals are having a hard time financially and some may need some help. But it is the responsibility of this body to ensure that patients are safe and receive excellent care in every part of Pennsylvania, no matter where the facility is located or whether it's a small community hospital or a large urban medical center.

Every hospital in Pennsylvania needs to be safe. The fact that some hospitals need money is not a reason to not put in place basic safety standards that are proven to work, proven to save lives, proven to save money, and proven to keep nurses at the bedside.

We cannot afford not to act.

Sincerely,

Nurse Alliance-SEIU Healthcare PA
Nurses of Pennsylvania
Pennsylvania Association of Staff Nurses and Allied Professionals (PASNAP)
Pennsylvania State Nurses Association (PSNA)
JNESO
AFSCME District Council 13
HPAE

MEADVILLE MEDICAL CENTER

May 1, 2023

The Honorable Kathy L. Rapp
Pennsylvania House of Representative
312 Main Capitol Building
PO Box 202065
Harrisburg, PA 17120

RE: Opposition to Nurse Staffing Ratios

Dear Representative Rapp,

On behalf of Meadville Medical Center, I write to express our very strong opposition to HB 106, proposing to mandate ratios for a direct care registered nurse to a set number of patients. This legislation would impose inflexible nurse-to-patient ratios in Pennsylvania, having a negative impact, especially in rural and underserved communities.

We are in a healthcare workforce crisis, and there are not enough providers to meet Pennsylvanians' growing need for care. While this is a national challenge, our commonwealth is projected to have the worst shortfall of nurses among all 50 states.

A recent survey of Pennsylvania hospitals found 31 percent average vacancy rates for registered nurses who provide direct patient care. The top barrier cited for filling these positions was a lack of qualified candidates.

At Meadville Medical Center, we are experiencing prolonged record high levels of vacancies across all disciplines, especially in search of registered nurses.

Mandating nurse-staffing ratios in hospitals will not produce more nurses. Instead, it will almost certainly increase wait times in emergency departments and hospital admittance. It will very likely force hospitals to reduce the number of available beds or close whole units. In the worst-case scenarios, it may contribute to hospital closures and further health disparities in rural communities where access to care is already not on par with those Pennsylvanians living in metropolitan areas.

There are very likely scenarios where a four to one patient to registered nurse ratio in the emergency department will lead to longer wait times, patients having to wait outside of the emergency department, and care being delayed. During peak volumes and when census spikes, our health system may not be able to achieve these ratios, and patients would be unable to receive emergency care.

Focusing on ratios misses the point, and one-size-fits-all statewide mandates place unnecessary barriers between caregivers and the patients who need them. Had these measures been in place during the recent pandemic, the result would have been catastrophic in our community.

At Meadville Medical Center, we are doing our best to address the workforce shortage while continuing to provide exceptional patient care. Very expensive contract nurses currently staff much of our emergency department, and without them, we would be unable to conduct business as normal. However, the cost to contract with these nurses can be as much as five times as expensive as an employed registered nurse. We cannot afford to continue doing this long term. HB 106 would jeopardize not only our staffing levels but also our long-term financial viability.

Pennsylvania needs a comprehensive strategy to grow the number of nurses. We can increase classroom and clinical learning opportunities in nurse education programs; develop incentives to attract more nurse educators; invest in initiatives that draw more people to healthcare careers; make healthcare education more affordable and accessible to students, including those interested in mid-career transitions; address licensing delays; decrease administrative burdens so health care professionals can focus more time on patients; and create a statewide health care workforce council to ensure that state government is working effectively across agencies.

These solutions will actually bring more qualified nurses—and other healthcare professionals—to the bedside without sacrificing access to quality health care for Pennsylvanians.

Please oppose HB 106.

Sincerely,

Philip Randolph
President & CEO
Meadville Medical Center

TOWER HEALTH
Advancing Health. Transforming Lives.

April 28, 2023

The Honorable Dan Frankel, Chair
The Honorable Kathy Rapp, Republican Chair
The Honorable Jessica Benham
The Honorable Timothy Bonner
The Honorable Stephanie Borowicz
The Honorable Lisa Borowski
The Honorable Mara Brown
The Honorable Elizabeth Fiedler
The Honorable Dawn Keefer
The Honorable Tarik Khan
The Honorable Bridget Kosierowski
The Honorable Rick Krajewski
The Honorable La'Tasha Mayes
The Honorable Danielle Friel Otten
The Honorable Leslie Rossi
The Honorable Benjamin Sanchez
The Honorable Paul Schemel
The Honorable Melissa Shusterman
The Honorable Timothy Twardzik
The Honorable Arvind Venkat
The Honorable David Zimmerman

Dear Members of the House Health Committee:

On behalf of the patients and communities served by the Tower Health hospitals—Reading Hospital, Phoenixville Hospital, Pottstown Hospital, and St. Christopher's Hospital for Children—I am writing to express strong opposition to any legislation that would mandate nurse staffing ratios for hospitals in Pennsylvania. This legislation could cause hospitals to eliminate jobs and could weaken hospitals in underserved and rural communities across the state.

According to a study by the National Council of State Boards of Nursing and the National Forum of State Nursing Workforce Centers, 800,000 nurses working today plan to exit the workforce by 2027. That equals about 20 percent of all nurses working today. At the same time, enrollment in both hospital-based nursing schools and college-based degree programs is declining.

Mandating ratios will not magically generate more nurses, nor will it stem the decline in the nursing workforce or strengthen the enrollment needed to restore the pipeline of new nurses to meet current and future demand.

As of this month, Tower Health has approximately 295 open RN positions for which we are seeking to hire. Mandating staffing ratios will increase the competition among health systems for hiring nurses, will hurt hospitals and health systems with fewer financial resources, and will drive up healthcare costs overall. The increased costs of mandated staffing ratios will ultimately be passed onto patients and employers. Mandated ratios can also negatively impact patient and nursing satisfaction.

Like many other hospitals in Pennsylvania and nationally, our hospitals struggled to recruit and retain nursing staff during the COVID-19 pandemic. Hiring trends are improving and we are making progress toward returning to pre-pandemic levels of nursing turnover and use of contract nursing staff. Turnover of nursing staff in the last year has improved at all our hospitals, declining in some cases by up to half.

We have a strong incentive to hire and retain permanent nursing staff. The average hourly wage for an employed nurse is approximately $47 - $50 per hour. By contrast, contract nursing costs currently average approximately $125 - $150 per hour, varying by clinical area.

TOWER HEALTH
Advancing Health. Transforming Lives

Tower Health has implemented multiple programs to encourage nurse recruitment and retention. Just a few of these include:

- Recruitment, sign-on bonuses, and increased hourly rates and shift incentive programs.
- A shared governance model for nursing practice at our hospitals, including robust Staffing & Scheduling Councils made up of over 50 percent bedside nurses.
- Career and leadership development programs.
- Educational support via training, mentorships, tuition reimbursement, and scholarships.
- Clinical Ladders to promote professional advancement with enhanced compensation.
- Nursing co-op learning opportunities through Drexel School of Nursing, and outreach to Schools of Nursing to promote clinical rotations and exposure to career opportunities within our hospitals.
- Redesigning care delivery to emphasize a team-based approach that incorporates non-RN staff and allows all roles to practice at the top of their license.

At Tower Health hospitals, nurse staffing ratios are determined by patient need and acuity level, and follow guidelines developed by professional nursing organizations and benchmarked by the National Database for Nursing Quality Indicators (NDNQI). The effectiveness of this staffing approach is seen in our hospitals' consistently outstanding quality ratings and the Magnet® designation earned by Reading Hospital and St. Christopher's Hospital for Children. Reading Hospital has also been named one of the Top 50 Hospitals in America by Healthgrades®. We have achieved this level of excellence without state-mandated nursing staffing ratios.

Literature shows that mandated ratios do not demonstrate improved quality metrics, patient outcomes, or improved staffing effectiveness. Mandated ratios have also been shown to increase patient wait times in Emergency Departments and the number of patients who leave EDs without treatment, since admitting an additional patient could exceed a nursing unit's mandated ratio.

States that have enacted nurse staffing ratios have seen a reduction in non-RN nursing staff—such as patient care techs, nutrition workers, and transporters—as hospitals require RNs to pick up these responsibilities to maintain staffing ratios. This increases RN workloads and forces them to work below their level of training and expertise—a major job dissatisfier. In addition, the individuals who fill these unlicensed assistive personnel roles often pursue education to become an RN. The loss of these positions will represent reduced opportunity for traditionally marginalized groups.

Mandating nurse staffing ratios will not benefit patients, communities, or hospitals. If the Legislature is truly interested in supporting nursing in the State, we strongly encourage you to:

- Support public education campaigns to promote nursing as a rewarding and innovative career. Campaigns could target underrepresented groups to encourage interest in nursing careers in minority communities.
- Support programs to increase nursing school enrollment, such a scholarship support or tuition incentives.
- Improve reimbursement for hospitals that pay nursing salaries, especially from public payer programs like Medicaid, which will improve access to nursing by the State's most vulnerable and underserved communities.

TOWER HEALTH
Advancing Health. Transforming Lives

Unlike mandating nurse staffing ratios, these steps will bring more qualified nurses—and other health care professionals—to the bedside without sacrificing access to quality health care for Pennsylvanians. I urge you to oppose any legislation to impose nurse staffing ratios.

Thank you,

P. Sue Perrotty

P. Sue Perrotty
President and CEO

CC: Patty Mackavage
Erika Fricke
Mike Siget

Geisinger

House Health Committee Public Hearing
Written Testimony on House Bill 106
May 2, 2023
By Janet Tomcavage, RN, MSN
Executive Vice President, Chief Nursing Executive

I thank the House Health Committee Chairman Dan Frankel and Chairwoman Kathy Rapp for the opportunity to provide written testimony as part of today's packet of information highlighting the challenges we are facing in the healthcare community around staffing. My name is Janet Tomcavage, RN, MSN, Executive Vice President, Chief Nursing Executive, for Geisinger.

Geisinger is an integrated health system committed to making better health easier for the more than 1 million people it serves across the entire Commonwealth. Founded more than 100 years ago by Abigail Geisinger, the system now includes 10 hospital campuses, a health plan with more than half a million members, a research institute and the Geisinger College of Health Sciences, which includes schools of medicine, nursing and graduate education. With more than 25,000 employees and 1,700+ employed physicians, Geisinger boosts its hometown economies in Pennsylvania by billions of dollars annually.

Nursing workforce challenges
We are facing significant and complex issues in the healthcare workforce arena. I'm going to share my comments to the multifaceted issues in the nursing field and how that is impacting staffing concerns now and in the future, as that is the primary focus of this legislation.

First, we must acknowledge there has been a direct impact from the recent COVID-19 pandemic. Many of the underlying issues have been clearly evident over the last decade; however, they have been accelerated by the challenges related to COVID. COVID has spurred earlier retirement, it disrupted the labor market and it temporarily impacted nursing school recruitment. But it also demonstrated new opportunities – nursing teams drove innovation and tested new models of care. It highlighted the ability of healthcare to think differently about how we deliver inpatient nursing care.

Let's focus on what we do know about registered nurses and the larger nursing team:

- RNs are leaving the inpatient hospital setting.
- 50% of our RN workforce are over 50-years old.
- Professional opportunities abound for nurses (nurse practitioners is one example).
- Inpatient care is high acuity and therefore is extremely stressful and we see nurses burning out
- The inpatient setting is 24/7 impacts work-life balance (nights, weekends, holidays).
- Workplace violence in hospitals is of critical concern – nurses face almost daily bullying and physical harm.
- We face growing competition in the job market not just from other healthcare organizations but from non-traditional job markets (less stressful jobs in other roles with equivalent pay).

- Schools of Nursing faculty are paid poorly and therefore are sharply declining thus impacting ability of schools to enroll.
- Physical space for laboratories is shrinking and clinical rotations are not keeping up with the demand for high quality student experiences.

And finally, paramount to Pennsylvania and the regions we serve, we face many challenges related to serving a rural area. The only growing population in our rural service area is the population that is greater than 65. Recruitment to urban/metropolitan areas is more successful not just for nurses but also for the very important nursing support roles as well.

Areas of Opportunity to Combat the Nursing Shortage and Pipeline Concerns

The solution to the nursing shortage and patient safety will not be solved by mandating staffing ratios. And in fact, it may negatively impact the care of patients in our community by decreasing access and delaying care.

There needs to be a significant investment by all stakeholders involved to address this alarming trend. According to the Bureau of Labor Statistics' Employment Projections, registered nursing is listed among the top occupations in terms of job growth through 2029. The RN workforce is expected to grow from 3 million in 2019 to 3.3 million in 2029, an increase of 7%. And while this growth is welcome, it is woefully short - the nation needs 1.1 million new RN's by 2022 to avoid a nursing shortage.

We recommend the following suggestions as potential solutions to assist in addressing the current and future nurse workforce shortage.

- Support hospitals who create new "care teams" to care for patients – increasing the use of technology, licensed practical nurses, registered nurses, and care tech assistants to meet the evolving needs of patients.
    - The new care model of the future needs to be more cost effective while aligning work to the right level of care – RNs only doing RN work.
    - We need to ensure we are also modernizing the regulations around nursing and nursing support services. Align scope of practice for LPNs and care technicians that is more consistent across the nation. A commitment to leveraging technology that removes redundant work off of nursing will be important as we redesign the team.
    - Reward hospitals that invest in internal residency and fellowship programs for nursing that fully prepares new graduates to be successful in their role at the bedside.
- Increase the number of nursing school programs and graduates of nursing schools.
    - Clinical hours are often highlighted as a bottleneck. We would encourage schools and hospitals to provide and require clinical hours not only during the day, but also during nights and weekends. This will expand the number of students we are able to accommodate.
    - Consider new models for faculty coverage that better leverage inpatient nurses in dual roles. This keeps staff at the bedside but also offers leadership and professional development opportunities. It also better assures clinical relevance for the faculty.
- Support hospitals and nurses that are serving as a clinical site for nursing education.
    - Consider a "premium payment" to offset the additional demands placed on nurses while they have a student learner as well as the administrative burden of coordinating clinical rotations for hundreds or thousands of nursing students (Geisinger hosted over 2800 nursing students in 2022).

    - Provide grants to hospitals who develop training programs for clinical preceptors to optimize training of nursing students and new graduates.
- Offer financial aid programs to students considering nursing school to increase the pool of candidates.
    - This could be modeled after the military program where not only is there financial aid for school but also a living stipend to support a student while they are in school. This will provide significant assistance to many who may be changing careers, or perhaps a young family with a family to support. In return the student must agree to provide inpatient nursing services for "X" years in a rural or underserved healthcare setting.
- Support nurses practicing in rural areas.
    - Hospitals serving rural areas have a heavily government funded payer mix. Meaning, a greater percentage of their revenue comes from Medicare or Medicaid. This makes it more difficult for rural hospitals to stay relevant in the market and pay additional "premiums" to attract and retain nurses in rural areas.

Nurse Staffing Practices and Ratios

I believe that most hospitals and nursing leaders are strongly committed to safe and high-quality care for the patients in their communities. But each hospital is different and serves a different population that requires local leadership to establish and monitor staffing strategies. We are at a turning point in nursing from several forces.

- Staffing plans are dependent on many variables that are fluid not only from day to day but from hour to hour including patient acuity, skill set of staff (not just license), skill mix, unit layout, admission and discharge activity, available technology, and patient social determinants just to name a few. How do we craft staffing ratios for these changing dynamics? Staffing cannot be a "one size fits all" approach if we want to optimize patient outcomes.
- Nursing units have benchmark data that allows them to develop staffing plans and be proactive as well as financially sound. Leveraging the nursing leadership and staffing teams to continuously monitor staffing and modify that plan shift to shift, hour to hour is what is needed.
- The cost of an RN is significantly higher than it was just two years ago, therefore the cost to deliver inpatient nursing services is significantly higher. Can we afford to continue to deliver inpatient nursing services the same way we have always delivered nursing services. I would suggest no.
- A considerable portion of the work that RNs do in hospitals is not RN work and can be safely provided by other team members. We must align the work with the skill set and license of the worker. The staffing model moving forward must look differently. We need to bring LPNs back into the team and we must better leverage non-licensed workers to do non-licensed work and therefore free up the RN to do the work that only the RN can do. A blended care team does not mean more RNs but rather a "blend" of skill sets that allows RNs to oversee the team and deliver the care they need to deliver.
- The team will look different in medical surgical units vs critical care units vs the operating room. But we have learned we can take care of very ill patients in new ways that does NOT necessarily require a staffing ratio for RNs.
- We have a clear and growing nursing shortage – if we manage to RN ratios we will need to close beds, reduce access and increase delays in care that will further burden the health care system.

We need to work together to solve the challenges facing all of us. We need to work with the schools, the nursing community and the healthcare delivery systems to ensure that we create a strong workforce

that is able to care for the patients while themselves also having a healthy work/life balance thus reducing burnout.

What are we doing at Geisinger?
As of March 2023, we had roughly 540 inpatient RN positions posted, and another 65 Licensed Practical Nurse ("LPN") positions posted for recruitment. We currently have a 37% vacancy rate across all campuses. About 50% of our vacancies are filled by domestic travelers and the other 50% is managed by overtime. In 2022 we spent just over $162 million for domestic agency spend; in 2021 we spent $90 million; pre-pandemic we spent about $25 million. We struggle to find nurses who live in our communities to fill our open positions. Instead, we are focused on creating new care teams that leverage the license and skill set of various members of the team to deliver the care needed.

To help ensure we remain competitive in a tight labor market, while re-thinking our structure and models of care we have implemented many strategies:

- Retention bonuses – implemented late in 2021 for our experienced nurses with continued payments through the end of 2023.
- Recruitment bonuses – significant increases in recruitment bonuses for new nurses coming to Geisinger.
- Compensation increases – roughly $8.00/hour straight pay over the last 2 years and significant changes to shift differential for weekend and nights.
- Nursing Scholars program – supporting education costs up to $40,000 for RNs and $20,000 for LPNs with a work-back commitment.
- Virtual nursing model – leveraging technology to support the inpatient team and using RNs who are retired, injured or looking for part time work that can add significant support to our inpatient team. Model today live at 5 of our hospital campuses with primary focus on admissions and discharges as first phase.
- "Stay" interviews – interviewing current nursing staff to understand what are keys to retention and why they stay at Geisinger. This has uncovered good information to help with our retention strategies.
- Expanded recognition programs including Daisy awards and recognition coins in addition to our current nurse excellence awards
- Leadership development programs for emerging nurse leaders as well as a new program added for LPN leadership development.
- NCLEX prep courses offered free of charge to help new graduates prepare for their Nursing boards.
- 12-month nurse residency program – an innovative program for new graduates with demonstrated impact of improving retention.
- Internal traveler program –nurses can travel across all of our hospitals and receive higher hourly rates with a commitment to rotate assignments every 24 weeks.
- Co-op program – "work" opportunity for high school seniors within both our inpatient and outpatient clinical areas. This has generated increased interest in nursing and other health related job opportunities.
- Nurse internship and externship programs for Sophomore and Junior Nursing students to work alongside other nursing support staff and/or assigned to a nurse preceptor to further gain insights and clinical skills outside the normal school training program.

While we at Geisinger are proud of the work we are doing, it is not enough without the larger stakeholder support. We need to shift the way we deliver care and focus on creating a new care team. We must reinvent the team that provides care to our patients. Leveraging a licensed team of LPNs and RNs blended with a non-licensed team who we train – our new career pathway program – is vital to continuing to provide the care needed to the communities we serve.

Geisinger is just kicking off a new career pathway program that supports entry level health care opportunities. High school graduates can start by becoming a patient companion. They then can transition to a Patient Care Tech I role (much like a nursing assistant) and then finally step into a Patient Care Tech II role. All while being trained on the job in competencies that take tasks off of RNs and LPNs to support a team caring for a panel of patients.

We simply do not and will not have enough RNs thus mandating RNs is not the solution. Mandating staffing will lead to a reduction in beds and capacity, thus comprising access and timely care. And more importantly we do not need a RN exclusive model. That will result in RNs doing a lot of work that does not require an RN license, is not professionally satisfying, and is a model that the healthcare system cannot afford. Certainly, RNs are vital to the care team, and we need more of them; however, there is much work that can be done by others on the team and supervised/led by the RN that will continue to improve patient care. We need to focus on reinventing our care teams.

Thank you for the opportunity to provide feedback on House Bill 106 which would mandate nurse staffing ratios. Geisinger is opposed to this legislation and/or any efforts to legislate how we deliver care. Healthcare is everchanging. Innovation and modernization cannot happen if we do not have the flexibility to pilot new care delivery models and technology to enhance the patient experience and care provided. I look forward to continuing to work with you, the state legislature, the various state agencies and the Administration on developing smart and innovative solutions to help address the gap in nursing and alleviate the staffing shortages in healthcare.

Thank you.

Janet F. Tomcavage, MSN, RN
EVP, Chief Nursing Executive
Geisinger
100 North Academy Avenue
Danville, PA 17822
570-214-9507

Statements from Warren General they submitted for the record. Thanks.

To the House Health Committee:

My team competed a review of the proposed **Nurse / Patient Ratio legislation**. Specifically, we reviewed the proposed Unit "ratios". Our finding are *astonishing*.

- Warren General Hospital would be forced to hire thirty (30) new nurses ! At an average wage = $32 / hour plus 35 % benefits = **$2.7 million / year**

- We ALREADY have 12 to 15 nurse opening we are covering with Agency / Travelers at an average cost of $250,000 per nurse per year = **$3.7 million / year**

Warren General Hospital:

1. Would go quickly go broke (and sell or close) if we were forced to hire thirty (30) new nurses - we simply cannot afford this and could not FIND thirty (30) nurses if we tried !

2. Would go broke *even faster* IF we were forced to hire thirty (30) new nurses from Agency / Traveler pools , but they could not FIND this number of nurses!

3. Would be forced to CLOSE UNITS / SERVICES (decreasing the availability of beds and services). There would be no other alternative. This may then lead to hospital sale or closure.

Bottom line is that this Legislation would serve to severely decrease beds and services and eventually CLOSE rural and community hospitals.

I would ADD that it would be *impossible* for Warren General Hospital to find and hire thirty (30) nurses. As noted we struggle now to fill the 12 to 15 open nursing positions (and have had to turn to Agency / Travelers to fill these roles). Each year we hire approximately nine (9) to ten (10) graduating nurses (RN's) from local colleges. Approx. 85 % pass their boards and become fulltime RN's. Over the year we may also be able to attract an additional 3 to 4 seasoned RN's to join WGH. Typically we have turnover of 5 to 7 nurses. So , we each year we make some headway but certainly not nearly enough to match the proposed outrageous RN / Patient ratios. We could not come anywhere close to what is being proposed and therefore would be forced to close units and services.

Richard Allen

Chief Executive Officer

Warren General Hospital

Allegheny Health Network

PENNSYLVANIA
HOUSE HEALTH COMMITTEE
PUBLIC HEARING ON HOUSE BILL 106

MAY 2, 2023

COMMENTS FOR THE RECORD

The Allegheny Health Network (AHN), a Highmark Health company, is an integrated healthcare delivery system with a service area spanning western Pennsylvania and portions of New York, Ohio, and West Virginia. As a non-profit health network, AHN aims to extend its reach to as many people as possible to offer them a broad spectrum of care and services. AHN has 14 hospitals and more than 200 primary- and specialty-care practices. And approximately 2,400-employed and affiliated physicians in every clinical specialty, 19,000 employees and 2,000 volunteers. Together, AHN provides world-class medicine to patients in communities, across the country and around the world.

There have been concerns for years about looming supply and demand imbalances in the healthcare workforce. The shortage is no longer looming. It's here now, and it's a crisis. House Bill 106 which mandates strict nurse ratios will not solve the workforce crisis in healthcare. Instead, it will limit access to care and put hospitals in an untenable position.

Today's Nursing Shortage

Nurses traditionally have been the main support of the healthcare system; thus, the current and future shortage of nurses is potentially an existential crisis for hospitals and health systems.

The nursing shortage facing America began long before the pandemic propelled it into the headlines once again. The United States has experienced nursing shortages periodically since the early 1900s. Multiple factors led to each shortage, from world wars to economic recessions. But the magnitude of the current nursing shortage, announced in 2012, is greater than ever before in this country. Specifically, a shortage of nurses practicing in acute care, at the bedside.

In AHN's nursing organization, registered nurses (RNs) provide direct patient care 24 hours a day, 7 days a week. In early 2020, of the budgeted 3,100 nursing positions, AHN had

approximately 300 open positions to fill. That is a vacancy rate of 9%. Fast forward to today, and AHN now has approximately 767 open bedside RN positions to fill. That is a vacancy rate of 42%. Retention of nurses has also shown dramatic changes. In 2020, turnover of nurses at the bedside averaged 12%, 2021 increased to 22%, an increase that was sustained through 2022.

The healthcare workforce challenges facing the country are more extreme and broader this time around and have many causes. The nursing shortage in Pennsylvania mirrors a national shortfall, including overworked, burned out and dissatisfied nurses, decrease in nursing recruitment and retention, faculty shortages, insufficient funding for nursing programs and advancing age of nurses. All of this was intensified by COVID.

We are living in a world where RNs are leaving hospital employment at far greater rates than we have ever seen. It is important you hear about the effects and consequences of not having adequate numbers of nurses to care for the patients of our communities. In our most recent Clinician Wellness Survey, our fourth annual, AHN bedside nurses reported a 54% incidence of burnout, at Allegheny General Hospital 72%.

Access to healthcare due to staffing shortages is even more dire. Every day we read about hospitals throughout the country losing millions if not billions of dollars per year. Hospitals are closing urgent care centers, obstetric, pediatric, and other services to try to survive. Hospitals have had to also close operating rooms due to staffing thus delaying both elective and emergent services. Critically ill patients boarded in the emergency department have also spent long hours or days waiting for inpatient beds due to lack of trained staff even when beds become available.

Hospital patients waiting to be discharged have long waits to find rehabilitation and skilled nursing facilities because they have also been affected by short staffing. This inability to transfer patients to appropriate facilities only adds to the short fall of inpatient beds.

Nurses are leaving the bedside for many reasons, with the main reason being the workload from lack of staffing. The staffing crisis has left a major imbalance in the workloads for remaining nursing staff. This has been especially true during the pandemic. Many hospital employees were asked to move from their usual departments and roles to assist with the intensive care of COVID-19 patients.

Overwhelmed frontline-working RNs have been running a constant risk of developing nurse burnout. The phrase struggles to encompass the depth of the physical and emotional exhaustion nurses experience as the result of heavy workloads, long hours, and the stress of treating critically ill patients.

Other reasons are the emotional and physical toll of the job and family needs. The heightened stress levels of today's nurses are due to more than just the pandemic, more than just the need to make urgent life-altering decisions, and more than just working long hours. It is all these things and more, combined, that weigh on the shoulders of many RNs.

Another reason nurses are leaving their current organizations – not the bedside – is to work for a nursing agency who is paying out of market wages by price gouging hospitals and health systems. These nursing/travel agencies offer unprecedented compensation to individuals along with the opportunity to visit new places and the ability to have extended time off between assignments.

Solutions to Workforce Shortages

For such a complex, multifaceted problem, there is no simple solution, no silver bullet. But there are strategies and practices that we can examine and put into play today. However, the fundamental issue that must be addressed, for all nurses across the Commonwealth, is how to attract them to stay at the bedside or come to the bedside in the first place. The shortage of skilled nurses entering and staying in the workforce affects both patient care and other healthcare workers on the team. Nurses are so important to healthcare delivery that any challenge they face impacts us all.

As a health system, AHN is addressing the basic needs of the bedside nurse – wage and benefit equity and competitiveness, safety and security, flexible scheduling to fit lifestyles, and reducing the workload as best we can. But as a health system, we can only do so much. We cannot compete with the nursing agencies who are paying exorbitant amounts of money. In fact, we are feeding that beast ourselves. Because we don't have the staff, we too are paying those excessive nurse agency rates to reduce the workload of our current staff and to ensure we can take care of the patients who seek our services.

There are many times when AHN, as a large health system with advanced services, cannot take patients who need to transfer from hospitals outside our network because we don't have the staff to take care of them. This compromises the health and safety of those patients who require tertiary and quaternary levels of care.

This vicious cycle must be addressed. By the end of 2021, AHN paid $57 million in agency fees and incentive pay. That is 3 times what we normally pay in a year. In 2022 AHN paid $151 million in agency and incentive pay which is 9 times the historic rates. And like other financially stressed hospitals, its money we don't have. AHN's losses will have a significant impact on our ability to provide the services our communities need.

As legislators, you can help.

Actions legislators can take include making a long-term commitment to funding health care workforce education – (1) fund scholarships/programs to entice job seekers in health fields and expand student loan forgiveness for health care providers in exchange for a commitment to working at the bedside; and (2) create/fund a program to compensate practicing health care professionals who are also willing to work as educators/preceptors.

Why Mandated Staffing Ratios Won't Work

There is one thing that won't work to solve nursing and other workforce shortages – legislatively mandated staff-to-patient ratios, like the ones included in House Bill 106. Supporters argue that hospitals are shortchanging their nurse staffing to save a buck — in the process, burning out their nurses, and putting patients in danger. Opponents say ratio laws would exacerbate nursing shortages across the country, limiting access to care, and take important staffing decisions out of the hands of nurses.

Mandated staffing ratios is a deeply flawed, inflexible, rigid approach to setting staffing levels that does not improve quality, safety, or outcomes, but in fact would adversely affect patients. A law might sound good in theory, but in practice could lead to undesirable consequences – at the top of the list is access to healthcare. As stated previously, hospitals across the state, in every

area of the state, are either losing money or barely surviving. Mandated staffing ratios would result in longer wait times for patients to get care in the emergency department and other units of the hospital. Hospitals will be forced to turn away patients because they'll have to go on emergency bypass and shut down some of their units because they don't have enough nurses to meet the ratios. An unexpected influx of patients, caused by anything ranging from a flu outbreak to a mass shooting, could mean there won't be enough nurses on hand to meet the ratios. The worst-case scenario is that a mandate could force safety-net hospitals out of business. These aren't theories or threats of dire consequences of what will happen with staffing shortages – *this is what is happening today.* Ratios will further exacerbate this grim reality.

Imposing ratios would add additional costs to the health care system -- many hospitals cannot absorb those costs. And a lot of those costs would be passed on to patients and families in the form of higher health care costs.

But one of the biggest arguments against mandated ratios is that there's simply no proof that they work to improve care for patients. The evidence is not conclusive that ratios improved quality, safety, or outcomes. Mandated ratios don't even improve job satisfaction in the workplace.

Putting staffing ratios into law robs nurses of the flexibility — and the independence — they need when it comes to staffing. The best staffing model is a fluid approach, one that's able to adjust to changing conditions from day to day, patient to patient, unit to unit. For instance, some patients require lots of time and care, others, much less. Likewise, nurses differ in their skill and experience levels. All of this and more should be considered when determining staffing.

One way to do that is using acuity, which is a way of measuring and scoring the amount of care different patients need. For instance, more complicated or challenging patients would likely be deemed high acuity; less time-consuming patients would be low acuity. Ideally, that would be considered when assigning patients, so that no one ends up being overwhelmed with multiple high-acuity patients or caring for just a few low-acuity patients.

Hospitals use different tools to calculate acuity, ranging from custom-made to commercial software, but the common thread is that the approach is flexible. So instead of a fixed number of patients, nurses' assignments shift from day to day.

Until recently, Allegheny General Hospital was the only facility in the state with mandated staffing ratios in our union contract. Unfortunately, our experience with ratios has not been workforce stabilization, but the opposite. The turnover and vacancy rates over the last two years were higher at AGH than they were in any of the other AHN facilities without fixed ratios.

Nurses left to take high paying travel positions with no guarantee of reasonable ratios and often the knowledge they would have much higher patient caseloads. As nurses left, it became more difficult to meet the contracted ratios 100% of the time. When AGH could not meet the ratio expectation, nurses became more dissatisfied and viewed the workload more negatively than at other AHN hospitals and more nurses left.

Today, AHN has an agreement to maintain ratios at a time in healthcare when doing so results in limiting access to life saving medical care to patients that require a higher level of care. Patients are forced to wait in community hospitals for hours when they should be receiving care at a tertiary or quaternary facility. If legislation goes into effect mandating ratio adherence

significant delays of care will occur throughout the Commonwealth. If you mandate ratios, it will not bring nurses back to the bedside in mass but instead it will place timely access to healthcare for the citizens of Pennsylvania at risk. Enacting a mandated ratio into law will falsely raise expectations for nurses and when hospitals cannot realistically meet them, nurses will become even more disgruntled. Any way you look at it, mandates put hospitals in an untenable position.

Thank you for the opportunity to share our thoughts on this issue. AHN welcomes the opportunity to continue discussions with the House Health Committee as well as others on ways to improve healthcare workforce shortages.

April 27, 2023

The Honorable Kathy Rapp
Pennsylvania House of Representatives
312 Main Capitol
PO Box 202065
Harrisburg, PA 17120

RE: Opposition to Nurse Staffing Ratios

Dear Representative Rapp:

On behalf of the UPMC St. Margaret nurse advocacy council, we want to express our strong opposition to Mandatory Staffing Ratios for nurses. This legislation would impose inflexible nurse-to-patient ratios in Pennsylvania removing autonomy from nurses leading to a greater impact on our communities.

We are in a health care workforce crisis and there are not enough providers to meet Pennsylvanians' growing need for care. While this is a national challenge, our commonwealth is projected to have the worst shortfall of nurses among all 50 states. For Allegheny county alone, they're projecting a 21% increase in patients 65 and older. With boomers retiring, this removes more people from the workforce.

A recent survey of Pennsylvania hospitals found a 31 percent average vacancy rate for registered nurses who provide direct patient care. The top barrier cited for filling these positions was a lack of qualified candidates.

At UPMC St. Margaret, the Stepdown unit's working nursing vacancy rate is 43%. The shortages are requiring beds to be blocked on units, requiring patients to be held in the Emergency Department for days at a time. The stepdown unit specifically, is a 34-bed unit. For a significant amount of time only 25 beds have been open. This is limiting the care that patients can receive. Most staff on these units are travel nurses. The number of full-time staff on each unit varies but many units have a 30-40% vacancy. This creates issues when new nurses are onboarded, there is a lack of full-time staff to precept (train) them. This results in travel nurses often precepting new nurses, where they are only working temporarily.

Mandating nurse staffing ratios in hospitals will not produce more nurses. Instead, it will almost certainly increase wait times in emergency departments and for hospital admittance. It will very likely force hospitals to reduce the number of available beds or close entire units. In the worst-case scenarios, it may contribute to hospital closures.

At UPMC St. Margaret there are different methods utilized to ensure patients are receiving optimal care. Acuity-based staffing is used throughout the hospital, which allows ratios to be adjusted based on the severity of a patient's illness. For example, the stepdown unit traditionally follows a 1:4 ratio. When patients are downgraded to med-surg status, they require less interventions. If there is a patient who is 'high acuity', requiring frequent monitoring or interventions, they can be a in a smaller ratio. A nurse may have a 1:5 ratio because their patients are med-surg or require minimal interventions, which allows a different nurse to have a

1:3 ratio where they are taking care of patients who are more critical and require closer monitoring and interventions. This allows nurses to have autonomy in their assignments and provide quality care to each patient.

Focusing on ratios misses the point and one-size-fits-all statewide mandates place unnecessary barriers between caregivers and the patients who need them. There are better ways.

At UPMC St. Margaret, we are doing our best to address the workforce shortage while continuing to provide exceptional patient care. Many units have adapted to acuity-based staffing as referenced before. Innovative orientation styles ensure nurses are still receiving the proper knowledge throughout orientation despite the lack of resources.

Pennsylvania needs a comprehensive strategy to grow the number of nurses. We can increase classroom and clinical learning opportunities in nurse education programs; develop incentives to attract more nurse educators; invest in initiatives that draw more people to health care careers; make health care education more affordable and accessible to students, including those interested in mid-career transitions; address licensing delays; decrease administrative burdens so health care professionals can focus more time on patients; and create a statewide health care workforce council to ensure that state government is working effectively across agencies.

These solutions will actually bring more qualified nurses—and other health care professionals—to the bedside without sacrificing access to quality health care for Pennsylvanians.

Please oppose mandatory staffing ratios for nurses.

Sincerely,

UPMC St. Margaret Nurse Advocacy Council