



SHANNAN GIAMBRONE, RN
House Health Committee Testimony
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Good morning!

Thank you, Chairman Frankel and Chairman Rapp, and members of the House Health Committee for allowing me to testify today on this very important issue.

My name is Shannan Giambrone. I'm a nurse at Suburban Community Hospital in Montgomery County, and I sit on the Executive Board of PASNAP.

As you have heard from my colleagues, unsafe staffing is not new – hospitals have long understaffed nurses as a strategy to cost save and therefore enhance profits. But between this profit-driven approach and the pandemic, which drove healthcare workers from the bedside in alarming numbers, we are at a crisis point the likes of which I've never seen in my 25 years as a nurse.

That is why I am here today, representing 9,000 PASNAP nurses and healthcare workers around the state and advocating for our patients and, by extension, for all of us.

I say all of us because in the course of our lives, we will all be patients. No matter where we live or what we earn, there isn't a person among us who isn't subject to that reality. All of us here today will, at some point in our lives, need attentive care – the kind of care that's possible only if the facility is staffed to allow it.

We have tried solving this crisis but have met resistance from hospitals who are campaigning hard against what decades of peer-reviewed research has shown to be the only thing that will work:
minimum safe-staffing standards established and enforced by the Commonwealth.

You're going to hear from the Hospital Leadership today. They are going to tell you that everything's fine and we don't need a law to tell them what to do. That a law would limit their ability to care for patients. I want to assure you, nothing could be further from the truth.

Every day in the halls of my small community hospital, I see what happens to patients when their nurses aren't able to provide the monitoring and care they require to get well because my colleagues and I are assigned too many patients to meet the protocols for basic care.

Nurses have filed thousands of incident reports to notify our administration about our concerns for unsafe staffing. We sit on committees with leadership to discuss the issues and "problem solve." But without tangible accountability – the kind that would come from a law like the Patient Safety Act – these efforts are fruitless.

Hospitals say the same things in every state every time nurses in partnership with elected officials try to institute basic safety standards, yet none of what they say has been proven true. Not in the research. Not in the places that have already implemented these standards.

If Hospitals truly were doing all they could to staff properly and keep patients safe....we wouldn't be here.

Minimum safe staffing levels for RNs in acute care hospitals are basic regulations and necessary for public safety. The fact that they do not already exist in our current regulations is a blind spot. The fact that we continue to allow it, despite the evidence of how poor staffing puts patients at risk, is unconscionable. Nothing the Hospitals have said, or could say, is an acceptable reason for not having basic safety standards in place.

Not all hospitals across Pennsylvania will see staffing regulations as a challenge. Many meet these standards now, or meet them a majority of the time and do so with success. The problem is the hospitals that don't. There's a wide spectrum for nurse staffing across the state, and that leads to a wide spectrum in quality of care that Pennsylvanians receive. We need to ensure a basic level of care in every hospital across this state, whether it's in the city, the suburbs, or in rural parts of the state, whether the hospital is large, medium or small.

When we implement a basic safety regulation, we don't vary them between hospitals, we don't let them decide if it works for them, or suggest they form a committee to figure it out. If it's a proven safety measure, then we implement it, across the board, for everyone. The simple fact is we need safe minimum standards of patient care in our hospitals. Period.

We have safety regulations in every industry, manufacturing, food processing, child-care and education. Just last year you recognized this same risk in nursing homes and you took action. All with the goal of keeping the public safe. What could possibly be the reason acute care Hospitals, where the stakes are much higher, should not be held to the same responsibility?

Earlier you heard from Dr. Linda Aiken, who lives and works right here in Pennsylvania, but happens to be one of the world's top experts on the effects of nurse staffing. Decades of research, study after study, in the United States and abroad, say the same thing: Minimum safe-staffing standards like those put forth in the Patient Safety Act save lives. And while they do it **They also save money.**

When adverse events happen in a hospital, they're not just bad for the patients, they're also bad for the bottom line. Adverse events may include medication errors, delay of care, wrong site surgery, increased patient mortality and morbidity, sentinel events, falls, pressure ulcers and a variety of healthcare associated infections. All of which negatively impact a hospital's reimbursement. When we invest in proper staff, and give that staff the ability to provide proper care, those adverse events will be minimized, giving Hospitals the ability to retain revenue they are currently losing. That's not just good care, that's good hospital management.

A few quick statistics on a few to support this are:

Pressure ulcers alone are estimated to cost \$8.5 billion per year. (*Agency for Healthcare Quality and Research Pub. No. 04-0029, 2004*).

Preventable medical errors are one of the leading causes of death in the United States and cost \$20 billion/year. (*Medical Error Reduction and Prevention, Thomas L. Rodziewicz; Benjamin Houseman; John E. Hipskind. Last Update: December 4, 2022.*)

Nurse turnover can also have a profound impact on a hospital's bottom line. According to a 2023 survey by NSI Nursing Solutions, the average U.S. hospital loses between \$6.6 million and \$10.5 million EVERY YEAR due solely to nurse turnover. Each percentage point change in nurse turnover will cost or save the average hospital nearly \$400,000 per year.

[NSI 2023 Survey:
https://www.nsinursingsolutions.com/Documents/Library/NSI_National_Health_Care_Retention_Report.pdf]

Nurses are leaving the bedside at a higher rate than they are coming in. The number-one reason nurses leave the bedside is burnout or moral injury as we recognize it due to unsafe staffing levels.

We have to retain our nurses by putting an end to the understaffing-by-design strategy and fixing the conditions at the bedside that are negatively impacting patient care, pushing experienced nurses out the hospital door and making new nurses seek alternative uses for their degree.

The truth is, and everyone here knows this, or should, nursing leadership in hospitals report to CEOs, who are looking at a bottom line without considering how we got there. Payroll is always going to be the fastest way to save money but it's short-sighted and will never fix the root of the problem.

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

There are not enough retention bonuses or Heroes work Here signs to keep our nurses at the bedside if the staffing crisis isn't fixed.

Every hospital in Pennsylvania needs to be safe. The fact that some hospitals need assistance is not a reason to allow them to avoid implementing basic safety standards. Safety standards that are proven to work, proven to save lives, proven to save money, and proven to protect Pennsylvania's nursing workforce.

We are here today to sound the alarm. We are here to tell you in the strongest voice possible that things are not okay inside the halls of Pennsylvania's hospitals. The Patient Safety Act will ensure a basic level of safety across hospitals in Pennsylvania that won't just make patient care better, it will make hospitals better.