

Cathy Singer-Glasson Testimony for October 18, 2005 Legislative Study committee hearing on Iowa nurse staffing in Hospitals.

Good afternoon, My name is Cathy Singer-Glasson, I am a registered nurse and I also serve as President of SEIU Local 199 Nurse Alliance. The SEIU National Nurse Alliance represents over 110,000 nurses in North America. It is part of the 1.8 million member Service Employees International Union, America's largest healthcare union with more than 900,000 members employed in hospitals, HMO's, clinics, and other private and public sector health care facilities. The SEIU Nurse Alliance believes that nurses are the backbone of our health care system and MUST be involved in decisions that affect our profession and our patients.

My 22 years of nursing experience have all been spent caring for patients in the Medical and Medical Intensive Care Units at the University of Iowa Hospitals and Clinics. I feel extremely fortunate to have gained such valuable experience at such a prestigious hospital. I am proud of my profession but I am also extremely concerned for its future as well.

What I am here to tell you today is that the nursing shortage is a looming crisis for Iowa's hospitals, nurses and patients. Acute care nurses, the nurses at the bedside in our hospitals, are leaving and fewer nurses are coming to replace them. This situation is having a negative impact on quality patient care and nurses know it, but right now too many nurses are afraid to speak out on behalf of their patients.

Iowa nurses need you to do your part to help fix the nursing crisis. I'm here to ask you for that help.

So just how bad is the problem? Well right now the situation in Iowa is part of a national issue.

The Dept of Health and Human Services projected in 2003 that the shortage of nurses is expected to more than double by 2010. This means that every time we delay addressing this important public health issue, the problem will only get worse.

Demand for nurses will grow by 40% between the years 2002 and 2020, while supply will increase by only 6% over that same time period.

Why? Because our population is growing, our population is growing older, and life expectancy is higher than ever due to medical advancements.

Meanwhile, those who have typically become nurses in the past are now drawn to other professions that offer better hours, better pay and less stressful working conditions.

A growing body of research indicates that staffing levels have a negative impact not only on patient care but on patient outcomes, nurse satisfaction AND the hospital's bottom line. The classic study by Linda Aiken found that for every additional patient a nurse cares for, the mortality rate increases by 7%. In the shocking report in the fall of 1999 the Institute of Medicine revealed that medical errors are responsible for up to 98,000 deaths in hospitals a year.

In May of 2002 a New England Journal of Medicine study by Jack Needleman from the Harvard School of Public Health concluded that nurse staffing levels are directly linked to patient outcomes.

More recent research by Michael Rothberg in the Journal of Medical Care concluded the following: "Considered as a patient safety intervention, improved nurse staffing has a cost-effectiveness that falls comfortably within the range of other widely accepted interventions" In other words, a ratio of 1 nurse to 4 patients is more cost effective than a ratio of 1 to 8.

This September (2005), Governor Vilsack ordered hearings on Workplace Conditions for Iowa Nurses. The purpose of the hearings were to provide an opportunity for bedside nurses to provide their expertise on how the nursing shortage in Iowa has affected their ability to provide safe, quality care and also its impact on recruitment and retention of nurses. A series of public hearings were held by the Iowa Dept of Public Health. SEIU Nurse Alliance encouraged nurses from around the state to participate. We invited nurses to attend the hearings and submit written testimony to the committee.

I attended the hearings held in Des Moines and Iowa City. Both sites were filled beyond capacity with nurse executives, nurse managers and nurse administrators who all testified against any legislation on nurse staffing ratios. Each who testified had the same 6 or 7 talking points that were very similar to those found on the Iowa Hospital Association website.

Bedside nurses were present at both hearings, however I was disappointed at how few direct care nurses were in attendance. I attended the Des Moines hearings with 8 nurses who came ready to offer their testimony about nurse staffing and patient care issues. When they walked into the hearing and saw the room filled with nurse administrators and managers from the hospitals where they work, 7 of the 8 felt extremely uncomfortable offering their comments and did not testify.

How can we ever address the issue of nurse staffing and its affect on patient care if nurses are too afraid to speak about patient care in their hospitals?

This committee is charged with reviewing nurse staffing needs in our hospitals and make recommendations to improve them. We want to share with you our experiences as nurses, we also want to talk about SEIU's experience in California, where SEIU Nurses were instrumental in securing nurse to patient ratios that we believe will address the nursing shortage issues and quality patient care issues that Californians face. I would like to introduce you to Beth Capell, PhD.

Dr Capell, Welcome to Iowa.

(Beth Capell speaks on the California issues. Sarah Swisher , Anne Gentil-Archer, Karen Leigh)

I received this letter from a nurse 2 days ago which I want to read to you, but for the sake of time I will read you some excerpts from the letter and I quote:

“A big reason there is a nursing shortage is that nurses are leaving the bedside. Why? Because they are exhausted and utterly frustrated. The frustrating uphill battle to care for their patients without the proper resources to ensure safe care...Nurses are made to feel dispensible...Especially if they speak out.

...Nurses could be brought out of ‘retirement’ by making bedside nursing more attractive by ensuring safe nurse/patient ratios. Nurses deserve to be given an environment where quality patient care is the #1 priority. An environment where the nurse is empowered and valued for the professionals they are.

This letter is anonymous because there is a good chance my job would be in jeopardy if my manager saw me here today.”

- A frustrated Des Moines Nurse

There are no numbers I can give you that can tell you more than what you would learn by hearing from an Iowa bedside nurse. Open your binders and flip through them. You will see the story this nurse is telling you, moreover you’ll see many do not give their name or place of work. Look at the numbers of nurses whose names and places of work are removed, then ask yourselves this - How can we begin to address the root causes of the nursing crisis and its affect on quality patient care if you cannot hear from bedside nurses because they are too afraid to speak out??

We are asking that this committee and the legislature enact Whistle Blower protection legislation. If we don’t the problem will only get worse and Iowan’s deserve better.

Thank you for this opportunity to speak on behalf of Iowa nurses.