



OUR PATIENTS, OUR UNION, OUR VOICE.



23 Water Street Suite 301 Bangor ME 04401 I: 207-622-1057 f: 207-623-4072 msnadonnoc.net

May 4, 2023

Testimony of Michelle Mahon, RN, Assistant Director of Nursing Practice, National Nurses United in Support of LD 1639, The Maine Quality Care Act

Senator Tipping, Representative Roeder and members of Labor & Housing Committee, my name is Michelle Mahon. I am a registered nurse and the assistant director of nursing practice for National Nurses United.

National Nurses United (NNU) is the largest union and professional association of registered nurses (RNs) in the United States, representing nearly 225,000 nurses across the country, including the Maine State Nurses Association representing 4,000 nurses and caregivers across the state of Maine. Our members are dedicated to protecting and advancing the interests of direct-care nurses, patients, and communities in Maine and across the United States.

We are here today to ask for your support for the Maine Quality Care Act. This bill would create minimum, mandated, nurse-to patient ratios. *There is currently no limit to the number of patients a nurse can be made to care for at one time.* This is dangerous to patients and nurses alike.

Over the course of the Covid-19 pandemic, the nation's attention has focused on the dire conditions under which nurses have been forced to work. Dangerous working conditions have put nurses at risk of injury, illness, and death, and have led many RNs to leave bedside nursing entirely.

Nurses have consistently experienced dangerous working conditions including:

- Dangerously low RN staffing levels imposed by hospital managers,
- Inadequate occupational health and safety protections,
- Denial of life-saving personal protective equipment (PPE), and
- Increasing levels of violence in the workplace.

Importantly, although the pandemic exacerbated these challenges, nurses have been facing these issues in their hospital workplaces for *decades*.

Safe staffing saves lives.

Decades of research show that when RNs are forced to care for too many patients at one time, patients are at higher risk of preventable medical errors, avoidable complications, falls and injuries¹, pressure ulcers², increased length of hospital stay, higher numbers of hospital readmissions, and death.³

¹ Kim J, Lee E, Jung Y, Kwon H, Lee S. Patient-level and organizational-level factors influencing in-hospital falls. *J Adv Nurs.* 2022 Nov;78(11):3641-3651. doi: 10.1111/jan.15254. Epub 2022 Apr 20. PMID: 35441709; PMCID: PMC9790490.

² Kim J, Lee JY, Lee E. Risk factors for newly acquired pressure ulcer and the impact of nurse staffing on pressure ulcer incidence. *J Nurs Manag.* 2022 Jul;30(5):01-09. doi: 10.1111/jonm.12928. Epub 2020 Feb 25. PMID: 31811735; PMCID: PMC9545092.

³ Dierkes A, et al. 2022. Hospital nurse staffing and sepsis protocol compliance and outcomes among patients with sepsis in the USA: a multistate cross-sectional analysis. *BMJ Open*, 12(3), e056802. https://doi.org/10.1136/bmjopen-2021-056802.

Safe staffing is good for nurses.

The failure by hospital employers to staff appropriately and provide needed resources make it impossible for nurses to meet their ethical and professional obligations as RNs to provide safe, effective, and therapeutic nursing care.⁴ These conditions have led nurses to experience severe moral distress and injury (often incorrectly labeled "burnout"); mental health issues such as stress, anxiety, depression, and post-traumatic stress disorder; and physical exhaustion. As a result, many nurses are leaving the hospital bedside.⁵

Research has demonstrated that increased RN staffing and the improvements to patient care conditions benefit nurses as well as patients. The benefits include:

- Reduced workplace injury,
- Reduced RN turnover,
- Reduced workplace violence, and
- Lower rates of moral injury and moral distress

Now is the time to protect Maine's patients.

Studies confirm the significant impact mandatory, minimum staffing ratios have had on improved patient outcomes.⁶ Study after study shows that if mandatory, minimum ratios were implemented nationally, thousands of lives would be saved each year.⁷ Safe staffing ratios have been proven to reduce costs for hospitals by improving nurse safety and job satisfaction,⁸ and reducing spending on temporary RNs and overtime costs⁹ as well as staff turnover.¹⁰ RNs returned

¹⁰ Aiken. 2010. Supra, note 7 at 913. (Finding that Californía RNs, after the implementation of the mandated nurse-to-patient ratios, experienced burnout at significantly less rates than those in New Jersey and Pennsylvania. 20 percent California RNs reported being dissatisfied with their job, compared to 26 percent in New Jersey, and 29 percent in Pennsylvania. Both burnout and job dissatisfaction are precursors of voluntary turnover.)

⁴ National Nurses United. 2020. Deadly Shame: Redressing the Devaluation of Registered Nurse Labor Through Pandemic Equity. National Nurses United.

https://www.nationalnursesunited.org/sites/default/files/nnu/graphics/documents/1220_Covid19_Deadly Shame_PandemicEquity_WhitePaper_FINAL.pdf.

⁵ Berlin G, et al. February 17, 2022. Surveyed nurses consider leaving direct patient care at elevated rates. *McKinsey & Company*. https://www.mckinsey.com/industries/healthcare/our-insights/surveyed-nurses-consider-leaving-direct-patient-care-at-elevated-rates.

⁶ Lasater K, et al. 2020. Chronic hospital nurse understaffing meets COVID-19: an observational study. *BMJ quality & safety*, bmjqs-2020-011512. https://doi.org/10.1136/bmjqs-2020-011512.

⁷ Aiken L, et al. 2010. Implications of the California nurse staffing mandate for other states. *Health Serv Res*, 45(4), 904-921. https://doi.org/10.1111/j.1475-6773.2010.01114.x.

⁸ Spetz J. 2008. "Nurse Satisfaction and the Implementation of Minimum Nurse Staffing Regulations." *Policy Polit Nurs Pract.* 9(1):15-21. https://pubmed.ncbi.nlm.nih.gov/18390479/

⁹ Schmit J. June 9, 2005. Nursing shortage drums up demand for happy nomads. *USA Today*. (Quoting Tenet Health System Chief Nursing Officer. Travel nurses cost hospitals at least 20 percent more than a nurse employee even when benefits are factored in. Full-time employees are paid at least 1.5 times their regular salary for overtime hours worked.)

Bland-Jones C. 2008. Revisiting Nurse Turnover Costs, Adjusting For Inflation. *J Nurs Admin.* 38(1): 11-18, 12. (Finding that the total RN turnover costs for fiscal year 2017 were between \$7,875,000 and \$8,449,000, and estimating an RN annual turnover rate at 18.5 percent.)

to the bedside after the California ratio law was implemented, with a massive increase in applications for licenses and massive decrease in hospital vacancies.

Maine has more RN's than ever.

According to the U.S. Bureau of labor statistics, the number of working RNs in Maine has increased every year going back to at least 2017. Maine also has added more active RN licenses every year over this time period. Here's the crucial piece of data: the difference between the number of employed RNs and active RN licenses is more than 12,000 RNs! That's right, working RNs account for only about 60% of active RN licenses in Maine. In fact, the only data we found that shows there are fewer RNs in Maine is RNs working in acute care hospitals. That had gone up every year since 2017 but dipped slightly in 2022--from 10,709 in 2021 to 10,306 in 2022.¹¹

Unsafe hospital staffing is a vicious circle. As nurses are stretched to their breaking points, they switch to outpatient settings or leave the profession entirely, creating increasingly unsafe staffing. At this point, only a dramatic and decisive change will bring a sufficient number of the 12,000 licensed RNs who are not working as nurses back to the bedside to provide the care Maine's patients need. Mandated, minimum staffing ratios is the dramatic and decisive change these nurses are waiting for.

Listen to the direct-care nurses speaking today. Remember their stories and the care you want for your loved ones. And then vote "YES" for safe RN staffing and quality patient care.

Micule Mahon

Michelle Mahon, RN Assistant Director of Nursing Practice National Nurses United

¹¹ American Hospital Association. 2017-2022. Hospital Statistics.