

05/05/2022

To our esteemed Colorado Senate members,

Thank you for allowing me this opportunity to provide written testimony in opposition of HB 1401. My name is Andrea Burch and I currently serve as both the Chief Nursing Officer and Chief Operating Officer for Lutheran Medical Center, located on the west side of Denver. I have proudly served as a Registered Nurse for nearly 25 years and have been in nursing leadership for the past 14 years and most proudly throughout this pandemic. Today, I am representing more than 600 Registered Nurses as well as the communities of West Denver and along with me, I am confident that you will be hearing from many of them in opposition to this proposed legislation.

I am here tonight on behalf of my profession and in an effort to protect access to care for Coloradans.

While I appreciate Representative Mullica's intent to support nursing in this bill, the most recent version contains language that will increase cost to healthcare and significantly decrease access to care for Coloradoans. Hospitals already have staffing plans and staffing committees in place per 2021 CDPHE Ch. 4 Rule amendments. In addition, we are already required to share these plans and any changes to the plan with all employed RNs. HB 22-1401 intends to further regulate hospitals and even contains language that holds hospitals accountable to a level of response that is not within our control..

Specifically:

- Pg.4, line 15-"Includes minimum staffing requirements as established...for each inpatient unit and emergency department that are aligned with nationally recognized standards and guidelines."
  - This language is a clever way to disguise mandatory staffing ratios which are extremely problematic:
    - There is no current National Professional Nursing Association that endorses mandated nursing ratios. In fact, there is not even such a thing as 'nationally recognized standards'. The only resemblance that one could find is outdated by nearly a decade. The reason for this is that the country has learned from California's mistake and have witnessed the decline in both access to and the quality of care in that state as well as a degradation of the nursing profession itself.
    - By 2026, the U.S. RN shortage is estimated to be 1.1 million\*. Colorado is listed in the top 5 states that will be affected by this growing shortage and we expect to be more than 100,000 RNs short in Colorado by that time.
      - There simply aren't enough Registered Nurses to staff the need and mandating ratios limits the total number of patients that a hospital can care for at any given time. If we don't have the staff to begin with, we can't possibly meet the ratios. The language in the

bill eliminates the flexibility that hospitals have in managing fluctuations in volume throughout the day and especially during times of surge. We would be limited to the number of patients that we can care for at any given moment based on these strict ratios and the number of nurses that we have. Given the sizable shortage of RNs, this will create a significant reduction in services that we are able to provide to our community. Patients will go without care and moral distress in healthcare workers will surge. What do we do when patients decompensate in real time within our care sites? This bill would require us to black-tag patients not only in the ED but within our own hospitals when we cannot move them to the proper level of care because this bill locks and reduces the availability of registered nurses.

- The country is not producing the volume of nurses, CNAs, NPs and doctors that we actually need and yet this bill targets the hospitals as the root of the problem. Trust me, we want more staff but are struggling to find them.
  - Representative Mullica has stated that our nursing shortage is due to mistreatment of our staff by hospital administration. I get that this is an easy narrative however it is simply untrue and without data to validate it. The fact is that nursing turnover is multifactorial and impacted by the rising cost of living in Colorado as well as the pandemic itself- the sheer number of deaths that they witnessed, fear of contracting COVID , etc.
  - This legislation will put hospitals out of business as they will be forced to bring on travelers who are extremely expensive and it will force hospitals to cut down in other areas.
- Pg.6, line 12- A hospital shall not assign a clinical staff nurse...to a hospital unit unless the nurse has demonstrated competency in that area.
    - This effectively eliminates our ability to float extra staff to a department in need of help to provide extra support- even just helping in the department will be a violation of this rule. Patient volumes are often unpredictable and the flexibility of clinical support within a hospital is essential to provide safe patient care. During normal daily operations and times of small or large surges- even a mass casualty incident (think multi-car pile up on the interstate) we have a regular process for calling all hands on deck to help assist in the situation in an effort to provide the best care possible and save lives. This will tie our hands by limiting our ability to respond and result in a reduced level of patient care. If we think healthcare moral distress is a problem now, wait until we are further limited in our ability to do what we are here to do - save lives.
  - Pg. 7, line 6- “Determine the number of seasonal variances....limited number of allowable variances”. This rule is impossible to meet given that we cannot control patients from coming into the Emergency department any more than we can control the timing of the next pandemic, the timing of when Flu season actually hits during the year or the weather. We cannot be held accountable to something that is completely out of our control.

- Pg. 8, line 9- “Each hospital with more than 25 beds shall articulate...it’s ability to expand the hospital's staffed-bed capacity up to 125% of the hospital's baseline staffed-bed capacity and IUC capacity within 14 days after a statewide public health emergency is declared....”.
  - Hospitals rely on contract labor- or agency staffing to pull in the necessary contingent resources required when these events occur and during times of prolonged surges. These resources are not limited to just Registered nurses but also include additional ancillary support staff and providers. We cannot control the timing of when the contracted staff arrives at our facility because we do not own them, nor employ them. They are not under our control. Currently, it is a minimum of 3 weeks before an agency nurse would arrive at our facility when we request one. It is much longer for providers- 6-8 weeks at minimum. Along with their response time, their availability is also contingent on what is available and subject to the contractor actually accepting our assignment. Again, outside of submitting the request for contracted resources, there is little else within our control. Why are we being held accountable for something we do not control?

At our heart, nurses are our community's strongest healthcare advocate- Our goal *IS* and *Always has been*- access to care- access to safe patient care and that requires a strong nursing voice and collaboration as well as flexibility and innovation throughout the entire nursing division. Nursing has fought for years to be respected as a profession and if it were true that we were incapable of regulating ourselves then we would have seen a very different outcome during the pandemic- not only here in Colorado but across the country.

I urge the members of the senate to understand that nurses and hospitals in Colorado DO NOT require additional regulatory oversight- we have proven that!

Most Importantly, I need you to understand that the language in this bill that references “staffing standards” is DANGEROUS. This bill is a misguided, over-simplified approach at managing a highly complex environment.

Thank you for your support in opposing this bill.  
Respectfully,

Andrea Burch, RN MS NEA-BC  
VP Chief Operating Officer & Chief Nursing Officer  
Lutheran Medical Center  
Intermountain Healthcare



05/06/2022

To Our Colorado Senate Members,

Thank you for allowing me this opportunity to provide written testimony in opposition of HB22-1401. My name is Amanda Feild and I currently serve as the Director of Professional Practice and Magnet Program at Saint Joseph Hospital, located in the center of downtown Denver. I have served as a Registered Nurse for 10 years and have been in nursing leadership for the past 8 years. Today, I am representing our 1,000 Registered Nurses as well as the patients that have or will receive care at Saint Joseph Hospital.

Representative Mullica's most current version of this bill contains language that will increase cost to healthcare through mandated staffing ratios, which will ultimately eliminate services throughout the hospital by reducing budgets that improve quality patient care to our public.

For example, mandated staffing ratios will increase cost to healthcare as we have to turn away surgeries that provide income because we do not have the staffing on the ICU or Surgical Care floors as well as it will force hospitals to hire travelers, who are extremely expensive. This increase in cost will eliminate other hospital services such as education and training services for our clinical nurses and physicians which are imperative to keep in order to ensure our clinicians are giving the most up to date, quality care.

Throughout the pandemic, my department of educators worked tirelessly to cross train PACU nurses, telemetry nurses, and step down nurses, to care for COVID patients in the ICU. However, if this bill passes, the ability to provide training for nurses would be eliminated due to cost constraints. Additionally, currently 60% of nurses in our organization have less than two years of nursing experience. If this bill passes, I will no longer have the ability to provide high fidelity simulations, hands-on skills fairs, and other competency training that allows these novice nurses to transition into competent caregivers. This lack of training and education will ultimately impact the quality of care we provide to our patients.

At Saint Joseph Hospital, we provide monthly critical events training that allow physicians and nurses to simulate critical events that are life threatening to patients. When I became pregnant in 2018, I knew how great our education was at our hospital and how highly trained our nurses and physicians were to care for high risk pregnancies. Because of that, my husband and I knew we were going to deliver at Saint Joseph Hospital. At our 20 week anatomy scan, we found out that I had a life threatening placental condition that could potentially cause our son to bleed out and die within minutes if my water was to break. Hearing that diagnosis, confirmed our decision to deliver at Saint Joseph Hospital as I knew our caregivers had been trained in these life threatening emergencies, monthly. I was an inpatient for over 40 days for close monitoring and "in case my water broke, I needed to be close to an operating room". At 0414, on September 2<sup>nd</sup>, my water broke. Within 14 minutes, our son was delivered, safely, and is alive today because of the training of those physicians and nurses.

If this bill passes, we will lose the opportunity to train our nurses and physicians due to budget constraints, and in a case like mine, a lack of training could have cost both my son's and my life. If this bill passes, it will negatively impact the quality of care we provide to patients as we will not be able to educate, simulate, or train our associates on how to care for the most life threatening situations.

Thank you for your support in opposing this bill.

Respectfully,

Amanda Feild, MSN, RN, NE-BC, PCCN-K  
Director, Nursing Professional Practice and Magnet Program  
Saint Joseph Hospital, Intermountain Healthcare

Good afternoon, Chair and Committee Members. I am Mary Satre, a licensed RN, and I represent myself as a nursing instructor who has been working with nursing students at a Community College in Colorado.

I am asking you to support HB22-1401 as amended in the House Health & Insurance Committee hearing on Monday 5/2/2022. I am speaking out on National Nurses Day to advocate for the well-being and safety of our nursing workforce and the patients they care for. Nurses need a strong voice in the staffing committees of our hospitals in order to hold hospitals accountable to the public for a safe and effective nursing environment.

I have had the privilege of teaching a group of senior nursing students in their clinical work at a local hospital this semester. We have worked on a Medical Surgical & Trauma floor with a high level of patient acuity. The staff RNs who allowed us to work alongside them for our learning experiences were for the most part receptive to that role, though my students observed that there were times – growing increasingly frequent as the number of travelers (temporary staff nurses) has been systematically diminished – where tempers were short and frustration was the norm.

We developed a style of nursing that I call “Extreme Advocacy.” I encouraged my students to have confidence in their education and knowledge and to have the courage to speak up on behalf of their assigned patients. One student heard abnormal lung sounds on a morning when her surgical patient was being prepared for discharge. She spoke to her primary RN, and he arranged for a chest x-ray. The patient had developed pneumonia, and so the discharge was delayed for treatment. Another student noted that the indwelling urinary catheter had been in place post-surgery for far longer than the prescribed timeline, and also spoke with her primary RN. The catheter was removed, thus preventing the very real danger of urinary tract infection (UTI), a highly preventable but often deadly complication encountered during hospitalization. Just this week a patient scheduled for discharge had a critical lab result of K+ 2.1 – a very low level of potassium. The student spoke out, thus alerting the team to potential cardiac complications or worse. All of these incidents could have been avoided had the nursing staff been given adequate support in terms of numbers and also in terms of institutional back-up. It has been concerning to us to hear in the daily “huddle” (floor care conference meeting) that the residents have been asked to push for discharges. This admonition indicates that the hospital’s agenda is driven by the bottom line and not by evidence based practice (EBP – using the best possible evidence to effect positive patient outcomes).

Nurses do not want to give inadequate care. Nurses want the best for their patients. And nurses want a safe working environment for themselves. Please vote to pass HB22-1401. Do it to support the nurses of Colorado who care for you and about you. And do it for yourselves.

Thank you.

Mary Satre, MSN, MBA, RN