DISCLAIMER

Electronic versions of the exhibits in these minutes may not be complete.

This information is supplied as an informational service only and should not be relied upon as an official record.

Original exhibits are on file at the Legislative Counsel Bureau Research Library in Carson City.

Contact the Library at (775) 684-6827 or library@lcb.state.nv.us.

Thank you Chairman Rawson, members of the Committee.

My name is Jerri Strasser. I am a Registered Nurse at UMC and a member of the SEIU Nurse Alliance, representing approximately 4,000 nurses in Southern Nevada. I hope you will approve AB 313.

This Committee has heard a lot of testimony over the years about the nurse shortage, and there are at least two nurse recruitment proposals being debated this session. The federal government and our state Legislators are being called upon to increase funding for nursing schools and new nurse recruitment. Clearly, we must recruit nurses to fill the nurse shortage.

At the same time, it is important that we develop a plan for the retention of nurses in the nursing profession. AB 313 would study the retention plan that has been implemented in California. Recruitment alone will not solve our nursing shortage, because we face a significant exodus of nurses from the profession. Consider this, The International Hospital Outcomes Research Consortium released a report two years ago that shows that 33% of nurses younger than 30 planned to leave the profession within a year of graduation, primarily because of working conditions. At a time when budgets are already strained, we can not afford to fund education programs, when there are no assurances that nurses will remain in nursing after graduation.

Why are nurses leaving the profession? Last year, our Union conducted a study of nurses who had terminated employment at a union hospital over the last 2 years. This study is included in your packet. When asked why they left their jobs, 72% of those nurses point to working

conditions like hours of work, overtime and staffing. In fact, 64% of nurses who left hospital nursing cited staffing as their reason for leaving. We should be concerned that 45% of those nurses who had left hospital work, did not return to work at another hospital. This led us to conclude that there are thousands more nurses who are licensed but not practicing nursing.

Figures provided by the Nevada Hospital Association and the Nursing Board last year, support these findings. In 2001, there were approximately 700 more licensed nurses than vacant nursing positions. **Nationally, Department of Labor statistics indicate that only 82% of licensed nurses work as nurses. Only 48% work in hospitals.**

This is an important patient care issue. Study after study shows that patient care suffers when there aren't enough nurses to care for patients.

- Linda Aiken reported in 2002 in the Journal of the American Medical Association that for each additional patient over four in a registered nurse's care, the risk of death increases by 7 percent for surgical patients. In hospitals with eight patients per nurse, patients have a 31 percent greater risk of dying than those in hospitals with four patients per nurse. This study is included in your packet.

Overwhelmingly, Nurses are telling us that staffing ratios and limits on overtime will help us retain nurses and bring others back to the nursing profession. But this is not limited to anecdotal evidence.

There has been an increase license applications as the California nurse ratios are being implemented. And, 9 months after Victoria, Australia implemented nurse to patient ratios, the Australian Nursing Federation reported in a July 25, 2002 press release that more than 3,000 nurses have been recruited *back* to the public health system. Victoria, Australia has a population of 4.9 million people, and this represents about a 15% increase in licensed nurses.

In California, Hospitals are beginning to realize the value appealing to nurses with attractive nurse to patient ratios. Kaiser Hospital sent this letter, included in your packets, to nurse recruits, citing 4 to 1 ratios in medical surgical departments and 1 to 3 in step down units.

Hospitals like Kaiser realize that in the long run, Staffing legislation and limits on mandatory overtime like those in AB 313 will Save Hospitals Money and Pay For Itself.

High Nurse turnover costs hospitals money. It is estimated that it costs on an average of $46,000 to replace one med/surg nurse and about $64,000 for an ICU nurse according to "The Business Case for Work Force Stability," Voluntary Hospital Association, 2002)

Better retention reduces the need for traveler nurses who cost about $10 more per hour than permanent nurses.

Better staffing and better working conditions for nurses will save money for insurers as well. According to "The Business Case" hospitals with turnover rates below 12% had lower mortality rates and shorter lengths of stays.

A Harvard School of Public Health Study shows that hospitals with a higher percentage of RN staff had 3 to 6% shorter stays, which saves healthcare costs.

We urge you to approve the study requested by AB 313, so we can truly assess the potential savings to our state and our hospitals that would result from a strong retention package that seeks to bring nurses back to the profession, and keep those like myself who are already here.