

TOP 10 REASONS TO VOTE NO ON E2SHB 3024

Washington State law already requires hospitals to give employees breaks. Engrossed Second Substitute House Bill (E2SHB) 3024 does not establish a right to breaks. That right already exists, but current law allows these breaks to be interrupted when patient needs demand it or a nurse or technologist decides it is necessary.

Washington's hospitals will have to schedule and enforce breaks for all affected employees to show compliance with the law. The flexibility employees currently enjoy will disappear. The bill says hospitals "shall provide" uninterrupted breaks. Scheduling breaks is the only way to make this possible.

The bill has limited exceptions for interruption of breaks and none allowing a nurse or technician to use his or her own professional judgment about when to be interrupted. Patient needs are fluid. Direct caregivers typically take a break when their patients are stable or resting, not according to a predetermined schedule. E2SHB 3024 removes caregivers' professional judgment about when interruptions to a break are reasonable, given patient needs. This creates the opportunity for patient harm if a nurse or technologist is not available to share their knowledge with a physician on rounds or must receive important treatment information secondhand.

Relationships with patient families may be harmed and patient safety compromised. Given how the exceptions are structured in the bill, caregivers could not interrupt their breaks when a family member arrives, when an alarming lab value comes back, or a patient receives devastating news. Many nurses currently choose to return at these critical moments — interrupting their breaks rather than leaving their patients in someone else's hands. While the bill has an exception allowing an individual nurse to "temporarily" take shorter breaks, it will be used judiciously and carefully documented to prove it is the employee, not the hospital, prompting the shorter break.

The bill will void meal and rest break provisions of a significant number of collective bargaining agreements and call into question the validity of the vast majority of others.

The bill creates a double standard by exempting Washington State hospitals from complying with its requirements. This means state hospital employees would have more flexibility in taking their meal and rest breaks.

The cost to small rural hospitals is significant. On average, each small rural hospital will spend **\$350,000** in additional staff to comply with the bill by hiring additional staff to cover breaks – a sizable amount for a small rural hospital and the state. As Critical Access Hospitals, they receive cost-based reimbursement and will bill the state for these added costs.

Washington State's physicians oppose the bill. Given how the exceptions in the bill are structured, nurses' and technologists' breaks could not be interrupted when a physician arrives or telephones for a long-awaited consultation. The Washington State Medical Association opposes the bill, citing patient safety concerns. Physicians will have to give instructions to someone not intimately familiar with the patient, which will lead to dangerous communication breakdowns and potential patient harm.

The Washington Society of Radiologic Technologists opposes the bill. They believe current laws regarding breaks and lunches are sufficient and are concerned that E2SHB 3024 will create quality and safety issues.

THE BILL IS A "ONE-SIZE-FITS-ALL" MANDATE FROM OLYMPIA. The bill applies to thousands of hospital employees in different units in many different kinds of hospitals. E2SHB 3024 is a simplistic approach that interferes with the complex system of health care delivery.

HEALTH CARE WORKERS SPEAK OUT AGAINST E2SHB 3024

“My patients are my patients from the moment they walk in the door to the time they leave. This bill would take away my flexibility to choose appropriate times to take a break and still provide the kind of patient care I want to provide. If a patient needs me to hold their hand through a test, I want to be there.”

*Andrea Gallagher, Board Certified Radiologic Technologist,
Pullman Regional Hospital*

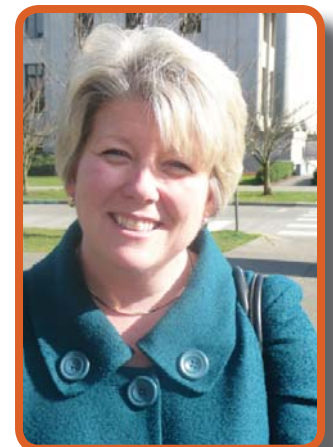


“The main issue with this legislation is one of patient safety. I depend on nurses to provide critical information about my patients. I need to talk to the nurse who knows the patient to make appropriate care decisions, not just someone who is filling in for a break. Also, relaying back information to the primary nurse through a person filling in introduces the potential for miscommunication that could result in errors and patient harm. This bill just doesn’t make sense.”

*Dr. Robert Hipp, Surgeon and Medical Director,
Capital Medical Center, Olympia*

“Between our nurse staffing committees and the collective bargaining process, we have a system in place to address staffing issues. I don’t think this bill is necessary. In fact, I believe if it is mandated, it will actually remove our ability to continue to work successfully through the strategies we’ve been able to implement at Franciscan Health System. ”

*Laurie Brown, VP/Chief Nursing Officer
Franciscan Health System*



“In my 11 years as a neonatal intensive care unit nurse, I have never felt I was unable to take a break when I needed one. I appreciate the flexibility to choose the best time for me to take a break. Under this law, I could only return from a break if there were an emergency that required my specific skills. If I have a family whose baby is dying and I want to return from a break, I don’t want to be forced to choose between my desire to stay with the family and the requirement to stay on break. Please don’t put me in that position.”

*Tracy Dunham, Neonatal ICU Nurse,
Tacoma General, MultiCare Health System*