Washington
State
Hospital
Association

February 23, 2010

Dear Senators,

We are writing to express our very strong opposition to Engrossed Second Substitute House Bill (E2SHB) 3024, regulating meal and rest breaks for registered nurses, licensed practical nurses, and a variety of skilled technologists in hospitals.

We are the leaders of some of the smallest hospitals in the state. We believe this legislation will have a disproportionate negative impact on small rural hospitals. In many cases, we have few inpatients, but having an inpatient facility in the community is absolutely critical. Fourteen hospitals in the state have an average inpatient caseload of five or fewer patients.*

E2SHB has been amended, and some legislators believe they have addressed hospital concerns with the bill. That is not true. The bill remains totally unacceptable, particularly for the state's rural hospitals.

Our staff like working in small, rural settings. They have chosen this setting because of the different demands and opportunities it gives them. They know their patients and their patients' families well. They take pride in being a "Jack or Jill of all trades."

Few inpatients mean few staff. On some shifts, it is reasonable for us to have one nurse on duty to cover all our patients.

We absolutely believe our employees need meal and rest breaks. They do take breaks, but their breaks look different than in large hospitals.

In our smallest hospitals, particularly when there is only one nurse or technologist on shift, employees take their breaks in the building. They are willing to be interrupted for patient care needs, and return to their breaks when their patients are taken care of. That is the way it works in rural health. Staff take breaks when their patients are stable or resting, and when it is most safe for patients. They do not take breaks according to a predetermined schedule.

The exception for interrupting a break when a "clinical circumstance that may lead to patient harm without the specific skill or expertise of the employee on break" is very narrow. Caregivers could not leave their break when a family member arrives, when the physician arrives for a long-awaited consultation, when the ambulance arrives to transport the patient to another facility, or when the physician returns a call – even if the staff member wanted to leave.

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The bill also allows staff to "temporarily choose" to take several shorter rest breaks. This is also a very narrow exception. We will need to have documentation of each request, why the request is being made, and confirmation that it is the employee, not the hospital, asking for shorter breaks. This will be a rare, carefully managed, and hard-to administer exception.

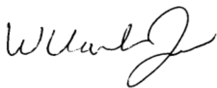
To meet the requirements of the bill, our state's smallest hospitals will need to add a nurse and/or technologist to every shift to cover breaks. We cannot see any other way to implement the bill and ensure good patient care. The cost of this will be enormous. On average, each of us we will spend $350,000 to implement this bill. That is a lot of money for a small rural hospital.

It is also a lot of money for the state. As Critical Access Hospitals, we receive cost-based reimbursement from Medicaid. The cost of an extra nurse will be added to the cost of caring for Medicaid patients – and we will bill the state for that cost.

We in rural communities adamantly oppose this "one-size-fits-all" mandate from Olympia. If you enact this bill, you make hospitals the only industry in Washington State micromanaged to this level. Other meal and rest break legislation applicable to public employees and construction trades allow collective bargaining agreements to supersede. Those hospitals whose employees are not unionized have nurse staffing committees to address these issues.

We would be happy to discuss our concerns with you.

Sincerely,

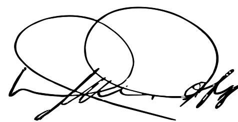


W. Clark Jones, Superintendent and Administrator
Cascade Valley Hospital and Clinics

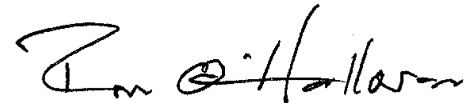
Tom Jensen, CEO
Coulee Medical Center

Charlie Button, CEO
Dayton General Hospital

Paul Lewis, Administrator
East Adams Rural Hospital

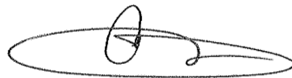


Dennis Popp, President
Enumclaw Regional Hospital



Ron O'Halloran, Administrator
Ferry County Memorial Hospital

Camille Scott, Administrator
Forks Community Hospital

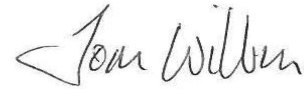


Andrew Craigie, CEO
Garfield County Public Hospital District No. 1

Victor Dirksen, Administrator and CEO
Jefferson Healthcare

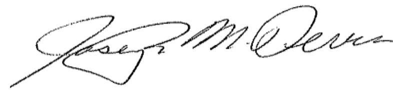
Thomas J. Martin, Administrator
Lincoln Hospital

Renee Dunham, CEO
Mark Reed Health Care District



Tom Wilbur, CEO and
Superintendent
Newport Hospital

Warner Bartleson, Administrator
North Valley Hospital



Joe Devin, CEO
Ocean Beach Hospital

Harry Geller, Administrator
Othello Community Hospital

Dale Polla, Administrator
Okanogan Douglas District Hospital

Robert Campbell, Chief
Executive and President
Providence Mount Carmel
Hospital

Scott Adams, CEO
Pullman Regional Hospital

Jon Smiley, CEO
Sunnyside Community Hospital

Greg Reed, CEO
United General Hospital

Carol Halsan, CEO
Willapa Harbor Hospital

* The 14 small rural hospitals with an average daily census of five or fewer patients are: Cascade Medical Center, Leavenworth; Coulee Medical Center, Grand Coulee; Dayton General Hospital; East Adams Rural Hospital, Ritzville; Ferry County Memorial Hospital, Republic; Garfield County Public Hospital District, Pomeroy; Klickitat Valley Health, Goldendale; Lake Chelan Community Hospital; Mark Reed Health Care District, McCleary; Morton General Hospital; North Valley Hospital, Tonasket; Ocean Beach Hospital, Ilwaco; Odessa Memorial Healthcare Center; and Willapa Harbor Hospital, South Bend.