



Uninterrupted Meal and Rest Breaks & Restrictions to Prescheduled On-Call and Mandatory Overtime

Background

For years, nursing unions have proposed legislation that would limit the ability of hospitals to staff and schedule according to patient care needs, without addressing the real concern of nurse fatigue or improving patient safety. This proposal would:

- Require hospitals to provide completely uninterrupted meal and rest breaks for nurses and certain technicians and technologists, regardless of patient need.
- Place rigid constraints on a hospital's ability to use prescheduled on-call and overtime for nurses and certain types of technologists and technicians, which currently support hospital staffing needs and provide high quality care to patients.

WSHA Position

WSHA strongly opposes this proposal. Washington hospitals need the flexibility to determine staffing according to patient care needs. This legislation would add unnecessary costs to patient care, without increasing patient safety or improving access to services. It provides no proven solution to address the expressed concerns of nurse fatigue and patient safety.

Key Messages

- Adequate nurse and technologist/technician staffing is a complex process that changes on a shift-by-shift basis and requires close coordination between management and staff based on a variety of factors such as patient acuity, nurses' expertise, and day-to-day adjustments, such as sick or family leave. The one-size-fits-all approach in this bill to meal and rest breaks, overtime, and on-call, is too rigid to keep up with the current demands of a complex hospital environment.
- Washington hospitals support healthy work environments and meaningful breaks for health care providers. The concern is over the requirement that meal and rest breaks be uninterrupted, which would require hospitals to:
 1. Schedule breaks ahead of time to ensure the break is uninterrupted, which takes away a nurse's ability to use his/her own clinical judgement to address emerging patients' needs;
 2. Hire additional staff for break coverage; and
 3. Not be able to communicate critical patient information. Even informing the nurse of a change in a patient's condition, the arrival of the patient's family or physician, or completion of essential lab tests without the nurse taking action would constitute an "interrupted" break – violating the law.

- Based on data provided by the University of Washington, WSHA estimates that 1,740 new nurses and other members of the care team would need to be hired to comply with this meal and rest break provision alone. However, recent health workforce data for Washington shows staffing shortages across the state, with nursing shortages being the most severe. If hospitals can't hire break nurses due to shortages, traveling nurses will need to be used. Traveling nurses are very expensive and are less familiar with the complexities of each facility. These costs will be borne by patients and employers.
- Rural and small facilities would be hit especially hard by this proposal. In small facilities, the employees all collaborate across the departments to help each other meet patient needs on a shift-by-shift basis. This bill would eliminate this current flexibility and force these hospitals to hire additional staff, when small and rural hospitals already have difficulty recruiting and retaining staff.
- Prescheduled on-call is part of collective bargaining and is usually voluntary and at most times, selected by the nurse to work best for his/her schedule. The restrictions against the use of prescheduled on-call to fill "chronic or foreseeable staff shortages" would make it difficult for a hospital to comply while still providing the same access to care that exists today.
- Hospitals need the flexibility to have prescheduled on-call staff come to the hospital to perform important and life-changing surgeries or procedures, even if they are not deemed an emergency, such as placing a chemotherapy port for a patient who does not live near the hospital, and to ensure access to care to a range of clinicians 24 hours a day, 7 days a week.
- Prescheduled on-call is also used to ensure patient access to care in smaller or rural facilities, where there is not enough patient demand for a full-time, on-site position for certain types of clinical staff, such as radiologic technologists.
- Proposed restrictions on mandatory overtime would also lead to delays in nonemergency patient care – for example, surgeries for breast and colon cancers, or heart procedures that are not life-threatening at that moment but are critically important to a person's quality of life. The proposed language prohibits hospitals from scheduling nonemergency procedures that would require overtime. That means that nonemergent patients would get delayed and rescheduled when life-threatening patient emergencies arise, as overtime is often used to ensure care is provided to patients when schedules change quickly. Rescheduling would sometimes take several weeks, after the patient has already shown up at the hospital and done their pre-surgical preparation, planned time off work or arranged child care for the original surgery.
- For patients living in rural areas, these delays could be especially difficult, as they are often arranging travel and time off work to receive nonemergency care at a hospital away from home.
- Hospital demands fluctuate and staff planning cannot be done with precision. Hospitals cannot predict the number of women who will go into labor or when and how severely the flu will strike. On-call and overtime are important tools to ensure hospitals can meet these demands for critical services.
- The legislature is calling for reducing health care costs. This proposal undoubtedly would increase costs.

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