

13 DR. SIMMER: Before we welcome the next
14 participant, I'd like to just review some of our
15 description of the testimony process.

16 We do ask everybody who desires to testify to
17 register, and we will be taking people in the order
18 that they register.

19 So if any of you in the audience have failed
20 to register, you won't be called on until you do, so
21 please make sure you do that.

22 Since our time is limited and we do have a
23 large number of people who desire to be heard, give
24 testimony, we do ask that you limit your remarks to
25 five minutes, and we do have some -- the ability to

1 have you see timing notices during that time.

2 We also ask you recognize that there is a
3 recorder present, so your comments are being recorded
4 and it's very helpful to speak into the microphone and
5 make sure we all can hear.

6 We will be continuing until 4 p.m. today with
7 the testimony. We ask that you also refrain from
8 giving specific patient names and institutions and so
9 forth in order to help us comply with privacy
10 standards.

11 With that -- oh, also we do welcome and
12 appreciate any written testimony that you wish to
13 supplement your comments. If you don't have it
14 available today, we do need it in the near future. We
15 also can accept those electronically as well. In
16 fact, it's preferable if we can receive an electronic
17 copy.

18 With that, the Commission welcomes
19 participant number six, Sharon Norton.

20 MS. NORTON: Good morning. My name is Sharon
21 Norton. I'm a business rep with the Teamsters Local
22 406. For the past two years I've been on a picket
23 line in Petoskey with a group of nurses who have been
24 on strike for just the issues that the last two
25 speakers mentioned: The voice of patient care, the

1 nurse/patient ratio issues, and the respect that they
2 have been seeking for two years and prior to that.
3 This was not their first attempt.

4 We believe that Teamsters Local 406 is in a
5 unique position to provide comment on various areas
6 addressing the patient safety issues, especially those
7 arising in the context of a work stoppage by
8 healthcare professionals at a hospital.

9 We have become intimately familiar with the
10 types of patient safety-related concerns and problems
11 that can become magnified in the context of a strike
12 or other work stoppage.

13 While representing the nurses who have been
14 on strike since November 14th, 2002, we have been
15 alerted to particular healthcare safety issues and
16 potential medical errors that arise in such
17 situations.

18 In providing this information, our only
19 interest is to advance and identify areas that can be
20 improved so that patient safety issues are not
21 compromised when a hospital or other healthcare entity
22 is operating while its healthcare professionals are
23 engaged in a strike.

24 The testimony is not submitted to advance or
25 advocate labor relation matters. That topic is a

62

1 matter to be addressed in a different forum. Rather,
2 the recommendations and suggestions are raised to
3 serve as an attempt to identify means to improve
4 patient safety and reduce medical errors in the
5 context of a labor shortage at a healthcare
6 institution.

7 There can be no doubt that the primary
8 purpose of the Michigan Legislator and the Executive
9 Office is to protect the health and safety of the
10 public, the citizens of Michigan.

11 The Governor is authorized and empowered to
12 ensure that hospitals licensed in the state provide
13 the level of quality care necessary to secure the
14 safety and welfare.

15 To the extent that public safety and/or
16 patient care is threatened by substandard conditions
17 present in a healthcare institution, the Governor has
18 the authority and the responsibility to take action to
19 protect the people of this state.

20 And the Governor and the State's legislative
21 authority in this respect is derived from the Michigan
22 Constitution of 1963, the Public Health Code, and

23 applicable Administrative Rules.
24 The operation of a healthcare institution in
25 the face of a work stoppage can present particular and

63

1 serious threats to the public safety and to the
2 delivery of quality care. Teamsters Local 406 is all
3 too familiar with the types of potential threats to
4 the public and to patient care that can arise in the
5 context of a labor dispute.

6 The use of traveling nurses by a healthcare
7 institution to replace striking nurses can result in
8 adverse effects on patient safety and quality care.
9 Pervasive use of traveling nurses and the lack of any
10 effective legislation regulatory framework monitoring
11 their use is a troubling development.

12 The retention of traveling nurses from
13 employment agencies and the problems inherent in such
14 situations were well documented in the recent Blue
15 Ribbon Panel the Governor had sent to Petoskey over a
16 year ago to investigate the impact of patient care
17 during a labor dispute.

18 The report noted that the hospital had
19 replaced many of the striking nurses with traveling
20 nurses and that these nurses that the hospital had
21 spent over \$13 million on in one year of the strike.
22 This group comes out of Denver, Colorado.

23 Their 990 form from 2003 confirms this and
24 from 2002 it confirms that they spent over \$5 million
25 of precious healthcare dollars on traveling nurses

64

1 during the first six weeks of the strike.

2 These financial outlays constitute incredible
3 sums for an institution that reported total revenue of
4 only \$140 million in 2003.

5 As the Blue Ribbon Commission reported, the
6 decision by this hospital to hire temporary nurses
7 first through the U.S. Nursing Corps and more recently
8 through other traveling agencies has had costly
9 implications on their already uncertain fiscal
10 position.

11 Moreover, the significant expenses for the
12 traveling nurses did not assure that the quality of
13 healthcare would be maintained at the hospital.

14 I've had the question presented to me at

15 various times, what's the difference. Our striking
16 nurses are also traveling now and they are working in
17 hospitals all over the state as well as several states
18 across the country. What's the difference between our
19 nurses traveling and our complaints about the
20 traveling nurses at the hospital in Petoskey?
21 And the difference is our nurses are not --
22 don't make up the majority of the staff at the
23 hospitals they travel to; whereas, the traveling
24 nurses coming into Northern Michigan Hospital at times
25 make up the majority of the staff in various units,

65

1 and they simply are not familiar with the facility
2 itself, and they have problems.
3 We have had cases where we had an incident
4 reported to us where in surgery a patient crashed and
5 the traveling nurses, which made up 100 percent of OR
6 at the time, didn't even know where the crash cart
7 was. It was outside of the operating room at this
8 particular time instead of inside the operating room.
9 We've had several instances of those types reported to
10 us. All of these things or a good share of them were
11 documented in the Governor's Blue Ribbon Panel report.
12 Northern Michigan Hospital has not corrected
13 the deficiencies as far as the infection rates that
14 have occurred, and they have claimed that there has
15 not been an increase of these occurrences since the
16 traveling nurses have been working there and since the
17 strike, but their own documents prove otherwise.
18 The minutes of NMH's Infection Control
19 Committee reports significant increases in urinary
20 tract infection, pneumonia, and body sepsis incidence
21 rates for ICU patients in the first quarter of 2003.
22 The BSI rate is reported as the highest they've ever
23 experienced. And, again, these are all documented in
24 the Blue Ribbon Panel report that indicated these
25 deficiencies had been corrected but has found when the

66

1 CMS Department of Health and Human Services came back
2 in in 2004 they determined that they are still not in
3 compliance with the patients rights, physical
4 environment, and infection control.
5 The CMS found that the deficiencies are
6 significant and limit capacity to render adequate care

7 and ensure the health and safety of its patients.

8 It's reasonable to conclude that the increase
9 in infection rates and occurrences are related to the
10 large -- I'm sorry, is related to the large reliance
11 upon the traveling nurses that have been employed
12 during the strike.

13 The State should enact legislation or develop
14 a regulatory scheme to provide that even during labor
15 disputes a hospital is obligated to remain fiscally
16 responsible to assure that it's able to continue to
17 operate for the best interest of the public.

18 Fiscal irresponsibility by a public
19 institution like a hospital can create devastating
20 consequences for the local community.

21 In 2001, the year before the strike, NMH
22 hospital reported a 2.1 million dollar gain in
23 operating income. In 2002, where the nurses were on
24 strike for only six weeks, they reported an operating
25 income of \$105,000. And by 2003, they reported an

67

1 operating loss of \$11 million, and they've indicated
2 that they will also lose money in 2004.

3 In addition to the reporting of these losses,
4 their occupancy rates have declined significantly and
5 the occupancy rate in 2002 was at 62.2 percent, where
6 in 2003 it has now dropped to 59.5 percent.

7 The operating losses during the strike can be
8 attributed to a number of factors, including the
9 substantial outlay paid to the traveling nurses,
10 organizations, and the decline in the occupancy during
11 the strike.

12 The lack of legislative and a regulatory
13 scheme mandating public disclosure of infection
14 incidence and error rates in healthcare institutions,
15 the problem that is magnified in the context of a
16 labor dispute.

17 The public especially in situations involving
18 labor disputes should have full access to information
19 relating to quality care issues. In particular the
20 public should be able to access information that
21 details infection and incident rates and medical
22 errors committed at healthcare institutions. The
23 public should be granted access to information so that
24 as an individual it can make an informed choice when
25 seeking healthcare services.

1 We will be submitting a written report that
2 will include recommendations for systematic
3 improvements in the delivery of care.

4 In conclusion, as I told you earlier, for two
5 years I have been on the picket line in Petoskey, and
6 right from the first day of that strike patients
7 started coming to our picket line as they left the
8 hospital. They would come to the picket line or their
9 families would come to the picket line and they would
10 share the stories of the care that they were receiving
11 in the facility.

12 And we don't mean to say that the nurses are
13 not qualified nurses. Right now, unfortunately,
14 because of the labor dispute, they have over 60 nurses
15 there with less than three years' experience. But
16 it's simply a matter of being unfamiliar with the
17 facility, and we believe that, you know, this thing
18 needs to be monitored.

19 All the words, all the data provided cannot
20 begin to explain the anxiety of these patients. The
21 fear that they have of using the facility during the
22 labor dispute, even though patients who are not
23 necessarily pro union or supportive of the strike,
24 they still have concerns about using the facility
25 during these times, during the times of the reports of

1 the increase in infection rates, during the time of
2 the turnover of nurses. They have great concern about
3 this.

4 I have heard so many sad stories that -- and
5 the Blue Ribbon Panel heard literally hundreds of
6 patients come and talk to them. And from a woman who
7 had a Staph infection so bad she had to have her hip
8 replaced to an 83-year-old gentleman who was left
9 laying in his bed wet all night, to a man who came and
10 saw me just recently, and this is two years into the
11 strike, whose wife was given the wrong medications
12 three times even though she had a bracelet on
13 indicating she was allergic to these medications.

14 And, you know, this continues to go on. The
15 State of Michigan must recognize the need for
16 intervention and monitoring of a medical institution
17 during times of extended labor strike. Thank you.

18 DR. SIMMER: Thank you.
19 MS. McDONALD: So your recommendation is that
20 during a labor dispute there needs to be an added
21 layer of some kind of regulatory oversight in terms of
22 patient care and safety?
23 MS. NORTON: Absolutely.
24 MS. McDONALD: As against what we would ask
25 of any hospital at any time?

70

1 MS. NORTON: Yes.
2 MS. McDONALD: And public access to that? I
3 mean, I'm not clear about -- certainly in our process
4 we'll be getting into that. I'm not clear about the
5 public access now to those matters. But you're saying
6 an extra layer is necessary anytime during a labor
7 dispute?
8 MS. NORTON: Yes.
9 MS. McDONALD: Thanks.
10 MR. BISSONNETTE: And, Sharon, if I could
11 perhaps summarize, and you can tell me if I've got
12 this clearly.
13 Obviously the hospital is still open, so we
14 can say the public has access to care. The concern
15 that I'm hearing in your testimony is particularly
16 given the rural nature of the facility, particularly
17 for the public north of your facility, there is --
18 there is what you would consider no access at this
19 time to safe patient care?
20 MS. NORTON: That's absolutely right, north
21 of Traverse City, not for an acute care facility.
22 That particular hospital is the only acute care
23 facility north of Traverse City. I think we've been a
24 real -- it's been a real boon for Munson but it's
25 certainly not been good for the community members in

71

1 that area.
2 MR. IORIO: Can I make one comment? I didn't
3 sign the registration, but my name is Ted Iorio, I'm
4 one of the Teamster --
5 MS. NORTON: He is the attorney.