

7 DR. SIMMER: Thank you very much.
8 The Commission welcomes our fourth
9 participant, Cynthia Paul.

10 MS. PAUL: Hi there. I want to thank the
11 Commission on Patient Safety for allowing me this
12 opportunity to testify on behalf of the Service
13 Employees International Union, SEIU, on patient
14 safety.

15 My name is Cynthia Paul. I'm a legislative
16 director for SEIU here in the state of Michigan, and
17 today I'm speaking on behalf of 1.7 million SEIU
18 members who utilize our healthcare system, and also
19 800,000 healthcare workers in our nation's healthcare
20 system.

21 And as the largest and fastest growing union
22 of the healthcare workers in the country, SEIU is
23 committed to achieving quality care and patient safety
24 in all healthcare facilities, including both hospitals
25 and nursing homes.

1 And I want to bring to your attention, there
2 was a recent study by the Institute of Medicine and
3 National Academies that further bolsters our stance as
4 far as the legislatures and at the bargaining table
5 that, one, better nurse-to-patient ratios; and, two,
6 limits on mandatory overtime; and, three, nurse
7 involvement in decision-making are needed to improve
8 the safety of our nation's hospitals and nursing
9 homes.

10 There is a growing body of evidence
11 confirming that inadequate staffing levels in
12 healthcare facilities is leading to tens of thousands
13 of preventable injuries, infections, and deaths each
14 year.

15 The Institute of Medicine estimates that the
16 national cost of preventable medical errors and
17 complications to be \$17 billion per year. Also they
18 have estimated that it costs a hospital and nursing
19 home roughly twice as much to replace a nurse or a CNA
20 rather than retain them.

21 And also another side effect of poor staffing
22 is the use and actually abuse of mandatory overtime,
23 when you have healthcare workers being forced to work
24 16 hours, either back-to-back eight-hour shifts or

25 four hours on top of a 12-hour shift, and there's just

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1 no way an exhausted, overworked nurse can be as alert
2 as a well-rested one.

3 And a lot of times, too, it puts stress on my
4 nurses and my CNAs, if they have family commitments,
5 like to pick up their kids and forced to work
6 overtime. Then the question is do they get the kid
7 versus losing their job, or not.

8 Also this issue is further compounded with
9 the issue of nursing home and hospital staff being
10 placed on call, where instead of having uninterrupted,
11 you know, time off with their family or to rest, they
12 are basically at the beck and call of their pager and
13 have to go either return to the hospital or nursing
14 home in certain emergency circumstances.

15 And for more information on how mandatory
16 overtime correlates with the number of medical errors
17 and near medical errors, I have enclosed a copy of
18 "The Working Hours of Hospital Staff Nurses in Patient
19 Safety" with my written testimony. There should be a
20 copy of it for everybody.

21 And there's also some people that try to
22 focus this whole issue and debate on just hospitals.
23 It's an equally serious and relevant problem in our
24 nursing homes.

25 In nursing homes, the turnover rate is even

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1 higher and workers are leaving due to these heavy work
2 loads. Also, too, is in nursing homes you have
3 workers leaving because of low wages, lack of
4 insurance, and also high injury rates. Nursing home
5 workers have the highest back injury rates of any
6 workers.

7 I have also enclosed in my written testimony
8 just some model language that SEIU has put together on
9 the issue of staffing ratios and mandatory overtime,
10 and SEIU is on the record of supporting the nurse
11 staffing standards in the Federal Patient Safety
12 Quality Care Act of 2004, along with the Safe Nursing
13 and Patient Care Act.

14 And here in Michigan there has been
15 bipartisan legislation introduced dealing with both
16 the issues of mandatory overtime and also staffing

17 level, but unfortunately you never really get a true
18 committee hearing or even get any movement whatsoever.
19 And I strongly encourage you to please do whatever you
20 can do to encourage the State or the Feds to move some
21 of this legislation and really have an open forum of
22 discussion on these issues of staffing and mandatory
23 overtime.
24 The last thing we think that will improve
25 patient safety is to allow healthcare workers a

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1 stronger voice and more involvement in the
2 decision-making of healthcare facilities, because
3 nurses or CNAs in nursing homes are in the prime
4 positions to pinpoint insufficient work process that
5 can contribute to errors, identify causes of nurse
6 staff turnover, and also determine the appropriate
7 levels for staffing for each unit.

8 And in closing I just want to thank the
9 Commission on Patient Safety, and I've also got copies
10 of my testimony along with the study in the back.

11 MR. WAGENKNECHT: Could you tell me what a
12 CNA is or --

13 MS. PAUL: Certified nurse assistant.

14 MR. WAGENKNECHT: That's what I thought.

15 MS. PAUL: They are the group of people that
16 do pretty much all the hands-on work in a nursing
17 home.

18 MR. WAGENKNECHT: Thank you.

19 MR. PARADIS: Follow-up question. Is it
20 supply issues that make nurse staffing so difficult or
21 are there other issues? What are the issues that
22 contribute to the staffing issues that you were
23 referring to?

24 MS. PAUL: I think it's working conditions.
25 You've got nurses or CNAs that are overworked,

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1 overburdened, that really can't do proper care for
2 their patients or residents. And, you know, then
3 there's the guilt, the burnout that goes with it, the
4 increased and higher injury rates.

5 In particular, there is a study that shows
6 that nearly 50 percent of the nurses in hospitals have
7 left the profession, you know, for something simpler
8 and easier. And with actual nursing homes, they're at

9 almost a 100 percent turnover rate, so....

10 MR. PARADIS: Is it your understanding that
11 we have adequate supply that we can backfill and
12 create adequate nursing with the supply of nurses we
13 have now or is there work to be done there?

14 MS. PAUL: There's probably work to be done
15 to encourage younger people to get involved in the
16 nursing profession or the CNA profession. But,
17 unfortunately, when they're faced with the, I want to
18 say tremendously difficult work conditions that some
19 of the nurses face in our hospitals and nursing homes,
20 they choose another career path, unless they're truly
21 dedicated.

22 MR. BISSONNETTE: Thank you for your
23 testimony.

24 MS. PAUL: You're welcome.

25 MR. BISSONNETTE: Perhaps a clarification,

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1 perhaps an expansion. Recognizing that there is a
2 difference in how it is experienced between mandatory
3 and voluntary overtime, does SEIU have an opinion
4 regarding the effect on patient safety that either
5 voluntary or mandatory overtime has? Because you've
6 described in your testimony mandatory overtime but
7 clearly -- well, I won't say clearly. Perhaps a
8 thought could be the total amount of hours of work
9 either by nurses or CNAs has some effect on patient
10 safety.

11 MS. PAUL: Actually, SEIU does take a stand
12 on also limiting the voluntary overtime to no more
13 than 16 hours in a 24-hour period. And also no more
14 than seven consecutive days without at least a 24-hour
15 rest period. So we also recognize that issue, too.

16 DR. SIMMER: Thank you very much.

17 MS. PAUL: You're welcome.