



Finance Subcommittee on Health and Human Services

RE: Mandatory Overtime Proposal

March 23, 2017

Chairman Romanchuk, Ranking Member Sykes, and members of the subcommittee, I am Lori Chovanak, CEO of the Ohio Nurses Association and a practicing cardiac nurse practitioner. I am testifying today to make you aware of an issue of grave concern to registered nurses across the state, but more importantly I am here to offer a tried and true solution. If you survey nurses on the issues that concern them most, which ONA regularly does, one issue will be at the top of the list time and time again: mandatory overtime and its impact on patient care. In fact, mandatory overtime, contributes to preventable medical errors – the 3rd leading cause of death in the United States.

So what is mandatory overtime? Put simply mandatory overtime occurs when a registered nurse is scheduled and works a regular shift, but at the end of that shift is ordered to stay and work additional hours. In enforcing this mandatory overtime some, and I want to emphasize some not all, hospitals will threaten a nurse with termination and or referral to the Board of Nursing for patient abandonment. Given these threats to nurse's personal and professional livelihood it is easy to see why they feel coerced into accepting additional hours even though they may feel they are exhausted and incapable of safely delivering care.

As a health care professional committed to caring for my patients, I am well aware of my limits. Unfortunately, nurses mandated to work overtime lack the ability to stand up for themselves and their patients when they feel unsafe to continue delivering high quality care.

Evidence shows that mandatory overtime is used as a staffing tool in hospitals who have not engaged in rigorous staff planning. Rigorous staff planning adequately accounts for unanticipated, but not uncommon, changes in staffing needs.

Mandating a nurse to work beyond his or her scheduled shift can lead to the nurse working fatigued, which affects their ability to deliver the safe care patient's deserve. Exhaustion and fatigue have proven to result in an increased risk of preventable medical errors, which are the third leading

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cause of death in the United States. Working while exhausted also results in a decline in memory, a reduced ability to learn, and impaired communication skills. 90% of medical errors have been linked to miscommunication. Even the most competent nurse, like me, can make an error when exhausted and it has happened in my practice.

This begs the question: If you or your loved one were in a hospital, would you rather be treated by a nurse who has been mandated to work overtime, who is exhausted, and who feels unsafe to deliver care? Or a nurse who is rested, alert, and able to deliver top quality care? As a nurse who has personally worked in an exhaustive state, I know whom I would want to care for me and my family.

Nurses are not self-serving: self serving individuals do not chose a profession that is devoted to helping others. But as professionals we are ethically bound to assess our ability to care for patients based on their clinical needs and our own physical and mental ability to provide safe care. We promise to keep our patients safe, and we are the ones who know if we're able to deliver on that promise.

When ONA helped pass nurse-staffing legislation - House Bill 346 - in 2008, it was understood that this was a foundation to build upon. That bill requires all hospitals to create an internal staffing committee that developes a rigorous staffing plan and then provides that staffing plan annually in a manner that can be accessed by the public. This plan is supposed to be developed using evidence for safe nurse staffing and optimal patient care.

While some hospitals, like Akron Children's, not only comply with current Ohio law but produce amazingly detailed plans, others unfortunately do not. Under current law there is no oversight to confirm that hospitals are producing or abiding by the staffing plans. Additionally, there are no repercussions when the law is ignored.

So with all that said, what is our proposed solution? We believe that overtime decisions need to take place as a conversation between well-intentioned and dedicated healthcare professionals. That is not happening in all cases today. To that end we would suggest a two-fold solution:

1. Simply put, nurses must be able to assess their own ability to deliver safe care if working additional hours. Ohio should join 18 other US states, including Texas, West Virginia, and Pennsylvania, and prohibit mandatory overtime, thereby making it illegal to coerce nurses

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through termination or licensure sanction in non-emergency situations. This does not prohibit overtime, but rather empowers the nurse to make the professional decision on whether or not they are safe to continue providing care.

2. Require that nurse staff plans be produced every two years, instead of annually, and stipulate that they must be submitted to the Department of Health for posting on a dedicated website for public access.

Our proposal would result in a professional collaboration between the nurse and the employer; allowing each to discuss the current needs of the patients and facility, and the physical and mental wellness of the registered nurse to continue delivering safe, high quality care.

Evidence supports that in hospitals that do not practice nurse overtime show a 50 percent reduction in patient readmission and a dramatic reduction in post-discharge emergency department visits. The utilization of mandatory overtime and staffing plans that lack detail and accounting for unanticipated, but not uncommon, changes in staffing needs, put patients at risk. We believe adoption of this proposal would go a long way toward mitigating those risks.

On behalf of ONA and over 200,000 Ohio registered nurses, I want to thank you for your time and attention to this important matter. I would be happy to answer any questions you might have on this issue and our proposal.

Sincerely,

A handwritten signature in black ink, appearing to read 'Lori Chovanak', written in a cursive style.

Lori Chovanak, MN, APRN-BC
Chief Executive Officer
Ohio Nurses Association