



**TESTIMONY OF
THE DEPARTMENT OF THE ATTORNEY GENERAL
KA 'OIHANA O KA LOIO KUHINA
THIRTY-SECOND LEGISLATURE, 2024**

ON THE FOLLOWING MEASURE:

S.B. NO. 1580, RELATING TO LABOR STANDARDS AT HEALTH CARE FACILITIES.

BEFORE THE:

SENATE COMMITTEES ON HEALTH AND HUMAN SERVICES AND ON LABOR AND TECHNOLOGY.

DATE: Monday, February 12, 2024 **TIME:** 3:00 p.m.

LOCATION: State Capitol, Room 224 and Videoconference

TESTIFIER(S): Anne E. Lopez, Attorney General, or
James E. Halvorson, Deputy Attorney General

Chairs San Buenaventura and Aquino and Members of the Committees:

The Department of the Attorney General (Department) provides the following comments on this bill.

The purposes of this bill are to: (1) establish minimum staffing standards for hospitals, care homes, and dialysis facilities, (2) require hospitals to create hospital staffing committees, (3) establish certain meal break, rest break, and overtime standards applicable to health care personnel, and (4) appropriate moneys to the Department of Labor and Industrial Relations to enforce these requirements.

The Department has the following concerns about this bill.

The State of Hawaii has Collective Bargaining Agreements (CBAs) with virtually all employees in State-run hospitals of the Hawaii Health Systems Corporation and the Hawaii State Hospital. Those CBAs cover working conditions and establish various committees, involving employees and management, which deal with a range of employment issues. This bill would intrude upon that system which has been successfully in place for over forty years. The State will either be dealing with duplicative provisions concerning working conditions or will have to renegotiate with the respective unions to bring the CBAs into conformance with the working conditions outlined in the bill. In addition, the complaint and enforcement provisions in the bill are inconsistent with the grievance procedures set forth in the existing CBAs. The decision

of the arbitration panel for the grievance process under section 89-11, Hawaii Revised Statutes, is final and binding while the complaint process proposed in the bill appears to be subject to judicial review. For the foregoing reasons, the Department recommends excluding the State from coverage in the bill. This may be achieved by adding a new section to part I of the proposed chapter on page 6, line 8, as follows:

§ -3 Exclusions. This chapter shall not apply to any health care facility owned or operated by the State.

Thank you for the opportunity to testify.



Rosalee Agas Yuu, RN
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The Thirty-Second Legislature, State of Hawai'i
Hawai'i State Senate
Committees Health & Human Services and
Labor & Technology

Testimony by
Hawaii Nurses Association
February 12, 2024

SB 1580 – Establish certain minimum staff-to-patient ratios for hospitals, care homes, and dialysis facilities. Requires hospitals to create hospital staffing committees and staffing plans. Establishes certain meal break, rest break, and overtime provisions applicable to health care personnel at hospitals, care homes, and dialysis facilities. Appropriates moneys to the Department of Labor and Industrial Relations for implementation and enforcement.

DATE: Monday February 12, 2024

TIME: 3:00 PM

PLACE: Conference Room 224

Chairs Senator San Buenaventura and Senator Aquino,

The Hawaii Nurses Association - OPEIU Local 50, affiliated with the AFL-CIO founded in 1917, represents 4,000 nurses, respiratory therapists, and other healthcare workers across the State of Hawai'i. We are grateful for this opportunity to express our **STRONG SUPPORT of SB 1580**

The healthcare sector in Hawai'i is facing a persistent staffing crisis, further intensified by the challenges posed by COVID-19. The patient surge in the aftermath of the pandemic has pushed healthcare workers to their limits. Despite claims from employers that it is "impossible to hire more nurses," the real issue lies in the excessive workload being placed on current staff, including the assignment of too many patients and mandated overtime.

Research, including a pivotal 2002 study published in the Journal of the American Medical Association, has shown that improved nurse-to-patient ratios greatly enhance patient safety and outcomes. Notably, the study found that the likelihood of patient mortality increases by 7% for each additional patient assigned to a nurse.

The idea that enforcing minimum nurse-to-patient ratios would lead to longer wait times is flawed. To draw a parallel, imagine a grocery store with only three cashiers open; adding a fourth cashier would naturally decrease, not increase, the wait time. Similarly, appropriate nurse staffing levels in healthcare facilities can boost efficiency and shorten wait times for patients.

Addressing fears that mandated ratios could worsen the nursing shortage highlights the importance of better working conditions in attracting and retaining nursing staff. The current practice of overworking nurses not only affects their health and job satisfaction but also the quality of care provided. Ensuring reasonable nurse-to-patient ratios leads to higher job satisfaction, reduced burnout, and a more appealing nursing profession. This results in a more skilled and valuable workforce, which in turn significantly improves the quality and safety of patient care.

In conclusion, the burden of managing too many patients leads to burnout, exhaustion, and stress among healthcare workers, increasing the likelihood of errors in patient care and prompting many to leave the profession. The Nurses at Kapi'olani Medical Center for Women and Children brought much needed attention to the community that our healthcare workers in Hawai'i are in a staffing crisis. SB-1580 aims to establish adequate staff-to-patient ratios, ensuring healthcare workers can deliver safe, high-quality care to Hawai'i's people. Furthermore, SB-1580 will improve working conditions, thereby supporting the retention and recruitment of nurses and other healthcare professionals.

Respectfully,

Rosalee Agas Yuu,
President



HAWAII GOVERNMENT EMPLOYEES ASSOCIATION
AFSCME Local 152, AFL-CIO

RANDY PERREIRA, Executive Director • Tel: 808.543.0011 • Fax: 808.528.0922

The Thirty-Second Legislature, State of Hawaii
Hawaii State Senate
Committees on Health and Human Services and Labor & Technology

Testimony by
Hawaii Government Employees Association, AFSCME Local 152, AFL-CIO
February 10, 2024

S.B. 1580 – Relating to Labor Standards at Health Care Facilities

The Hawaii Government Employees Association, AFSCME Local 152, AFL-CIO strongly **supports** the purpose and intent of S.B. 1580.

Decades of incremental increases to staff-to-patient ratios and expectations for patient care have led working conditions in the health care profession to become increasingly unpredictable, unsafe (for both healthcare professionals and their patients), and unwelcoming to those who are currently health care professionals and those who may aspire to become healthcare professionals in the future.

The result is an environment where working conditions, in part, resulting from improper and unrealistic staff-to-patient ratios and increased expectations for patient care, have borne their inevitable bitter fruit – health care professionals are exiting the field at an alarming rate, at a huge cost to the health care providers and the communities that they are entrusted to service. Among those who stay, burnout is increasingly common.

However, it doesn't need to be this way. We can remedy this unfortunate truth.

HGEA's decades of experience acting as the exclusive representative of thousands of publicly-employed health care personnel organized into Bargaining Units 3, 9, and 13, leads us to firmly believe that establishing and enforcing proper and realistic staff-to-patient ratios (i.e. "safe-staffing ratios") and common-sense rest and overtime provisions, and empowering the State of Hawaii to enforce such ratios and provisions are necessary to ensure the continued health and safety of health care personnel and patients. Proper and realistic staff-to-patient ratios have been shown to be associated with better health and safety outcomes for both health care professionals and patients alike. Quite literally, proper and realistic staff-to-patient ratios save lives.

The global pandemic caused by COVID-19 and its variants led the world to universally acknowledge the importance of health care professionals. We could not have made it through the pandemic without their unwavering sacrifice and support for our communities. Now, our community has the opportunity to show our support for them.

Passage of this legislation is likely to improve working conditions in the health care profession by making it more predictable, safe, and welcoming. It is also likely to improve health and safety outcomes for health care professionals and their patients. This is a net benefit to the entire community. Accordingly, the Hawaii Government Employees Association, AFSCME Local 152, AFL-CIO reiterates its strong **support** for the purpose and intent of S.B. 1580, and encourages you to vote in support of S.B. 1580.

We appreciate your consideration of our testimony in **support** of S.B. 1580.

Respectfully,

A handwritten signature in black ink that reads "Randy Perreira". The signature is written in a cursive style with a large initial "R" and a distinct "P".

Randy Perreira
Executive Director

SB-1580

Submitted on: 2/11/2024 12:20:39 PM

Testimony for HHS on 2/12/2024 3:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Brett Woods RN	Individual	Support	Written Testimony Only

Comments:

As a practicing RN (in the past) I was astonished at how foolish the patient ratios were. At some medical facilities I was subjected to 6-8-10-12 patients and only one CNA to help (6 patients = 10 minutes MAX, 12 PATIENTS = 5 MINUTES MAX PER HOUR PER PATIENT!). While acuity /medical condition dictates much of the reasoning around staffing, there is no substitute for common sense.

IF THERE ISN'T ENOUGH STAFF PATIENTS FALL, SUFFER NEGLECT, EVEN DIE. This is where "THEORYS MEET REALITY": For every patient we must divide our time: 4 patients = 15 minutes MAXIMUM per hour, so 6 patients = 10 minutes MAXIMUM per hour. What happens when a patient is vomitting and needs staff present for an hour??? NO OTHER PATIENT GETS HELP...THAT IS WHAT HAPPENS!! This is BASIC MATH, it is common sense reality.

Once I sat in on a "Staffing Commitee" where they were discussing the dramatic increase in falls at the facility. After A FULL HOUR of discussion there were no identifiable steps submitted or discussed to address the problem...as if it was a total mystery. I was the only male nurse in that meeting and found the endless "discussion" not only lacking in LOGIC, but a foolish and pointless waste of time and resources. I finally spoke up and asked: "Is it just me, or has anyone else noticed the falls increased dramatically when the hospital changed the staffing ratios from 1-4 to 1-7? If you want to avoid falls we cannot have patients getting frustrated with unanswered call lights and getting up without assistance. THAT is the cause of the fall increase demonstated on your graphs in the last 2 months, fix the staffing issue and you fix the fall issue." Everyone in the room acted like I had just violated some unspoken rule and I was ignored, the management cleared their throats and started over with the endless discussion. It was a classic example of foolish politics over logic...MATH...IT IS NOT RANDOM OR MUTABLE, IT IS LOGIC, IF YOU WANT TO BE SAFE AND FOR YOUR FAMILY TO BE SAFE IN THE HOSPITAL, YOU CANNOT HAVE HOSPITAL STAFF THAT IS OVERWORKED, OVERWHELMED, EXHAUSTED AND NUMB TO THE SOUND OF ENDLESSLY RINGING CALL LIGHTS. "LOGIC" IT REALLY IS THAT SIMPLE.

Safe staffing levels are a basic right of every patient in a medical facility, to fail at providing safety is to willingly fail at providing the most basic right to our patients, families, friends, elderly, when they are MOST IN NEED OF THAT SAFETY. SO, Do the right thing.

It is always about money and "staffing costs" that drive the facilities to provide inadequate staff, why not decrease the salaries of Executives and provide better service to the community???"Oh, well, we can't do that to the 'executive club' members" That's sickening, disgusting and WRONG. You will one day be in a hospital bed wondering why nobody is coming when you call...or one of your loved ones will be there, so think about that. \$\$\$ doesn't matter if they suffer or die waiting for help.

PLEASE DO THE RIGHT THING AND PASS THE LAW PROVIDING SAFE STAFFING LEVELS.

SB-1580

Submitted on: 2/10/2024 11:08:23 AM

Testimony for HHS on 2/12/2024 3:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Gabrielle Pablo	Testifying for HAWAII NURSES ASSOCIATION OPEIU LOCAL 50	Support	Remotely Via Zoom

Comments:

Aloha Chairs Aquino and San Buenaventura, Vice Chairs, and committee members,

My name is Gabrielle Pablo. I am a registered nurse and I work at Kapiolani Medical Center. I strongly support SB 1580 Relating to Labor Standards at Health Care Facilities.

I started my nursing career 10 years ago in Seattle at Swedish Medical Center labor and delivery, where 700 deliveries/month were the average but with the same high risk population as Kapi'olani. The difference in safety and burnout for healthcare workers, especially nurses, is MONUMENTAL when hospitals adhere to safe patient ratios for high quality care. Coming from a place where snow would commonly prevent healthcare workers from getting to work on time or from going home, I was never mandated in my 3 years working in Seattle. However, in my 7 years at Kapi'olani, my coworkers and I have often been mandated to stay over our 12 hour shift to work a total of 16 hours in the hospital. There were times where up to 7 nurses were mandated to help on the unit because there were not enough staff.

Although I had a safe and healthy working environment in Seattle, I chose to move back home in Hawai'i and I still stay at Kapi'olani because it isn't just nursing care, it's our community giving back to our people. How can we take care of our people when we don't even have enough people to physically do so? We cannot even retain nurses from the mainland because the conditions are so harsh and the cost of living is so high. We have been abused in having nurses stay home while nurses at work take more of the workload to save money while executives are awarded 2 million in bonuses during COVID. It's insulting and unsafe, and the burnout on nurses is what is causing the shortage and why many people to leave nursing altogether. I give so much of myself physically, mentally, and emotionally to my patients and to helping my coworkers that I have little to nothing left to give back to myself and my family. Please consider this testimony so that nurses like myself can give the best care to our people of Hawai'i.

Mahalo for your support of SB1580. Please pass this bill!

Respectfully Submitted,
Gabrielle Pablo

SB-1580

Submitted on: 2/9/2024 6:31:07 PM

Testimony for HHS on 2/12/2024 3:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Michael Golojuch Jr	Testifying for Stonewall Caucus of the Democratic Party of Hawai‘i; Hawai‘i	Support	Remotely Via Zoom

Comments:

Aloha Senators,

The Stonewall Caucus of the Democratic Party of Hawai‘i; Hawai‘i’s oldest and largest policy and political LGBTQIA+ focused organization fully supports SB 1580.

We hope you all will support this important piece of legislation.

Mahalo nui loa,

Michael Golojuch, Jr. (he/him)
Chair and SCC Representative
Stonewall Caucus for the DPH

SB-1580

Submitted on: 2/9/2024 6:18:40 PM

Testimony for HHS on 2/12/2024 3:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Pride at Work - Hawaii	Testifying for Pride at Work – Hawai‘i	Support	Written Testimony Only

Comments:

Aloha Senators,

Pride at Work – Hawai‘i is an official chapter of Pride At Work which is a national nonprofit organization that represents LGBTQIA+ union members and their allies. P@W-HI fully supports SB 1580.

We ask that you support this needed piece of legislation.

Mahalo,

Pride at Work – Hawai‘i



Randy Perreira
President

HAWAII STATE AFL-CIO

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The Thirty-Second Legislature
The Senate
Committees on Labor and Technology & Health and Human Services

Testimony by
Hawaii State AFL-CIO

February 12, 2024

TESTIMONY ON SB1580 - RELATING TO LABOR STANDARDS AT HEALTH CARE FACILITIES

Chair Aquino and San Buenaventura, Vice Chair Moriwaki, and members of the committee:

The Hawaii State AFL-CIO is a federation of 74 affiliate labor organizations who represent over 68,000 union members within the State of Hawaii. The Hawaii State AFL-CIO serves its affiliates by advocating for workers and their families before the state legislature and other branches of state and county government.

The Hawaii State AFL-CIO **strongly supports** SB1580 for its potential to address the chronic understaffing crisis in Hawaii's healthcare industry. The bill aims to establish minimum staff-to-patient ratios and mandate reasonable working hours which are crucial steps toward delivering high-quality and safe patient care.

Our healthcare workforce faces severe strain, leading to issues like forced overtime, exhaustion, and errors in patient care. This bill seeks to alleviate these challenges, which should also improve recruitment and retention.

Additionally, the bill includes provisions for meal breaks, rest breaks, and overtime protections, acknowledging the importance of rest and work-life balance in preventing burnout and maintaining optimal performance.

It is essential to address the immediate staffing crisis and building a sustainable healthcare workforce for the future. For many years, employers have refused to acknowledge that establishing minimum staff-to-patient ratios could be the solution to address this chronic issue. We urge for the support of our legislature to help us improve working conditions and ensure quality care for all patients.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Randy Perreira".

Randy Perreira
President

SB-1580

Submitted on: 2/10/2024 12:26:01 PM

Testimony for HHS on 2/12/2024 3:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Alexa Fernandez	Testifying for Hawaii Nurses' Association	Support	Written Testimony Only

Comments:

Aloha, I am Alexa Fernandez, Pediatric Registered Nurse of 7 years at Kapiolani. I'd like to write in support of this bill to ensure safety to the patients and families we take care of. Our people are so unique, our population here in Hawaii, and how we do things is so unique. Not only do we carry out medical orders but we will "talk story" with families, make them feel at home during their most vulnerable moments, be a shoulder to cry on or just be the person to listen and validate their concerns and advocate for them. We ultimately treat them as our family, our ohana. Our current staffing ratios no longer allow us to be this type of nurse to our patients and their families because we are just too busy and are running short staffed every shift. We can no longer give the type of care we pride ourselves with. We hope that since our employer is ignoring our pleas to put safe staffing ratios on paper, that this bill we bridge that gap for us. So that we can feel safe at the bedside again and be able to provide the care that the patient and their families deserve.

SB-1580

Submitted on: 2/10/2024 12:25:07 PM

Testimony for HHS on 2/12/2024 3:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Anna Liza D. Legaspi	Testifying for HNA	Support	Written Testimony Only

Comments:

I'm currently working at Kapiolani Hospital Emergency Department, been a nurse since 2006 and grateful to be a nurse taking care of patients., assigned with 4 rooms sometimes 5 and there are times that a family of 3 in one room will total you to have 6-8 patients! Imagine having so much pts at same time! No matter how much you want to give the patients your 100% is not gonna happen because you have so much and each and every patient have different needs attention and care.

I truly believe that with the help of the government to pass this Patient Ratio Bill will help not only the nurses but mostly the Community! Nurses will have more time to listen and take care of the patients concerns and needs.

Please help and listen with your Heart! It will benefit the community and your family!

SB-1580

Submitted on: 2/10/2024 1:24:58 PM

Testimony for HHS on 2/12/2024 3:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Eryn	Testifying for HNA	Support	Written Testimony Only

Comments:

Working as a bedside registered nurse for almost 12 years, I've witnessed the many challenges and obstacles within our Hawaii healthcare system. It's become very disheartening and discouraging to see how we've failed our people in so many ways. The gradual decline in retention of OUR own has made it more and more difficult to obtain QUALITY patient care, and has proven a disconnect between being taken cared of by a nurse who knows the people verses someone who's just been flown in for the money. We need RETENTION and SAFER working conditions where we're not being mandated 16 hours, then coming back for another 12-16 hours with less than 10 hours of rest after getting off the clock. Or being told to take on multiple roles and/or responsibilities of 2-3 nurses for the price of 1. We need CHANGE to happen and for our voices to be heard! Our Hawaii deserves so much better!

SB-1580

Submitted on: 2/10/2024 4:51:45 PM

Testimony for HHS on 2/12/2024 3:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Christina Noguchi-Desamito	Testifying for Hawaii Nurses Association	Support	Written Testimony Only

Comments:

I have been a nurse at Kapiolani Medical Center for the past 16 years. During my time at this hospital, I have seen first hand that the patients are becoming more complex with higher acuity. Nurses are forced to take more patients and there is no way to regulate the amount of staff needed per patient. Patients end up getting poor quality care. I support this bill and hope that staffing ratios will be implemented in the future so that patients can get safe quality care. I care about the patients and families in the State of Hawaii and humbly ask for safe staffing ratios.

SB-1580

Submitted on: 2/10/2024 6:05:29 PM

Testimony for HHS on 2/12/2024 3:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Kasandra Raquel	Testifying for Hawaii Nurses Association	Support	Written Testimony Only

Comments:

Aloha Chairs Aquino and San Buenaventura, Vice Chairs, and committee members,

My name is Kasandra Raquel. I am a Registered Nurse and I work at Kapiolani Medical Center for Women and Children in Pediatrics. I strongly support SB 1580 Relating to Labor Standards at **all** Health Care Facilities.

I am a proud local born nurse. I was trained by the most senior nurses of my unit, who at the time at 30+ years under their belt. They made being a nurse sound so rewarding. At the time I constantly told myself, "if they can stay on the same unit as a nurse for 30+ years, then I can too". But times have evolved and if you ask any of these senior nurses if their assignments are anything what they used to be 30+ years ago, they will tell you no.

I used to handle busy assignments with grace and "take what I had to because it was my job" but after nearly 10 years at the bedside, I've seen too much bad things happen when we don't have adequate staff on the unit. As a part of my job, I function as a relief charge nurse on my night shift. As a charge nurse, you're not just responsible for overseeing your own 3 patients, but also your nurses and their patients. On some nights, I don't even conduct my assessments on my own patients until 2 hours after my shift started. Of course I have "laid eyes on them" from the start but I don't get to even deliver my nursing care until well into my shift. I have to watch my nurses take "no lunch" or "no break" and we all just accept it because it is in our culture. The kids are sicker than they were 10 years ago, we're seeing newer interventions that require more monitoring, we're taking care of more and more kids who's parents leave the bedside. On several occasions, we had 5 babies and toddlers left without their parents (for varying circumstances), and we have to juggle our time between 3-4 patients, all while one baby is screaming at the top of their lungs. We're expected to tolerate our work conditions because we've been at it for a long time and all our employers have to say is "well were you safe?". The fact that you have to retrospectively look at a situation to determine if it was safe is appalling. Why couldn't it have been safe to begin with? Why couldn't you have enough staff to support us to begin with?

When you see other places like California that have set patient ratios have mandated breaks and just overall better working conditions, you wonder why Hawai'i cannot retain their local grown nurses. We see it. Social media is a powerful tool. The work conditions of other healthcare facilities is more accessible than ever. We as healthcare providers know that it IS better in some places; the grass IS greener somewhere else. But we stay in Hawai'i and serve OUR people. Hawai'i is behind the times, follow in the direction of California. If you even consider improving

the working conditions in our healthcare facilities by mandating safe staffing ratios, you will see the retention statewide. Nurses will want to stay where they are supported.

Mahalo for your support of SB1580. Please pass this bill!

Respectfully Submitted,
Kasandra Raquel

SB-1580

Submitted on: 2/10/2024 10:27:52 PM

Testimony for HHS on 2/12/2024 3:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Tracie Alexander	Testifying for HNA	Support	Written Testimony Only

Comments:

Aloha Chairs Aquino and San Buenaventura, Vice Chairs, and committee members,

My name is Tracie Alexander. I am a Registered Nurse and I work at Kapiolani Medical Center. I strongly support SB 1580 Relating to Labor Standards at Health Care Facilities.

I have been a Registered Nurse at Kapiolani for 14 years. Unfortunately, my ties to Kapiolani Medical Center starts 26 years ago when I was 12 years old. In November of 1998 my sister the Tammie Miura was diagnosed with Acute Lymphoblastic Leukemia. I can remember her very first nurse she ever had her name was Julie. Julie walked into the room with a big smile and bright orange shoes. During such a scary time in our life Julie instantly made me smile and put me and my family to ease. I spent many nights in the hospital and I saw how the nurses spent so much time with our family by just "talking story," or playing with my sister, making her feel good when her body was feeling junk. They treated us like we were their own. I started thinking maybe this is something I could do when I grow up.

My sister later relapsed and needed a bone marrow transplant, I was fortunate to be her donor. Her bone marrow transplant was weeks long, during this time I would barely see my sister, a time when facetime or skype didn't exist. Her transplant also required a stay in the ICU. I was too young to understand the severity of the situation. Luckily, she made it through transplant, and we enjoyed 11 years of her being cancer free. By this time, I went on my journey to become a nurse and eventually hired at Kapiolani Medical Center as a nurses aide and I later was hired as a pediatric oncology nurse, my dream had come true. Nurses who took care of my sister all those years ago have now become my colleagues. During this time my sister developed osteosarcoma (cancer of the bone). She completed her treatment and was off to grad school at Gonzaga, however she developed a glioma (brain tumor) in which she decided to come home and receive radiation, but a few months later she passed away. I was there for her till the end and the last thing I would ever do for my sister was her post mortem care, something that had scared me now became such an honor.

Because of my sister's nurses, I am a pediatric oncology nurse. The many hours the nurses spent time with us not only doing cares for her but talking to us, a listening ear for us to vent, a shoulder to cry on, and sometimes a hug to tell us "it's ok." All those things did not go unnoticed

by me all those years ago. Those nurses were there for us from the very beginning till the very end.

I wanted to be a nurse to do all those things those nurses did for my sister. However, at work these days, I barely have time to eat lunch, let alone sit and talk with my patients and their families. I cannot even count the number of times where my patient's families tell me "wow you folks are so busy," a family or a patient should never know how busy we are, but this is the reality of the job today. How many times have I told a family "you folks ok?" Secretly hoping they won't need anything because it will put me behind and once they say "we are good," I'm off running to the next room. I've also witnessed parents crying, because having to hear, "your child has cancer," is probably the second worst thing to hear other than hearing "I'm sorry your child has passed away." To be quite honest I am sick and tired that I cannot be that ear to vent, the shoulder to cry on, or give the hug to let families know, "I hear you, but I'm here for you, and we'll get through it together."

I am starting to feel the burnout and throughout my career many great nurses who I thought would retire on my unit have left. I walk off my unit most days thinking, "how did I do it? This is so unsafe; how much longer can I take this?" We are expected to give quality care with less staff and resources. I just want to be the nurse that can provide quality care to my patients and their families much like the nurses who inspired me all those years ago.

For these reasons I ask that SB1580 passes so that I can provide quality care to my patients and their families.

Mahalo for your support of SB1580. Please pass this bill!

Respectfully Submitted,

Tracie Alexander, BSN, RN, CPHON

SB-1580

Submitted on: 2/11/2024 10:15:23 AM

Testimony for HHS on 2/12/2024 3:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Lori Ikeda	Testifying for Hawaii Nurses Association	Support	Written Testimony Only

Comments:

I am a registered nurse at Kapiolani Medical Center for Women & Children and I strongly support SB 1580 to address Nurse to patient ratios to provide safe staffing for patients while receiving care at Kapiolani. I have dedicated 36 years of my nursing career at Kapiolani because I truly believed in their mission to provide quality care to women and children of Hawaii. Over the years I have experienced many trials of short staffing & countless unsafe situations while delivering patient care. Nursing is a complex profession which requires various skills such as triage, prioritization, organization, medical equipment knowledge, medication management, communication and compassion to deliver quality care to patients. This care is required for each & every patient. It is extremely difficult to provide this quality of care when being tasked with too many patients at once. Patient care is compromised and unsafe situations arise.

Please help ensure patient safety by implementing SB 1580 so we can provide the best care to all patients at Kapiolani Medical Center for Women & Children.

SB-1580

Submitted on: 2/10/2024 7:20:18 PM

Testimony for HHS on 2/12/2024 3:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Glenda CAMERO	Testifying for Hawaii Nurses Association	Support	Written Testimony Only

Comments:

Hello, my name is Glenda Camero and I am a registered nurse at Kapi‘olani Medical Center for Women and Children. I have been a pediatric oncology nurse for nearly 27 years . Over the years I have noticed that patients have become sicker and more and more we have been forced to work understaffed. On my unit in particular we perform bone marrow and stem cell transplants, and we administer chemotherapy and immunotherapy all of which require close monitoring, specific critical thinking and skill sets, not to mention a lot of teaching with patients and their families. It is very difficult to do all that is necessary if our patient assignments are heavy. I am concerned that nurses would not be able to provide safe patient care because we are too busy teaching patients and their families about their newly diagnosed cancer, or too busy administering chemotherapy or immunotherapy to other patients or too busy caring for an acutely ill child who is decompensating because he or she is in septic shock and on the brink of being transferred to the ICU (intensive care unit) I can recall a time when we were understaffed and I had to take care of 5 patients. Of the 5 patients, one was a bone marrow transplant, two were cancer patients receiving chemotherapy and the other two were general medical/surgical patients. Taking care of a bone marrow transplant patient requires a lot of time and attention because they are in isolation and they are usually very sick. A safe patient to nurse ratio that includes a bone marrow transplant is 1 nurse to 2 patients sometimes 3 patients depending on the acuity level. More than 3 patients is unacceptable. I honestly felt that I did not give the best care to my other two medical/surgical patients because i was too busy caring for the oncology patients. The patients are the ones that truly suffer because they could get better care and attention if we were staffed properly. I kindly ask that this bill be passed so that hospitals and other Healthcare facilities are held accountable to staff safely. Thank you for your time.

SB-1580

Submitted on: 2/10/2024 12:42:51 PM

Testimony for HHS on 2/12/2024 3:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Jacob Marianela	Testifying for Healthcare School of Hawaii	Support	Written Testimony Only

Comments:

I am in full support of SB 1580. The nurses are working very hard, already stressed out, with many responsibilities delegated to them. Safe staffing is always an issue. The healthcare support team, including the nurses aids, technicians, are also overextending their work hours to support the nursing team. We need to reorganize the work load, add more clinically competent staff, to provide quality care to our patients.

Marianela Jacob MSN, APRN-Rx, FNP-BC



Cade Watanabe, Financial Secretary-Treasurer

Gemma G. Weinstein, President

Eric W. Gill, Senior Vice-President

February 11, 2024

Committee On Labor And Technology
Senator Sharon Y. Moriwaki, Chair
Senator Chris Lee, Vice Chair

Committee On Health And Human Services
Senator Joy A. San Buenaventura, Chair
Senator Henry J.C. Aquino, Vice Chair

Testimony in Support of SB1580

Chairs Moriwaki and San Buenaventura, Vice Chairs Lee and Aquino, and Members of the Committees,

UNITE HERE Local 5 represents 10,000 working people in the health care, hotel, and food service industries across Hawaii. We are in support of SB1580, which would require minimum staff-to-patient ratios for hospitals, care homes, and dialysis facilities. Staffing ratios in the healthcare industry are crucial for the safety and well-being of patients. Healthcare workers understand the importance of having the time and resources to provide quality patient care. In fact, as the ones dealing with patients every day, and directly experiencing the impacts of staffing decisions within the workplace, they are in the best position to know what they need in order to provide care properly. A lack of staffing ratios is leading to widespread burnout and more healthcare workers leaving the workforce nationwide. Many of these healthcare workers who burn out don't just leave their jobs; they leave the entire profession, carrying the trauma of not being able to help patients; of chronically being unable to provide the very thing that drove their desire to work in healthcare in the first place. This in turn makes staffing shortages even worse.

Workers all over the country have fought hard to achieve reasonable staffing ratios – numerous strikes have taken place, including here in Hawaii, over the past three years as workers have used their voices to sound the alarm bell and address this absolutely crucial health care issue.

Several states have introduced measures like SB1580 to address this issue; we urge you to move this legislation forward.

Thank you for your consideration.

SB-1580

Submitted on: 2/11/2024 1:28:49 PM

Testimony for HHS on 2/12/2024 3:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Cherry Nakama	Testifying for Hawaii Pacific Health	Support	Written Testimony Only

Comments:

I am in support of this bill to help provide safe ratios and staffing for my fellow nurses and the patients we care for. Please pass this bill.

Thank you,

Cherry Nakama

SB-1580

Submitted on: 2/10/2024 10:17:28 PM

Testimony for HHS on 2/12/2024 3:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Kirstie Tanouye	Testifying for Testifying for HNA	Support	Written Testimony Only

Comments:

As a registered nurse currently working in Hawaii, I am writing in strong support of SB1580. I have been working as a nurse for a little over a year now and I would be lying if I said that I wasn't already feeling the burnout. It's hard to provide our patients with the best possible care that they deserve when we are asked to be spread so thin. There have been many days where I have left work feeling like I didn't do the best job that I could've done because I was so overwhelmed with the amount of patients that I was assigned to take care of. This bill would help to ensure that nurses are given appropriate ratios that would help us to provide the best care to all of our patients. This bill is not only for the healthcare workers of Hawaii, but more importantly for the PEOPLE of Hawaii. Thank you for your support.

SB-1580

Submitted on: 2/11/2024 12:54:03 PM

Testimony for HHS on 2/12/2024 3:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Samelyn Roldan	Testifying for HNA	Support	Written Testimony Only

Comments:

Aloha Chairs Aquino and San Buenaventura, Vice Chairs, and committee members,

My name is Samelyn Roldan. I am a nurse and I work at Kapiolani Medical Center for Women and Children. I strongly support SB1580 Relating to Labor Standards at Health Care Facilities.

I started my nursing career at Kapiolani Medical Center for Women and Children in 2002 and have worked on the same unit since then. This bill is important to me as I have worked many difficult and challenging shifts in my career. Like not having enough nurses on a shift to care for high acuity patients, especially those that are receiving chemotherapy, blood products, and needing multiple interventions. This means 1 nurse has an assignment with 4 pediatric patients, which most times are high in acuity. This 1 nurse is doing her best to provide the quality care the patients need, but sometimes this is hard when there is so much to do. This bill SB1580 will help hospitals with staffing ratios. It would be much safer for this 1 nurse to have a maximum of 3 patients to ensure quality care is being given. We do a lot of patient education re: new diagnoses, like diabetes and pediatric cancers and it just makes sense to have improved staffing ratios to get this done. Staffing ratios will also ensure safety of our patients which is priority...safety in the care being provided.

Bottom line...safe staffing saves lives.

Mahalo for your support of SB1580. Please pass this bill!

Respectfully Submitted,

Samelyn Roldan

SB-1580

Submitted on: 2/10/2024 11:32:39 AM

Testimony for HHS on 2/12/2024 3:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Parmenter, Kim	Testifying for Kapiolani Medical center for Women and children	Support	Written Testimony Only

Comments:

HI, I am a registered nurse in the ER at Kapiolani Medical Ctr where there is no maximum amt of patients that is allotted in our department. I strongly support SB1580. Most days we have more patients that our staff can handle. For example, a nurse is assigned to a 4 person section, but a trauma comes in that will take precedence and those patients will not be cared for to the best of our ability until that nurse is done with that trauma or another nurse comes in for their assigned shift. At times we are forced to fill our rooms with no nurse assigned and will get to them when we can. That is not safe, anything can change at that time with not enough nurses. Being short staffed is unsafe and being mandated past 12 hrs is also unsafe having to work such a mental/physically strenuous job I am extremely tired after 12 hours. I was mandated after a 12 hr shift and I could not function to the best of my ability and focus with the tasks at hand. So many errors can happen when being overworked in such a busy environment like the Emergency Room. I completely support this bill. Thank you legislators fo your support of this bill!

Dear Legislators,

My name is Erma Chock and I have been a registered nurse at Kapiolani for more than 13 years. I strongly support SB1580. I have also been affected by short staffing many times, causing me to feel over loaded and burnt out. This bill will help place the safety of patients and nurses first.

The unit I currently work in is a postpartum floor or Mother Baby Care Unit (MBCU). Our unit holds 52 beds but lacks the necessary staff support, which includes RNs, CA (nurses aides), and lactation consultants. Our patients consist of couplets, which is one mother and a baby. Often I have been assigned 4 couplets (8 patients) or 4 couplets and a NICU mother (8 1/2 patients). During our busiest times, I was assigned 5 couplets (10 patients). Management has tried but failed to uphold the AWHON standards of 1 nurse to 2 couplets. As a result, management continues to place more and more on our shoulders without considering the burden it places on us, physically and mentally. With a 12 hour shift I barely can take my designated breaks and meal times, due to the required list of tasks for each patient as well as the needs of the patient themselves. I have addressed my concerns via Safe staffing forms provided by employer but management has done nothing.

I believe this bill will help provide that safe environment for nurses to provide quality care that our patients deserve. I enjoy my career as a post-partum nurse, helping my patients through this precious time and allowing them to enjoy their new journey. Please pass SB1580. We want to know that our voices matter in this healthcare system. Thank you for your time and consideration.



UNITED PUBLIC WORKERS

AFSCME Local 646, AFL-CIO

**THE SENATE KA 'AHA KENEKOA
THE THIRTY-SECOND LEGISLATURE
REGULAR SESSION OF 2024**

COMMITTEE ON HEALTH AND HUMAN SERVICES

Senator Joy A. San Buenaventura, Chair
Senator Henry J.C. Aquino, Vice Chair

COMMITTEE ON LABOR AND TECHNOLOGY

Senator Henry J.C. Aquino, Chair
Senator Sharon Y. Moriwaki, Vice Chair

Monday, February 12, 2024, 3:00 PM
Conference Room 224 & Videoconference

Re: Testimony on SB1580 – RELATING TO LABOR STANDARDS AT HEALTH CARE FACILITIES

Chairs San Buenaventura and Aquino, Vice Chair Moriwaki, and Members of the Committee:

The United Public Workers, AFSCME Local 646, AFL-CIO ("UPW") is the exclusive bargaining representative for approximately 14,000 public employees, which includes blue collar, non-supervisory employees in Bargaining Unit 1 and institutional, health, and correctional employees in Bargaining Unit 10, in the State of Hawaii and various counties. UPW also represents nearly 1,500 healthcare workers in the private sector.

UPW **strongly supports** SB1580, which establishes certain minimum staff-to-patient ratios for hospitals, care homes, and dialysis facilities. This bill also requires hospitals to create hospital staffing committees and staffing plans. Additionally, this legislation establishes certain meal break, rest break, and overtime provisions applicable to health care personnel at hospitals, care homes, and dialysis facilities.

Increasing public awareness of chronic under-staffing practices enables the public to make informed decisions about receiving care at sufficiently staffed health care facilities. Sufficient staffing directly correlates to safe workplaces, worker wellbeing, and the delivery of quality patient care.

Mahalo for the opportunity to testify on this measure.

Sincerely,

A handwritten signature in blue ink, appearing to read "Kalani Werner", is written over a light blue, wavy line that serves as a signature guide.

Kalani Werner
State Director

HEADQUARTERS

1426 North School Street
Honolulu, Hawaii 96817-1914
Phone 808.847.2631

HAWAII

362 East Lanikaula Street
Hilo, Hawaii 96720-4336
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KAUAI

2970 Kele Street, Suite 213
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MAUI

841 Kolu Street
Wailuku, Hawaii 96793-1436
Phone 808.244.0815

1.866.454.4166

Toll Free - Molokai/Lanai only

SB-1580

Submitted on: 2/11/2024 2:34:27 PM

Testimony for HHS on 2/12/2024 3:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Mary Jane Quinto	Testifying for HNA	Support	Written Testimony Only

Comments:

My name is Mary Jane Quinto. I am a Pediatric nurse at Kapiolani Medical Center for Women and Children. I strongly support SB 1580 relating to Labor Standards at health care facilities. Now more than ever, it is imperative that we have a safe staffing law. Due to advances in medicine, our patients are getting more complex and they are needing more lifelong support and care that take a lot of time at the bedside. Providing safe and excellent care will always be our priority, but without a safe staffing law, our nurses are getting burn out, and are leaving the islands. We need to protect our healthcare workers. Please pass this bill. Mahalo for your support.

Respectfully submitted,

Mary Jane Quinto, RN

SB-1580

Submitted on: 2/11/2024 2:07:24 PM

Testimony for HHS on 2/12/2024 3:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Julienne Campos	Testifying for Hawaii Nurses Association	Support	Written Testimony Only

Comments:

Aloha Chairs Aquino and San Buenaventura, Vice Chairs, and committee members,

My name is Julienne Campos. I am a registered nurse and I work at Kapiolani Medical Center for Women and Children. I strongly support SB 1580 Relating to Labor Standards at Health Care Facilities.

I have been a nurse at Kapiolani Medical Center for 14 years, specifically in the Neonatal Intensive Care Unit. I started off as a new grad there and have loved it ever since. Throughout the years, I've seen changes in our acuity and our morale. Patient assignments have been getting difficult and staff has been burnt out from it. One of my personal experiences out of many, I had to take care of a micropreemie (<26 weeks), who was intubated and was paired with a body cooling infant. This infant wasn't even cooled for 24 hrs and usually if a baby is cooling for less than 24 hrs it's a 1:1, since it's high risk for seizures. My micropreemie was not a stable assignment as well, as she would have frequent spells. My co workers and I had told the charge that it was an unsafe assignment, but I had to bear and grin it because we didn't have the staff to cover it. Having this bill pass would help tremendously in preventing those kinds of assignments from happening. It would definitely help with staff retention, serving as a safeguard for nurses to prevent them from having heavy assignments. As simple as having appropriate assignments would make nurses want to stay, because they will not constantly feel like their licenses are on the line and they are able to give quality care to the patient and the family.

Mahalo for your support of SB1580. Please pass this bill!

Respectfully Submitted,

Julienne Campos

SB-1580

Submitted on: 2/10/2024 11:30:47 PM

Testimony for HHS on 2/12/2024 3:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Joy	Testifying for Kapiolani Medical Center	Support	Written Testimony Only

Comments:

To Whom It May Concern:

My name is Joy Que. I am a nurse at Kapiolani Medical Center for 2 years now.. I transferred from Straub Medical Center, KMCWC’s sister company, hoping that the “grass is greener on the other side.” Oh boy I was wrong!” Served almost 9 years at Straub dealing with short-staffing, stretching out patient assignments to 6-7 med-surg patients per one nurse, or 5-6 unstable cardiac monitored patients..These patients are very sick, on medication drips, total care, and impossible to care for but we did it because of a great team work. It was very unsafe practice, most staffs were burning out, older ones left because healthcare was changing rapidly and patients are getting sicker and sicker especially when COVID started.

On the other hand, I was very excited that I got into Kapiolani hospital because of the patient population (Younger patients, women, teens, not much homeless, etc) and also have been my dream job to be in post partum unit. Little that I know, more staff had been leaving or transferring to Kaiser or somewhere else. Our Med-Surg Unit was still growing 2-3 yrs ago, less patients, while Mother Baby Unit was so short -staffed with so many patients.. I wasn’t getting any hours and had been forced to stay home because of low census. I was then forced to get trained for couplets at Mother-Baby Care Unit 3-4 months after I started at Kapiolani. I had to do it although per union I have to wait one year before getting trained to that specialty. I loved working with moms and babies but not taking care of 4 moms and 4 babies.. It is a lot of work, charting, documentation, teaching 1:1, forced to discharge by 11am to get more patients, then would get transfer back to med surg to get 4 new sets of patients by 3pm and be charge nurse while taking care of those 4 patients, doing audits, assignments for nightshift, and so on. No time to take our 15 min or 30mins lunch break. A lot of times we do not have nursing assistants or any help. It is crazy how things were this way in this hospital. No support at all, even our unit managers do not even stay after 2 years because of stress.

Thank you so much for reading this long story of mine. We (nurses) are begging you to please pass this new bill for our patients and for us staff!

Sincerely,

Joy Q.

RN at KMCWC



**Written Testimony Presented Before the Senate
Committees on Health and Human Services**

and

Labor and Technology

Monday, February 12, 2024, at 3:00 P.M.

Conference Room 224 and via Videoconference

by

Laura Reichhardt, APRN, AGPCNP-BC, FAAN

Director, Hawai'i State Center for Nursing

University of Hawai'i at Mānoa

Comments on S.B. 1580

Chairs Aquino and San Buenaventura, Vice Chairs Moriwaki and Aquino, members of the Senate Committees, thank you for the opportunity to testify on S.B. 1580. Hawai'i State Center for Nursing provides comments in concern. This measure aims to establish nursing and nurse aide to patient ratios in a variety of healthcare settings in the state.

The Hawai'i State Center for Nursing (HSCN) convenes a group, *The Hawai'i Chief Nursing Officer (CNO) Collective*, with representation of 51 nursing leaders from 37 organizations. Two priorities in nursing workforce development are to support the wellbeing of the workforce and to ensure that nursing care produces positive patient outcomes. This group established a working subcommittee on Wellness as a Factor of Recruitment and Retention that has expanded to include academia and nursing union representation as well. As a result of this work and priority of the *CNO Collective*, the HSCN's Advisory Board established Wellness as a Factor of Recruitment and Retention as a primary strategic focus for HSCN.

Recognizing this great priority, HSCN is leading this statewide conversation to identify the evidence related to this focus area as well as identify solutions to achieve improved nursing wellness outcomes. Though safe staffing levels have been linked to both patient outcomes and nursing wellbeing, the available research does **not** support the legislation of nursing staffing rules or minimum nurse-to-patient ratios.

Research on California's law establishing minimum nurse staffing regulations found that only two out of six measured patient outcomes improved after the implementation mandated staffing increases.¹ A study of 665 hospitals in four states found that increasing nursing staff on a shift did not materially improve patient outcomes in facilities with average or poor working environments.² In Oregon, a minimum staffing law has been so challenging and costly to implement that many

¹ Spetz J, Harless DW, Herrera CN, Mark BA. Using Minimum Nurse Staffing Regulations to Measure the Relationship Between Nursing and Hospital Quality of Care. *Med Care Res Rev.* 2013;70(4):380-399. doi:10.1177/1077558713475715

² Aiken LH, Cimiotti JP, Sloane DM, Smith HL. Effects of Nurse Staffing and Nurse Education on Patient Deaths in Hospitals With Different Nurse Work Environments. *Med Care.* 2012;42(10).

The mission of the Hawai'i State Center for Nursing is to engage in nursing workforce research, promote best practices and disseminate knowledge, cultivate a diverse and well-prepared workforce, support healthy work environments, champion lifelong learning, and strategically plan for sound nursing workforce policy.

facilities have been unable to fully comply. As a result, it is difficult to determine the extent to which the law has impacted patient outcomes.³³

Insufficient nurse staffing has also been implicated as undermining nursing wellbeing and retention. An abundance of scholarly work has found that when nurses are responsible for more work than they can handle, they are more likely to experience burnout, job dissatisfaction, poor physical and mental health, and a low intention to remain in their current position. While improving staffing can reduce nurses' workload and work-related stress, staffing is only one component in a comprehensive strategy to create healthy workplaces that support nursing wellbeing.^{4,5} In 2023, *Nursing Outlook* published an article⁶ by esteemed nursing researcher Linda Aiken on pre- and post-pandemic nursing conditions. The findings “do not support the widely held belief that nurses left health care or hospital practice in large numbers during the pandemic.” (page 5). Instead, her findings shows that “nurses may have been changing employers in higher numbers, including working for supplemental staffing agencies, which contributed to a perception of more nurses leaving clinical care than can be documented” (page 5).

Further, using her research findings, Aiken⁶ describes clear implications for practice that can lead to fundamental improvements in nurse staffing and work environments. These recommendations are to “hire more permanent registered nurses, provide more favorable work environments, and earn back the confidence of nurses that quality and safety of patient care are institutional priorities” (page 9). In previous studies by this same researcher, she describes the working environment to include staffing, administration responsiveness, organizational philosophy that values nursing care, managers who are good leaders, and teamwork between care members.⁷ It is clear from this body of research that nurse wellbeing and healthy work environments need a multipronged approach that requires responsiveness to changing factors.

HSCN is committed to finding strategies and solutions in our state on nursing wellbeing. Our Wellbeing workgroup is undergoing review of the National Nurse Staffing Think Tank⁸ to determine which strategies may be applied in Hawai'i. However, based on the available research,

³ Bates T, Spetz J, Bitton J, Allgeyer R. *The Future of Oregon's Nursing Workforce: Analysis and Recommendations*. Phillip R. Lee Institute for Health Policy Studies, Oregon Center for Nursing, University of California San Francisco; 2022. Accessed January 11, 2023. <https://oregoncenterfornursing.org/wp-content/uploads/2022/11/Future-of-Oregon-Nursing-Workforce-Analysis-and-Recommendations.pdf>

⁴ American Association of Critical-Care Nurses. AACN Standards for Establishing and Sustaining Healthy Work Environments Executive Summary. Published online 2016. Accessed February 10, 2023. <https://www.aacn.org/~media/aacn-website/nursing-excellence/healthy-work-environment/execsum.pdf?la=en>

⁵ Partners for Nurse Staffing Think Tank. Nurse Staffing Think Tank: Priority Topics and Recommendations. Published online 2022. Accessed July 12, 2022. <https://www.nursingworld.org/~49940b/globalassets/practiceandpolicy/nurse-staffing/nurse-staffing-think-tank-recommendation.pdf>

⁶ Aiken, L. H., Sloane, D. M., McHugh, M. D., Pogue, C. A., & Lasater, K. B. (2023). A repeated cross-sectional study of nurses immediately before and during the COVID-19 pandemic: Implications for action. *Nursing Outlook*, 71(1), 101903. <https://doi.org/10.1016/j.outlook.2022.11.007>

⁷ French, R., Aiken, L. H., Fitzpatrick Rosenbaum, K. E., & Lasater, K. B. (2022). Conditions of Nursing Practice in Hospitals and Nursing Homes Before COVID-19: Implications for Policy Action. *Journal of Nursing Regulation*, 13(1), 45–53. [https://doi.org/10.1016/S2155-8256\(22\)00033-3](https://doi.org/10.1016/S2155-8256(22)00033-3)

⁸ Partners for Nurse Staffing Think Tank. Nurse Staffing Think Tank: Priority Topics and Recommendations. Published online 2022. Accessed July 12, 2022. <https://www.nursingworld.org/~49940b/globalassets/practiceandpolicy/nurse-staffing/nurse-staffing-think-tank-recommendation.pdf>

HSCN does not recommend that nursing staffing minimums be codified into state law because doing so:

- would deny healthcare facilities to fluidly adapt to the emergence of new evidence and standards of practice related to safe staffing strategies, and
- safe staffing requires a multipronged approach, and by overemphasizing the role of one factor, staffing ratios, it may undermine the desired outcome.

Rather, HSCN prioritizes a comprehensive strategy designed to simultaneously improve patient outcomes and nursing wellbeing. HSCN is currently working on the below actions, and recognizes the state government and legislative efforts currently underway through other measures:

- Increase nurse staffing and improve nurse retention through new graduate Nurse Residency Programs.⁹
 - Hawai‘i is the first state in the nation to launch a statewide nurse residency program collaborative. Since 2012, over 2,000 nurses have completed this residency, with half of those trained since 2020. Since the pandemic there has been a 350% increase in residency enrollment and a 350% increase in rural hospital engagement, as compared to prior to the pandemic. (See Image 1)
 - Consistently, the residency program yields a 97% 12-month retention rate, much higher than the 73% retention rate for new grads across the nation.
- Launch of the Hawai‘i Transition to Specialty Practice program. (See Image 1 and Image 2).
 - Hawai‘i nursing workforce has long been challenged with developing specialty nurses, with far greater needs for specialty nurses of many varieties than the workplace training opportunities offered. In 2022, the HSCN conducted an assessment of specialty nursing needs.¹⁰ Findings from this assessment helped HSCN identify a curriculum provider that uses nationally accredited and specialty-nursing organization endorsed curriculum, develop a cost containment model for state-group purchasing, and secure funding for the initial launch of the transition to specialty practice through the UH Community Colleges Good Jobs grant. The goal through the initial funding is to train 350 nurses into specialty areas by the end of 2024.
- Improve recruitment factors for out-of-state nurses:
 - HSCN research findings and the findings from S.C.R. 112 recognizes that Hawai‘i does not currently produce the number of nursing students needed to fulfil total nursing workforce demands. Last year, S.B. 63 initiated an effort to revise the temporary permit process. When the bill did not pass, Hawai‘i Board of Nursing worked during the interim session to revise the Hawai‘i Administrative Rules, which is currently still in process. This would enable nurses applying for nurse licensure to have expedited permission-to-practice under a permit process.

⁹ Hawai‘i State Center for Nursing. (2023). New Grad Nurse Residency Program: October 2023 Information Brief. Retrieved from: <https://www.hawaii-center-for-nursing.org/informational-briefs/>

¹⁰ Hawai‘i State Center for Nursing. (2022) Assessment of Specialty Nurse Needs for Hawai‘i. Retrieved from: <https://www.hawaii-center-for-nursing.org/informational-briefs/>

- S.B. 2492 and H.B. 2414 propose the adoption of the Nurse Licensure Compact, which will give permission to practice to 30% of the nation’s nurses who currently hold a multistate license in their resident state.
- Improve the safety within the healthcare environment.
 - In 2018, the Hawai‘i Legislature, in its great wisdom, expanded protections for health care workers including nurses, nurse aides, and other members of the healthcare team through Act 147, SLH 2018.
 - The Legislature has multiple measures in place to improve the safety of nurses and increase the penalty for people who assault healthcare workers. These measures include:
 - S.B. 2569 Health Care Workers; Acts of Violence; Report; Law Enforcement; Temporary Restraining Order and
 - S.B. 2186 Health Care Workers; Assault; Terroristic Threatening
- Expanding nursing education capacity
 - In 2022, the Legislature funded \$27,000 for clinical instructor training. HSCN exceeded the training goal by 235% and will be piloting a more intensive training in May 2024 to continue to invest in the professional development of nursing faculty.¹¹
 - In 2024, HSCN launched an initiative to provide free continuing education specific to faculty to all fulltime and parttime faculty in the state.
 - In 2024, the Board of Regents submitted a funding request that was included in the Governor’s budget to expand nursing education on the Leeward Coast of O‘ahu through a partnership between UH West O‘ahu and UH Mānoa campuses.
- Leadership training
 - Future work planned by HSCN includes launching Hawai‘i leadership training to support nurses entering positions in management, per the request of both the CNO Collaborative and the HSCN Advisory Board.

Thank you for the opportunity to testify stating concerns on this measure as well as recognizing the additional strong current initiatives in the Legislature, state government, and healthcare partners. Your advocacy on behalf of nurses’ wellbeing and patient outcomes is greatly appreciated.

¹¹ Hawai‘i State Center for Nursing. (2023). Annual Report. Retrieved from: <https://www.hawaii-center-for-nursing.org/wp-content/uploads/2024/01/HSCFN-AnnualReport-WEB-12212023.pdf>

Image 1

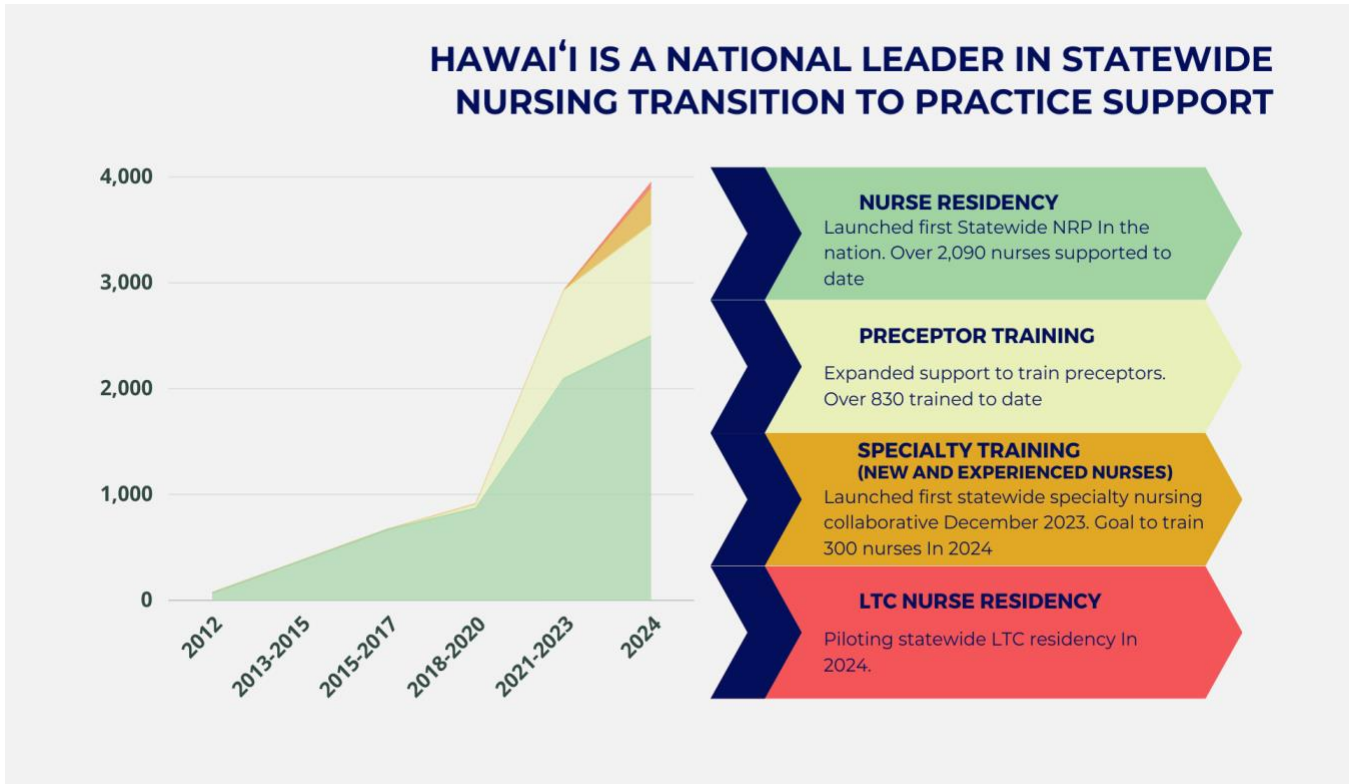


Image 2:

Hawai‘i Nurse Transition To Practice (HNTTP)

Hawai‘i Nurse Residency Program (HNRP) and Transition to Specialty Practice (TTP)

LTC LPN NRP

In-development
6-12 month new graduate NRP for LPNs in the LTC nursing role.

LTC RN NRP

Pilot curriculum under review.
6-12 month new graduate NRP for RNs for the LTC nursing role.

LTC - ACUTE BRIDGE NRP

12 month new graduate NRP for RNs in Medical-Surgical content to support skilled nursing care. LTC-Acute Bridge NRP residents may be eligible for job transfer to acute care.

ACUTE NRP

New Graduate NRP in 32 specialty areas common in Acute Care

SPECIALTY TRANSITION

Transition to Practice support for 19 specialty areas. May be applied to experienced nurses in the organization or onboarding new staff with nursing experience, alike.

HAWAI‘I STATE CENTER FOR NURSING

CONTINUING COMPETENCY
LEARN. GROW. SUCCEED.

- Eligibility is not linear, employers may engage residents at any point.
- Hawaii State Center for Nursing convenes the NRP Collaborative and TTP Collaborative
- Employers contract directly with curriculum provider
- 2023: Training grants available through HSCN to offset curriculum and implementation costs
- Employers should identify a nurse educator to support the organization's implementation of a NRP or TTP program.

Monday, February 12, 2024 at 3:00 pm
Conference Room 224 & Videoconference

Senate Committee on Health and Human Services

To: Senator Joy San Buenaventura, Chair
Senator Henry Aquino, Vice Chair

Senate Committee on Labor and Technology

To: Senator Henry Aquino, Chair
Senator Sharon Moriwaki, Vice Chair

From: Amy Thomas, System Chief Nurse Executive

**Re: SB 1580 – Testimony in Opposition
Relating To Labor Standards At Health Care Facilities**

My name is Amy Thomas and I am the System Chief Nurse Executive for Hawai'i Pacific Health. Hawai'i Pacific Health is a not-for-profit health care system comprised of its four medical centers – Kapi'olani, Pali Momi, Straub and Wilcox and over 70 locations statewide with a mission of creating a healthier Hawai'i.

I write in **opposition** to SB 1580 which establishes minimum staff-to-patient ratios for hospitals, care homes, and dialysis facilities. The measure also requires hospitals to create hospital staffing committees and staffing plans, establishes meal break, rest break, and overtime provisions applicable to hospitals, care homes and dialysis facilities. The measure further implements a system by which complaints may be filed with and investigated by the Department of Labor and Industrial Relations.

HPH already has guidelines in place for deciding how many patients a nurse can care for at a time. In Hawai'i, the impact of forcing fixed staffing numbers will likely result in irreparable consequences to those most at risk in our community. Mandated ratios affect access to care and the health care organizations' abilities to provide services. Delays in care and longer wait times for patients occur when an organization cannot meet the staffing ratios, and the cost penalties associated with fixed staffing ratios get passed along to patients. The impact of ratios in Hawai'i would be exponentially greater on smaller hospitals, long-term care facilities and rural hospitals, where staffing and financial challenges are most prominent. Those facilities as well as hospitals may be forced to turn patients away and close some units because they do not have enough nurses to meet the ratios.

The effects of the COVID-19 pandemic, the largest public health crisis of our lifetimes, continue to be felt nationwide. Workforce shortages are impacting every industry, including the health care industry. There has also been an increased need for health care following the pandemic. In Hawai'i, the average hospital census has increased by more than 400 patients a day.

Nationally and locally, health care organizations are taking extraordinary measures to solve the complexities of these challenges, including nurse staffing. One of the proposed solutions to nurse staffing being introduced by nursing unions across the nation is mandating patient staffing ratios for nurses. However, research from other states demonstrates that mandatory staffing ratios do not improve workforce shortages. California, a state that has had staffing ratios in place for decades, has shown that it has not helped to ease workforce shortages as they continue to have some of the highest traveler utilization in the nation and are currently short up to 36,000 nurses. Additionally, an influx of patients, caused by anything ranging from a flu outbreak or car accident resulting in multiple victims, could mean there will be insufficient nurses on hand to meet the ratios.

Hospitals are already burdened with a health care staffing shortage. There are approximately 1,000 unfilled nurse positions statewide. The implication of this measure is that hospitals are currently understaffed and will not be in a position to comply with the ratio requirements. Thus, hospitals would be penalized for circumstances over which they have no control. In these times in particular, when novel and nimble staffing solutions are needed to care for our community, having mandated ratios, regardless of actual staffing needs of a particular unit or facility will lead to overstaffing in some circumstances and understaffing in others. We are looking toward virtual staffing options, changes in the health care team models, novel evidence based innovative solutions, to name a few examples, as a means of dealing with the problem of shortages in health care professionals. This cannot be done in the face of a law requiring a certain number and type of staff regardless of the circumstances of care and acuity of patients.

Additionally, staffing ratios, meal breaks, rest breaks, overtime (OT) and other matters are largely dependent on collective bargaining agreements. A one-size-fits-all approach would do more harm than good as it removes the needed flexibility to operate, which will negatively impact care. In the past, when we have reviewed OT data, 99% of staff OT was elective. The elimination of elective or mandatory OT would result in our ability to meet community needs being hampered, and our teams will suffer given the unaffordability of Hawai'i. Many people rely on OT to make ends meet here.

Currently, health care in Hawai'i ranks among the best for patient care and efficiency in the nation at the most affordable cost. Hawai'i ranks higher than almost every other state in overall health care quality, including California. The unintended consequences of this bill will be the increase in costs for our already strapped community and dire fiscal circumstances for health care organizations and providers already struggling post-pandemic. Thank you for the opportunity to testify.

Finally, an unintended consequence of mandating staffing ratios is that it may increase the need for organizations to mandate Overtime (OT) in order to satisfy the fixed ratios. This dynamic would create an unvirtuous cycle that is not good for nurses nor nursing employers seeking to create ideal working conditions for its nursing workforce.

JOSH GREEN, M.D.
GOVERNOR

SYLVIA LUKE
LIEUTENANT GOVERNOR



JADE T. BUTAY
DIRECTOR

WILLIAM G. KUNSTMAN
DEPUTY DIRECTOR

STATE OF HAWAII
KA MOKU'ĀINA O HAWAII'Ī
DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS
KA 'OIHANA PONO LIMAHANA

February 12, 2024

To: The Honorable Henry J.C. Aquino, Chair,
The Honorable Sharon Y. Moriwaki, Vice Chair, and
Members of the Senate Committee on Labor and Technology

The Honorable Joy A. San Buenaventura, Chair,
The Honorable Henry J.C. Aquino, Vice Chair, and
Members of the Senate Committee on Health and Human Services

Date: Monday, February 12, 2024
Time: 3:00 p.m.
Place: Conference Room 224, State Capitol

From: Jade T. Butay, Director
Department of Labor and Industrial Relations (DLIR)

Re: S.B. 1580 RELATING TO LABOR STANDARDS AT HEALTH CARE FACILITIES

I. OVERVIEW OF PROPOSED LEGISLATION

The **DLIR opposes** this measure. SB1580 proposes to create a new chapter that would establish minimum staffing standards for hospitals, care homes, and dialysis facilities, and establish meal breaks, rest breaks, and overtime standards. The content of Parts I-III of this measure covers subject matter that is unfamiliar to the DLIR, and the proposal appears to involve either matters pertaining to collective bargaining or private matters between the employer and worker (there is no meal or rest provision in Hawaii law).

The measure outlines the minimum staffing levels for health care facilities and their various units, such as emergency department, intensive care unit, cardiac unit, and labor and delivery, and prohibits averaging the number of patients and personnel. Personnel assigned to patient care units or clinical areas must have sufficient knowledge or have demonstrated competence to provide care in the area that they are assigned. Staffing levels in effect due to collective bargaining agreements or established under a hospital staffing plan are exempt from the requirements.

The measure provides that health care facilities may request a variance to be approved by the department. The department must determine whether granting the variance would have a significant harmful effect on the health, safety, and welfare of employees and patients and issue a written decision within 60 days of receipt of

the complaint. Parties may request reconsideration with the Director, who must also establish administrative rules. The Department may also revoke a variance at any time after giving 30 days written notice.

The measure also requires hospitals to establish hospital staffing committees by September 1, 2023, with certain membership. The staffing committee is required to produce an annual staffing plan and have a complaint processing procedure. The department must review staffing plans, present findings to the health care facilities, and require corrective action plans within 45 days of the presentation of findings. The department must also post staffing plans, committee charts, and violations on its website.

The measure specifies that health care facilities must provide employees with uninterrupted meal and rests breaks, and that employees do not need to work overtime. There are exemptions due to unforeseen emergent circumstances or if patient care will be adversely affected. Employers must record when an employee misses a rest break or meal break. If an employee does more than 12 consecutive hours of overtime, they must have at least 10 consecutive hours off.

The measure requires the department to enforce meal and rest breaks and overtime standards. The department must investigate complaints, determine if there are violations, and issue decisions and penalties. The department must issue a written decision within 90 days of receipt of a complaint but may extend the time by providing written notice to all parties. Parties may appeal decisions to the director, who must appoint a hearings officer in accordance with Chapter 91, HRS.

The measure provides the department with an unspecified appropriation, but no additional positions. The measure's effective date is upon approval, except for section three.

II. CURRENT LAW

The National Labor Relations Act (NLRA) governs private sector collective bargaining and grants private sector employees the right to form or join unions and engage in protected, concerted activities to address or improve working conditions. The National Labor Relations Board (NLRB) enforces the NLRA.

Under Section 390-2(c)(3), HRS, of the Child Labor Law, 14- and 15-year-old minors may work no more than five hours continuously without at least a 30-minute rest or meal period. There is no law that requires rest or meal breaks for other employees.

Chapter 387, HRS, Wage and Hour Law, requires overtime compensation at a rate of not less than one and one-half times the employee's regular rate of pay for all hours worked more than 40 in a workweek. However, if the employer is a hospital or other institution primarily engaged in the care of the sick, the aged, or the

mentally ill; the employer would be subject to the overtime requirements of the federal Fair Labor Standards Act (FLSA), and exempt from the requirements of Chapter 387, HRS.

III. COMMENTS ON THE HOUSE BILL

The department lacks the expertise and knowledge on health care matters. Moreover, the staffing standards, meal and rest breaks, overtime standards, and other terms and conditions of employment for health care facilities are mandatory subjects of collective bargaining, if applicable, as they seek to address or improve working conditions of employees under the NLRA. The DLIR suggests deliberations on break time provisions in the law should cover all industrial sectors or occupations and not be limited to a specific kind of facility.

§387 (Wage and Hour Law) covers minimum wage and overtime requirements (hours longer than forty in a workweek) for establishments that are not subject to the FLSA. §387-13 protects the right of collective bargaining to address wages and overtime. The department believes the vast majority of the institutions that would be subject to this law would fall under the FLSA and not the State's law.

Effectuating the contents of this measure would require a significant amount of staffing and the appropriation should contain positions. If the measure continues to progress through the legislative process the DLIR will develop a staffing estimate.



HAWAII HEALTH SYSTEMS
C O R P O R A T I O N

"Quality Healthcare For All"

Senate Committee on Health and Human Services

Senator Joy A. San Buenaventura, Chair

Senator Henry J.C. Aquino, Vice Chair

Senate Committee on Labor and Technology

Senator Henry J.C. Aquino, Chair

Senator Sharon Y. Moriwaki, Vice Chair

February 12, 2024

Conference Room 224 & Videoconference

3:00 p.m.

Hawaii State Capitol

Testimony in Opposition

S.B. 1580

Relating to Labor Standards at Health Care Facilities.

Establish certain minimum staff-to-patient ratios for hospitals, care homes, and dialysis facilities. Requires hospitals to create hospital staffing committees and staffing plans. Establishes certain meal break, rest break, and overtime provisions applicable to health care personnel at hospitals, care homes, and dialysis facilities. Appropriates moneys to the Department of Labor and Industrial Relations for implementation and enforcement.

Edward N. Chu

President and Chief Executive Officer

Hawaii Health Systems Corporation

Hawaii Health Systems Corporation ("HHSC") is **opposed** to S.B. 1580, Relating to Labor Standards at Health Care Facilities.

The requirements of this measure cover many matters that are the subject of collective bargaining for HHSC's public employees. The requirement to collectively bargain on terms related to wages, hours, and working conditions is well-established under Hawaii law. Specifically, Hawaii Revised Statutes Chapter 89 and volumes of labor law jurisprudence issued by Hawaii courts and the Hawaii Labor Relations Board make it clear that public employers and unions must negotiate regarding terms and conditions of employment. A number of the proposed provisions contained in SB 1580 would improperly infringe upon the collective bargaining rights of public employers and our unionized workforce. We would also note that if our healthcare personnel feel that they

are subject to unsafe working conditions they have an avenue to protest those conditions through their union representatives.

We would also note that enshrining requirements on the practice of medicine into statute is problematic, especially as technology and best practices evolve and improve over time. There are several ways to improve patient quality of care and outcomes. Innovation and flexibility in care standards can and should be encouraged. Codifying extremely specific standards into law can hamper those innovations.

We appreciate the Legislature's interest in policies that can assist in workforce recruitment and retention; however, this measure would be very problematic for HHSC.

Thank you for the opportunity to testify on this measure.



Monday, February 12, 2024 at 3:00 pm
Conference Room 224

Senate Committee on Health and Human Services

To: Chair Joy A. San Buenaventura
Vice Chair Henry J.C. Aquino

Senate Committee on Labor and Technology

To: Chair Henry J.C. Aquino
Vice Chair Sharon Y. Moriwaki

From: Hilton R. Raethel
President and CEO
Healthcare Association of Hawaii

Re: Oppose
SB 1580, Relating to Labor Standards at Health Care Facilities

The Healthcare Association of Hawaii (HAH), established in 1939, serves as the leading voice of healthcare on behalf of 170 member organizations who represent almost every aspect of the health care continuum in Hawaii. Members include acute care hospitals, skilled nursing facilities, home health agencies, hospices, assisted living facilities and durable medical equipment suppliers. In addition to providing access to appropriate, affordable, high-quality care to all of Hawaii's residents, our members contribute significantly to Hawaii's economy by employing over 30,000 people statewide.

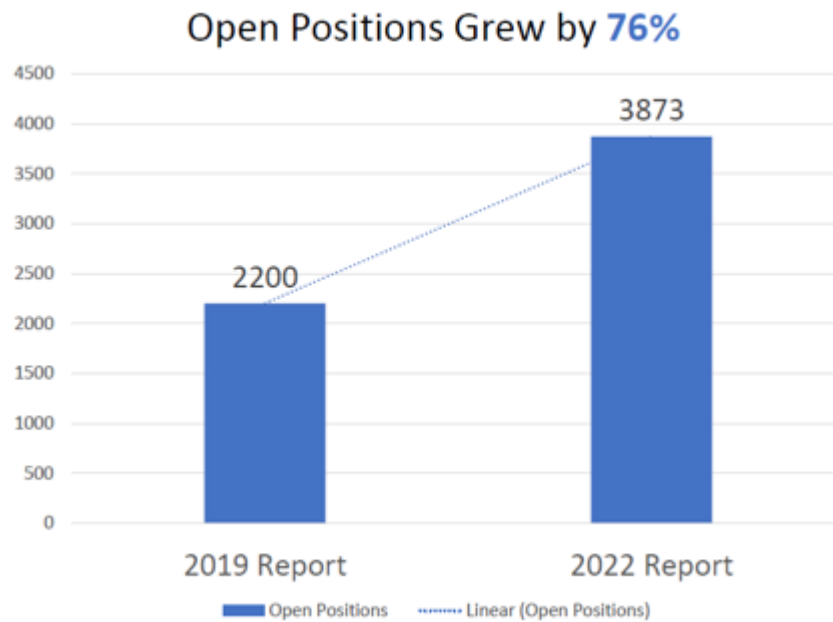
We are in **opposition** to this measure. Implementing this measure will be extremely costly, with no real-world evidence to support the position that we will improve the quality of care in the state or resolve our workforce crisis. There are real issues to address with our workforce shortage, and we urge the legislature to continue to focus on the real solutions—such as expanded workforce development programs, reimbursements for providers, and loan repayment—that you and your colleagues have supported in past years.

Every healthcare provider strives to provide the best possible care to all patients. It is a mission-oriented profession that allows people to care for their communities in a hands-on, meaningful way. The pandemic stressed the healthcare system immensely, creating a serious crisis for the workforce. Hawaii hospitals are treating a record number of patients every day. These patients are coming in sicker and staying longer than they ever have before—not because of COVID, but because as the population ages, the needs for medical care increase.

Unfortunately, the healthcare workforce shortage is worst in our post-acute care settings, where patients can and should be discharged once they no longer require hospital-level care. This means that patients are “waitlisted” for placement in the hospital, taking up critical bed space and exacerbating the record census numbers that acute care facilities are seeing state-wide. The waitlist issue is worst for urban Honolulu, Maui, and Hawaii island.


We know that the healthcare workforce shortage is getting worse. In 2019, HAH completed a demand survey for critical non-physician, patient-facing jobs in the healthcare system, which found that there were approximately 2,000 open positions across the industry. When we updated the survey, we found that there were nearly 4,000 open positions—a 76% increase in unfilled positions in just three years.

Figure 1: Increase in open positions in surveyed health professions from 2019 to 2022



Overall the survey found that 17% of all positions remain unfilled—a significant increase from the 10% unfilled rate in 2019. On average, it is taking 6-12 months to fill positions. The greatest needs are for registered nurses (RNs) and certified nurse aides/nurse aides (CNAs/NAs), which are two critical professions needed to staff hospitals, nursing homes, home health agencies, and hospice agencies.

Figure 2: Number of open positions for most critical professions in 2019 compared to 2022

2019 HAH Report Priority Professions	Total		2022 HAH Report Priority Professions	Total
RN specialty	463		RN specialty	999
Certified Nurse Aide/NA	417		Certified Nurse Aide/NA	744
Medical Assistant	106		Medical Assistant	278
Licensed Practical Nurse	144		Licensed Practical Nurse	211
Phlebotomist	124		Phlebotomist	128
Personal Care Assistant	35		Personal Care Assistant	181
Social Worker	60		Social Worker	126
Patient Service Representative	110		Patient Service Representative	111
Radiological Technologist	64		Radiological Technologist	85

*BOLD entry-level can be trained at the high school level

Through the Healthcare Workforce Initiative (HWI), HAH and its members have worked incredibly hard to solve the workforce issue to meet immediate and future needs. We are very grateful for the financial support we’ve received from local, state, and federal sources to invest in programs that will help to recruit and retain local residents in critical healthcare jobs. Right now, HAH is serving as the healthcare sector lead in the Good Jobs initiative, which is bringing \$30 million into the state to support innovative job training projects. We are also working to expand certificate programs in high school health academies, and provide more glidepaths for workers currently in the field to increase their education, experience, and earnings such as the CNA to LPN program that successfully launched on Maui and Kauai. (While those programs have been mainly funded through federal and private dollars up until this point, we are now seeking support from the state legislature through HB 1827.)

Codifying extremely restrictive and prescriptive nurse staffing ratios into law will stress the healthcare system even further, and likely result in more facilities and organizations closing their doors. Because of the pandemic and increased costs, we’ve already seen one nursing facility (Wahiawa General Hospital) and one home health agency (Oahu Home Health) close. Already, most—if not all—nursing homes have reduced the number of beds available to discharge patients into because they simply cannot staff them.

Any staffing ratio requirements will, inevitably, cause fewer beds to be available and will likely result in more nursing home closures because the inflexible and overly-prescriptive ratios simply cannot be met considering the lack of staff. One analysis that we completed in 2023 found that, if proposed federal rules regarding minimum nurse staffing ratios in nursing facilities goes through, there will be approximately 200 fewer beds available in the community for seniors to go. This will compound the waitlist issue and ER wait times in the community.

All of these negative consequences could be balanced if the policy proposal was effective, but two decades of experience in California show that staffing ratios do not solve the issues raised by proponents of this policy. If staffing ratios were effective policy interventions then we could expect that California, which implemented ratios twenty years ago, would not be facing shortages and would have the highest quality of care. This is far from true. California currently has a shortage estimated to be between 22,000 to 36,000 RNs, and their quality of care is often ranked worse than Hawaii's. For example, the 2023 America's Health Ranking listed Hawaii as the 6th healthiest state in the nation, based on health outcomes, social and economic factors, physical environment, and clinical care. On this ranking, California came in at 28th.

Lastly, we would note that enshrining requirements on the practice of medicine into statute can prove problematic, especially as technology and best practices evolve and improve over time. There are several ways to improve patient quality of care and outcomes, and innovation and flexibility in care standards can and should be encouraged. Codifying extremely specific standards into law can hamper those innovations. Further, we would note that issues relating to staffing are generally considered to be a part of contract negotiations rather than a matter for legislation.

We share the legislature's commitment to providing high-quality care to the residents of Hawaii. This measure will exacerbate a historic workforce shortage and burden an already-stressed industry. We ask that you defer this measure and, instead, continue your support on making this state more affordable to live in and bolstering the healthcare workforce.



Monday, February 12, 2024 at 3:00 PM
Room 224 & Via Video Conference

Senate Committee on Health and Human Services

To: Senator Joy San Buenaventura, Chair
Senator Henry Aquino, Vice Chair

Senate Committee on Labor and Technology

To: Senator Henry Aquino, Chair
Senator Sharon Moriwaki, Vice Chair

From: Joan Kanemori
Vice President of Patient Services & Chief Nurse Executive

**Re: SB 1580 – Testimony In Opposition
Relating To Labor Standards At Health Care Facilities**

My name is Joan Kanemori, and I am the Vice President of Patient Services & Chief Nurse Executive at Kapi'olani Medical Center for Women and Children (Kapi'olani). Kapi'olani is an affiliate of Hawaii Pacific Health. Kapi'olani Medical Center is the state's only maternity, newborn and pediatric specialty hospital. It is also a tertiary care, medical teaching and research facility. Specialty services for patients throughout Hawai'i and the Pacific Region include intensive care for infants and children, 24-hour emergency pediatric care, air transport, maternal-fetal medicine and high-risk perinatal care.

I write in **opposition** to SB 1580 which establishes minimum staff-to-patient ratios for hospitals, care homes, and dialysis facilities. The measure also requires hospitals to create hospital staffing committees and staffing plans, establishes meal break, rest break, and overtime provisions applicable to hospitals, care homes and dialysis facilities. The measure further implements a system by which complaints may be filed with and investigated by the Department of Labor and Industrial Relations.

Kapi'olani already has protocols in place for deciding how many patients a nurse can care for at a time. Strict adherence to the staffing ratios outlined in the bill would lead to longer wait times for patients to get the care they need in the emergency department as well as other departments in the hospital. Hospitals may be forced to turn patients away and close some units because they don't have enough nurses to meet the ratios. Additionally, an influx of patients, caused by anything ranging from a flu outbreak or car accident resulting in multiple victims, could mean there will be insufficient nurses on hand

to meet the ratios. Statutorily mandating ratios and breaks is not feasible given the unpredictable nature of health care. Imposing such requirements would tie the hospital's hands as it would not be able to ramp up or down its staffing levels based on patient status. This in turn leads to a waste of hospital resources and raises costs. Moreover, regardless of mandatorily setting break times, patients would continue to need care and assistance for things such as taking medication and monitoring life support equipment.

Hospitals are already burdened with a health care staffing shortage and mandatory nurse staffing ratios do not create a workforce to become available. There are approximately 1,000 unfilled nurse positions statewide. Mandatory staffing ratios do not improve quality of care, outcomes or safety for patients nor do they improve workforce shortages. For example in California, who has had statutory fixed staffing ratios in for decades, still experiences some of the highest traveler utilization in the nation and are currently short up to 36K nurses.

The nationwide nursing shortage has resulted in staffing issues at Kapiolani and the hospital will not be in a position to comply with ratio requirements. The only result will be complaints that will be filed and hospitals may be penalized for preexisting workforce conditions over which they have no control.

Finally, staffing ratios, meal breaks, rest breaks, overtime and other matters are largely dependent on collective bargaining agreements. The bill could have the effect of undermining those negotiations.

Thank you for the opportunity to testify.

Monday, February 12, 2024 at 3:00 PM
Room 224 & Via Video Conference

Senate Committee on Health and Human Services

To: Senator Joy San Buenaventura, Chair
Senator Henry Aquino, Vice Chair

Senate Committee on Labor and Technology

To: Senator Henry Aquino, Chair
Senator Sharon Moriwaki, Vice Chair

From: Darla Sabry
Vice President of Patient Services & Chief Nurse Executive

**Re: SB 1580 – Testimony In Opposition
Relating To Labor Standards At Health Care Facilities**

My name is Darla Sabry, and I am the Vice President of Patient Services and the Chief Nurse Executive of Wilcox Medical Center. Founded in 1938, Wilcox Medical Center is a not-for-profit hospital dedicated to providing the Kaua'i community with accessible, quality health care. Wilcox is the largest medical facility on Kaua'i and has been recognized as one of the nation's best small hospitals. With more than 200 physicians on staff, Wilcox Medical Center offers island residents and visitors expert diagnosis and treatment for more than 22 specialties. It is a state-of-the-art acute care facility with a full suite of services including emergency, OB/GYN, pediatrics, cardiology, gastroenterology, ophthalmology, pulmonology, nephrology, orthopedics, neurology, internal medicine, trauma, family practice, radiology, urology, otolaryngology and general surgery.

I write in **opposition** to SB 1580 which establishes minimum staff-to-patient ratios for hospitals, care homes, and dialysis facilities. The measure also requires hospitals to create hospital staffing committees and staffing plans, establishes meal break, rest break, and overtime provisions applicable to hospitals, care homes and dialysis facilities. The measure further implements a system by which complaints may be filed with and investigated by the Department of Labor and Industrial Relations..

Wilcox already has guidelines in place for deciding how many patients a nurse can care for at a time. Strict adherence to the staffing ratios outlined in the bill would lead to longer wait times for patients to get the care they need in the emergency department as

well as other departments in the hospital. Hospitals may be forced to turn patients away and close some units because they don't have enough nurses to meet the ratios. Additionally, an influx of patients, caused by anything ranging from a flu outbreak or car accident resulting in multiple victims, could mean there will be insufficient nurses on hand to meet the ratios.

The health care system on Kaua'i is fragile. In addition to providing care to Kaua'i residents, Kaua'i also treats a number of patients from out of state due to the frequency of cruise ships and interisland travel. As a result we are often the first port from the West Coast and frequently receive an influx of patients with norovirus and other communicable diseases. In some cases Wilcox provides care for visiting patients and on Kaua'i until complex arrangements can be made to return the patient to their home state. The application of fixed ratios would create a burden to Wilcox and the health care delivery system on Kaua'i.

It is also worth noting that OT is not mandated at our facility. Staffing ratios, meal breaks, rest breaks, overtime (OT) and other matters are largely dependent on collective bargaining agreements. Mandatory staffing ratios could potentially remove elective or mandatory OT which many on our workforce rely upon as needed to supplement their income.

The unintended consequences of this bill will be the increase in costs for our already strapped community and dire fiscal circumstances for health care organizations and providers already struggling post-pandemic.

Thank you for the opportunity to testify.

Monday, February 12, 2024 at 3:00 pm
Conference Room 224 & Videoconference

Senate Committee on Health and Human Services

To: Senator Joy San Buenaventura, Chair
Senator Henry Aquino, Vice Chair

Senate Committee on Labor and Technology

To: Senator Henry Aquino, Chair
Senator Sharon Moriwaki, Vice Chair

From: Amy Thomas, System Chief Nurse Executive

**Re: SB 1580 – Testimony in Opposition
Relating To Labor Standards At Health Care Facilities**

My name is Amy Thomas and I am the System Chief Nurse Executive for Hawai'i Pacific Health. Hawai'i Pacific Health is a not-for-profit health care system comprised of its four medical centers – Kapi'olani, Pali Momi, Straub and Wilcox and over 70 locations statewide with a mission of creating a healthier Hawai'i.

I write in **opposition** to SB 1580 which establishes minimum staff-to-patient ratios for hospitals, care homes, and dialysis facilities. The measure also requires hospitals to create hospital staffing committees and staffing plans, establishes meal break, rest break, and overtime provisions applicable to hospitals, care homes and dialysis facilities. The measure further implements a system by which complaints may be filed with and investigated by the Department of Labor and Industrial Relations.

HPH already has guidelines in place for deciding how many patients a nurse can care for at a time. In Hawai'i, the impact of forcing fixed staffing numbers will likely result in irreparable consequences to those most at risk in our community. Mandated ratios affect access to care and the health care organizations' abilities to provide services. Delays in care and longer wait times for patients occur when an organization cannot meet the staffing ratios, and the cost penalties associated with fixed staffing ratios get passed along to patients. The impact of ratios in Hawai'i would be exponentially greater on smaller hospitals, long-term care facilities and rural hospitals, where staffing and financial challenges are most prominent. Those facilities as well as hospitals may be forced to turn patients away and close some units because they do not have enough nurses to meet the ratios.

The effects of the COVID-19 pandemic, the largest public health crisis of our lifetimes, continue to be felt nationwide. Workforce shortages are impacting every industry, including the health care industry. There has also been an increased need for health care following the pandemic. In Hawai'i, the average hospital census has increased by more than 400 patients a day.

Nationally and locally, health care organizations are taking extraordinary measures to solve the complexities of these challenges, including nurse staffing. One of the proposed solutions to nurse staffing being introduced by nursing unions across the nation is mandating patient staffing ratios for nurses. However, research from other states demonstrates that mandatory staffing ratios do not improve workforce shortages. California, a state that has had staffing ratios in place for decades, has shown that it has not helped to ease workforce shortages as they continue to have some of the highest traveler utilization in the nation and are currently short up to 36,000 nurses. Additionally, an influx of patients, caused by anything ranging from a flu outbreak or car accident resulting in multiple victims, could mean there will be insufficient nurses on hand to meet the ratios.

Hospitals are already burdened with a health care staffing shortage. There are approximately 1,000 unfilled nurse positions statewide. The implication of this measure is that hospitals are currently understaffed and will not be in a position to comply with the ratio requirements. Thus, hospitals would be penalized for circumstances over which they have no control. In these times in particular, when novel and nimble staffing solutions are needed to care for our community, having mandated ratios, regardless of actual staffing needs of a particular unit or facility will lead to overstaffing in some circumstances and understaffing in others. We are looking toward virtual staffing options, changes in the health care team models, novel evidence based innovative solutions, to name a few examples, as a means of dealing with the problem of shortages in health care professionals. This cannot be done in the face of a law requiring a certain number and type of staff regardless of the circumstances of care and acuity of patients.

Additionally, staffing ratios, meal breaks, rest breaks, overtime (OT) and other matters are largely dependent on collective bargaining agreements. A one-size-fits-all approach would do more harm than good as it removes the needed flexibility to operate, which will negatively impact care. In the past, when we have reviewed OT data, 99% of staff OT was elective. The elimination of elective or mandatory OT would result in our ability to meet community needs being hampered, and our teams will suffer given the unaffordability of Hawai'i. Many people rely on OT to make ends meet here.

Currently, health care in Hawai'i ranks among the best for patient care and efficiency in the nation at the most affordable cost. Hawai'i ranks higher than almost every other state in overall health care quality, including California. The unintended consequences of this bill will be the increase in costs for our already strapped community and dire fiscal circumstances for health care organizations and providers already struggling post-pandemic. Thank you for the opportunity to testify.

Finally, an unintended consequence of mandating staffing ratios is that it may increase the need for organizations to mandate Overtime (OT) in order to satisfy the fixed ratios. This dynamic would create an unvirtuous cycle that is not good for nurses nor nursing employers seeking to create ideal working conditions for its nursing workforce.



An Affiliate of Fresenius Kidney Care

**Hawaii State Senate
Committee on Labor and Technology
Committee on Health and Human Services**

**Monday, February 12, 2024, at 3:00 pm
Conference Room 224 & Videoconference**

SB 1580 Relating to Labor Standards at Health Care Facilities - Opposition

Good morning, Chair Buenaventura, Vice Chair Acquino, and Members of the House Committee on Health & Human Services.

My name is Maria Garcia Anguiano and I serve as the Senior Director of State Government Affairs for Fresenius Medical Care. Liberty Dialysis Hawaii is a valued Affiliate of Fresenius Kidney Care, and we are humbled to serve Hawaii's patients and their families.

Liberty Dialysis joins other healthcare providers in **OPPOSITION** to SB 1580 relating to Labor Standards for Health Care Facilities. It is well known that our healthcare system is facing an unprecedented workforce shortage. Despite significant ongoing efforts by all providers, including dialysis providers, to recruit and retain additional medical professionals in Hawaii, there are still challenges ahead. Ensuring access to quality care is a top priority for the provider community.

SB 1580 proposes to set in statutory law matters that have been traditionally a part of the collective bargaining process. To do so, means that further legislation would be required for any future adjustments. I am concerned that setting this type of precedent for mandating healthcare practices is not the correct path forward for addressing Hawaii's challenges created by the current workforce shortage.

I very respectfully ask that you defer this measure.

Monday, February 12, 2024 at 3:00 PM
Room 224 & Via Video Conference

Senate Committee on Health and Human Services

To: Senator Joy San Buenaventura, Chair
Senator Henry Aquino, Vice Chair

Senate Committee on Labor and Technology

To: Senator Henry Aquino, Chair
Senator Sharon Moriwaki, Vice Chair

From: Andrew Moats
Vice President of Patient Services & Chief Nurse Executive

**Re: SB 1580 – Testimony In Opposition
Relating To Labor Standards At Health Care Facilities**

My name is Andrew Moats and I am the Vice President of Patient Services & Chief Nurse Executive at Straub Medical Center (Straub). Straub is an affiliate of Hawaii Pacific Health. Founded in 1921, Straub includes a 159-bed hospital in Honolulu, a network of neighborhood clinics and a visiting specialist program that reaches throughout the state of Hawai'i. With over 200 physicians who are leaders in their fields, Straub provides its patients with diagnoses and treatments for more than 32 different medical specialties, including bone and joint, heart, cancer, endocrinology/diabetes, family medicine, gastroenterology, geriatric medicine, internal medicine, vascular and urology.

I write in **opposition** to SB 1580 which establishes minimum staff-to-patient ratios for hospitals, care homes, and dialysis facilities. The measure also requires hospitals to create hospital staffing committees and staffing plans, establishes meal break, rest break, and overtime provisions applicable to hospitals, care homes and dialysis facilities. The measure further implements a system by which complaints may be filed with and investigated by the Department of Labor and Industrial Relations.

Straub already has protocols and guidelines in place for deciding how many patients a nurse can care for at a time. Strict adherence to the staffing ratios outlined in the bill would lead to longer wait times for patients to get the care they need in the emergency department as well as other departments in the hospital. Hospitals may be forced to turn patients away and close some units because they don't have enough nurses to meet the

ratios. Additionally, an influx of patients, caused by anything ranging from a flu outbreak or car accident resulting in multiple victims, could mean there will be insufficient nurses on hand to meet the ratios. Mandating ratios will further decrease the availability of health care, Straub facilities may have to close beds. Closing entire departments relating to staffing ratios will create a backlog in the acute care hospitals which in turn affects the hospitals ability to provide the much needed care to the community. In these times in particular, when novel and nimble staffing solutions are needed to care for our community, having mandated ratios, regardless of actual staffing needs of a particular unit or facility will lead to overstaffing in some circumstances and understaffing in others.

Hospitals are already burdened with a health care staffing shortage. There are approximately 1,000 unfilled nurse positions statewide. The implication of this measure is that hospitals are currently understaffed and will not be in a position to comply with the ratio requirements. Complaints may be filed and hospitals may be penalized for preexisting workforce conditions over which they have no control.

Additionally, staffing ratios, meal breaks, rest breaks, overtime and other matters are largely dependent on collective bargaining agreements. The elimination of elective or mandatory OT would result in our ability to meet community needs being hampered, and our teams will suffer given the unaffordability of Hawai'i. Many people rely on OT to make ends meet here.

The unintended consequences of this bill will be the increase in costs for our already strapped community and dire fiscal circumstances for health care organizations and providers already struggling post-pandemic.

Thank you for the opportunity to testify.



February 12, 2024 at 3:00 pm
Conference Room 224

Senate Committee on Labor and Technology

To: Chair Henry J.C. Acquino
Vice Chair Sharon Y. Moriwaki

Senate Committee on Health and Human Services

To: Chair Joy A. San Buenaventura
Vice Chair Henry J.C. Aquino

From: Wesley Lo
Chief Executive Officer
Ohana Pacific Management Company/Hale Makua Health Services

Re: **Oppose**
SB 1580, Relating to Labor Standards at Healthcare Facilities

Ohana Pacific Health (OPH) / Hale Makua Health Services (HMHS) is the largest provider of post-acute care services in the State of Hawai'i and also, the largest provider of Medicaid nursing facility services. Our organization employs almost 1,500 healthcare workers and manages approximately 950 nursing home beds that provide short-term rehab and long-term care, adult day health services and home health care, and Care Management/Navigation Services on all four major islands.

Thank you for the opportunity to provide testimony on SB 1580. As the largest provider of post-acute care services in the State of Hawai'i, we do our best every day to provide quality care to our residents. The healthcare delivery system is in crisis, as Hospitals are seeing record census "wait-listed" patients. The post-acute care providers are doing their best to take patients to decompress the hospitals, but the healthcare workforce shortage is at a critical level and is the worst in our post-acute care settings. This means that patients cannot be discharged from hospitals in a timely manner and this causes extreme bed shortages in the hospitals and emergency rooms.

The problem in post-acute care is exacerbated by the financial situation in Nursing Facilities, as a large portion of our revenues comes from Medicaid, which typically does not always cover the costs of care in Nursing facility. This creates a situation where the post-acute care providers cannot compete for workforce.





Codifying extremely restrictive and prescriptive nurse staffing ratios into law will stress the healthcare system even further, and likely result in more facilities and organizations closing their doors. Because of the pandemic and increased costs, we’ve already seen one nursing facility (Wahiawa General Hospital) and one home health agency (Oahu Home Health) close. We know that more nursing facilities are on the edge of having to close their doors. Already, most—if not all—nursing homes have reduced the number of beds available to discharge patients into because they simply cannot staff them. Any staffing ratio requirements will, inevitably, cause fewer beds to be available and will likely result in more nursing home closures because the inflexible and overly-prescriptive ratios simply cannot be met considering the lack of staff.

Lastly, we would note that enshrining requirements on the practice of medicine into statute can prove problematic, especially as technology and best practices evolve and improve over time. There are several ways to improve patient quality of care and outcomes, and innovation and flexibility in care standards can and should be encouraged. Codifying extremely specific standards into law can hamper those innovations. Further, we would note that issues relating to staffing are generally considered to be a part of contract negotiations rather than a matter for legislation.

Thank you for the opportunity to testify in opposition of this program

Wesley Lo
Chief Executive Officer
Ohana Pacific Health / Hale Makua Health Services



SB-1580

Submitted on: 2/9/2024 11:03:42 PM

Testimony for HHS on 2/12/2024 3:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Stephanie Pagaduan	Individual	Support	In Person

Comments:

To whom it may concern,

I am writing in support of SB1580 so nurse to patient ratios in hospital and healthcare settings can be standardized and enforced. Having fixed nurse to patient ratios will help improve patient outcomes by allowing nurses to spend more time per patient, therefor providing more QUALITY of care instead of rushing from one patient to another when they have too many patients to care for. I have been a nurse in Kapiolani Medical Centers NICU for the past 21 years and have personally experienced the overwhelming stress that comes with caring for too many unstable patients at the same time during my shift assignment. It is unsafe for the patient and also puts my RN license at risk if I have to rush between too many patients, miss something or make a mistake. If I could describe a typical day as a nurse in our NICU it would look like this. My assignment would consist of caring for a premature infant born at 23 weeks gestation, who weighs just nearly 500 grams, has a breathing tube that's connected to a noisy ventilator that supports their breathing, they have multiple lines and tubes attached to them to provide fluids and medications, and they're connected to a heart and oxygen monitor that frequently alarms because they are just so fragile that even the slightest movements can effect where there breathing tube is placed. Then this baby would also be paired with another premature infant who would be on another form of breathing support, lcalled NIPPV or CPAP, who could also have frequent alarms, need to be assessed and fed every three hours, or could develop a pneumo (air around their lungs) due to being on the NIPPV or CPAP, which then becomes an emergent bedside procedure to extract the air. These types of assignments are NOT ok because they put both patients at risk because the nurse may be too busy with the other patient.

During the past 21 years of my career I have also worked MANY 12 hour shifts that turned into 16 hr shifts due to staffing shortages. This staffing shortage is due to nurses leaving Kapiolani to go to other hospitals (such as hospitals in California) where there are set ratios and where nurses feel safer caring for their patients. Therefor, having set ratios will also help improve nursing retention and keep local nurses in Hawaii. Healthcare standards in Hawaii needs to change for the better, for the sake of our patients, who are our family and friends that live in our community, and that is why SB1580 is SO IMPORTANT!!

Mahalo for your time,

Stephanie Pagaduan

SB-1580

Submitted on: 2/11/2024 5:45:39 AM

Testimony for HHS on 2/12/2024 3:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Amy Propst	Individual	Support	In Person

Comments:

Thank you for this opportunity to give my support for this important bill. And thank you for allowing me to give my testimony of the importance of it. I have been reading testimonials from 2023, the last time this bill was brought to legislation. I found that every single one of the hospitals, care center or any type of health care administrator opposed and their reasons were near exact carbon copies of the exact same talking points. And here we are a year later and still hearing the same exact things. Kapiolani medical center just went through a historic strike and came out hoping management would have heard us. You know what we got in response? The talking points from a year ago.

our strike was for safe staffing. Safe ratios. This bill is exactly what we are fighting for. The responses we get from management are: having set staffing ratios creates delay of care and limits flexibility of care. There are "guidelines" in place already. Facilities are "doing their best" to help the (perceived) nursing shortage. I got those statements from the testimonials a year ago. Nothing changed. In fact has gotten worse. We have no guidelines beyond tighten up, be creative, sorry you're short make it work. We haven't seen anyone "do their best" to help with the shortages. Nursing schools are cranking out nurses. Nurses leave the hospital setting because of burnout and unsafe conditions due to running short staffed all the time. There is no true nursing shortage just burn out and unsafe staffing ratios. Management will talk about how unsuccessful other programs with set ratios have been. They are misleading you. Many many places have seen great results. Safe patient care. Happier nurses. Less errors. Better mortality rates. Happier patients. I have worked three different hospitals in my career. Until working in Hawai'i, ratios aren't even a thing you have to fight for. It's basic safe nursing care.

I've been at Kapiolani for 9 years now and am now a permanent charge nurse. I've been in situations that were so unsafe and scary. In the NICU we run with two charges a shift because we are so big and so spread out. It has become such a common thing to work with only one, especially at night. I recall one night I had no assignments that could handle an admission and many assignments that the nurse had too many babies. I had no other charge on with me. I had ten admission in a 12 hour period. I personally charged the unit, admitted all ten while being the nurse to two babies myself because I had no one else to care for them. How grateful I am nothing terrible happened. And how grateful I am for my team. But this has become a rule rather than an exception. I am told I can't staff for the what ifs so make the assignments tighter. Yet they claim set ratios don't allow for flexibility. Nurses are one the more flexible groups I know. We don't turn anyone away just cuz of ratios, and we never would. There are things outside our control we are well aware, we deal with it day in and day out, not management. All we are asking for is to be able to have the vast majority of shifts with appropriate and safe assignments. That's what we mean when we say safe ratios. Safe for the patient and safe for ourselves. Having this bill pass would ensure that hospitals and all other care facilities could hold their employers accountable. It

would ensure safe care for all of Hawai'i. I have never said this is perfect, but worth it 100%. Worth it to keep patients safe. Worth it to keep nurses here. I would love to hear a reason that staff ratios are so bad without money being involved.

I really appreciate this bill being brought forward. Thank you again because being a nurse was my childhood dream and this burnout and feeling like you give poor care ruins it.

February 10, 2024

I have been a healthcare worker at the bedside since the 1980's. The past 32 years as a bedside RN at Queen's. I have seen hospitals deliberately understaff and under hire frontline workers in order save money while still giving absurd bonuses to administrators. This is a short sighted strategy that leads to poor patient outcomes and worker burnout exacerbating the issue. There is no shortage of nurses, there is a shortage of nurses willing to work at the bedside under the prevalent working conditions at healthcare facilities. This bill helps to improve those conditions and ensures Hawaii residents will have healthcare workers who are not too overburdened or exhausted to provide quality safe care in our healthcare facilities.

A handwritten signature in black ink, appearing to read "Daniel Ross", written in a cursive style.

Daniel Ross RN



Safe nurse-to-patient ratios are vitally important for all of us!

Unsafe staffing affects both you and your loved ones during hospitalization.

1. Cost to replace a single nurse burned out by overwork from under-staffing was in excess of \$80,000/nurse in 2012 (Twibell & St. Pierre, 2012).
2. The difference between 4:1 and 8:1 patient-to-nurse staffing ratios is approximately 1,000 patient deaths (Aiken, Clarke, Sloan et al., 2002).
3. Patients on understaffed nursing units have a 6% higher mortality rate (Needleman et al., 2011). This risk is higher within the first 5 days of admission (Needleman et al.).
4. An increase of one RN FTE per 1000 patient days has been associated with a statistically significant 4.3% reduction in patient mortality (Harless & Mark, 2010).
5. Adding one patient to a nurse's workload increases the odds for readmission for heart attack by 9%, for heart failure by 7%, and for pneumonia by 6% (McHugh, 2013).
6. Lower patient-to-nurse staffing ratios have been significantly associated with lower rates of:
 1. Hospital mortality;
 2. Failure to rescue;
 3. Cardiac arrest;
 4. Hospital-acquired pneumonia
 5. Respiratory failure;
 6. Patient falls (with and without injury); and
 7. Pressure ulcers (Aiken, Sloane, et al., 2011; Cho et al., 2015; Kane et al., 2007; Needleman, Buerhaus, Stewart, Zelevinsky & Mattke, 2006; Rafferty et al., 2007; Stalpers et al., 2015)
7. Higher numbers of patients per nurse was strongly associated with administration of the wrong medication or dose, pressure ulcers, and patient falls with injury (Cho, Chin, Kim, & Hong, 2016).
8. Rising patient volumes, higher patient acuity, and reduced resources lead to nurse burnout and fatigue, resulting in first year nurse turnover rates of approximately 30% and second year rates up to 57% (Twibell & St. Pierre, 2012).

Based on the estimated replacement costs cited in #1, if a hospital hired 100 nurses in a 12-month period and 30% of them quit, replacing those nurses would cost the facility \$2,400,000!

REFERENCES:

The odds of failure to rescue and of death for post-surgical black patients increased by 1.10 for each additional patient per nurse.

Carthon, J.M., Kutney-Lee, A., Jarrin, O., Sloane, D., & Aiken, L. (2012). Nurse staffing and post-surgical outcomes in black patients. *Journal of the American Geriatric Society*, 60 (6), 1078-1084. doi: 10.1111/j.1532-5415.2012.03990x

The better the nursing work environment, the fewer medical errors.

Cho, E., Chin, D., Kim, S., & Hong, O. (2016) The relationship of nurse staffing level and work environment with patient adverse events. *Journal of Nursing Scholarship*, 48 (1), 74-82. doi: 10.1111/jnu.12183

More patients per nurse associated with a greater risk of patient falls with injury and medication errors.

Cho, E., Chin, D., Kim, S., & Hong, O. (2016) The relationship of nurse staffing level and work environment with patient adverse events. *Journal of Nursing Scholarship*, 48 (1), 74-82. doi: 10.1111/jnu.12183

Hospitals that reduced nurse burnout by 30% had a total of 6239 fewer UTIs and SSIs, for an annual cost saving of up to \$68 million.

Cimiotti, J., Aiken, L., Sloane, D., & Wu, E. (2012). Nurse staffing, burnout, and health care-associated infection. *American Journal of Infection Control*, 40 (6), 486-490. doi: 10.1016/j.ajic.2012.02.029
Higher nurse staffing levels prevent ICU readmission/return to OR in less severely ill post-operative cardiac surgical patients. Higher nurse staffing levels were also associated with lower inpatient mortality in post-operative cardiac surgical patients.

Diya, L., Van Den Heede, K., Sermeus, W., & Lesaffre, E. (2012). The relationship between in-hospital mortality, readmission to the intensive care nursing unit and/or operating theater, and nurse staffing levels. *Journal of Advanced Nursing*, 68(5), 1073-1081. doi: 10.1111/j.1365-2648.2011.05812.x
A 4:1 nurse-patient ratio was associated with a 60% lower risk of death from AAA repair in high-volume hospitals.

Nicely, K., Sloan, D., & Aiken, L. (2013). Lower mortality for abdominal aortic aneurysm repair in high-volume hospitals is contingent upon nurse staffing. *Health Services Research*, 48 (3), 972-991. doi: 10.1111/1475-6773.12004



Forcing nurses to work unlimited hours: A public safety issue that Hawaii must address

Forcing registered nurses to work overtime should be the exception, not the rule.

Unfortunately, forced (mandatory) overtime has become standard practice in many Hawaii hospitals. Patients are at risk when RNs must continue working despite being fatigued or sleep-deprived. Lack of sleep causes mistakes, impaired motor skills, slowed reaction time and reduced cognitive function.

No one should be cared for by a nurse who is so exhausted that he or she has trouble calculating medication doses, inserting an IV, or responding quickly to a cardiac arrest. Everyone deserves to be taken care of by a registered nurse who is working to his or her full ability.

The problem in Hawaii:

- There is no law limiting the number of hours nurses can be forced to work (consecutive or cumulative).
- Many hospital RNs already work 12-hour-shifts, so forcing them to stay longer can push them into a shift of 16, 18 or even 20 hours straight.
- There is no law requiring a rest period between shifts; e.g., a nurse who has worked 16 hours straight can be forced to come back and work another 12- to 16-hour shift after only a few hours off (and therefore little to no sleep).
- For most nurses, their only option when ordered to work unscheduled overtime are to (1) quit, (2), be disciplined, fired, or threatened with loss of their license or (3) work the hours despite being exhausted or sleep-deprived, knowing it could put their patients and themselves at risk.

Proposed solution for Hawaii:

Federal laws protect the public by putting reasonable limits on the working hours of truck drivers, pilots, locomotive operators and air-traffic controllers. Nurses, too, are responsible for human lives, and therefore reasonable working limits for them are appropriate and necessary.

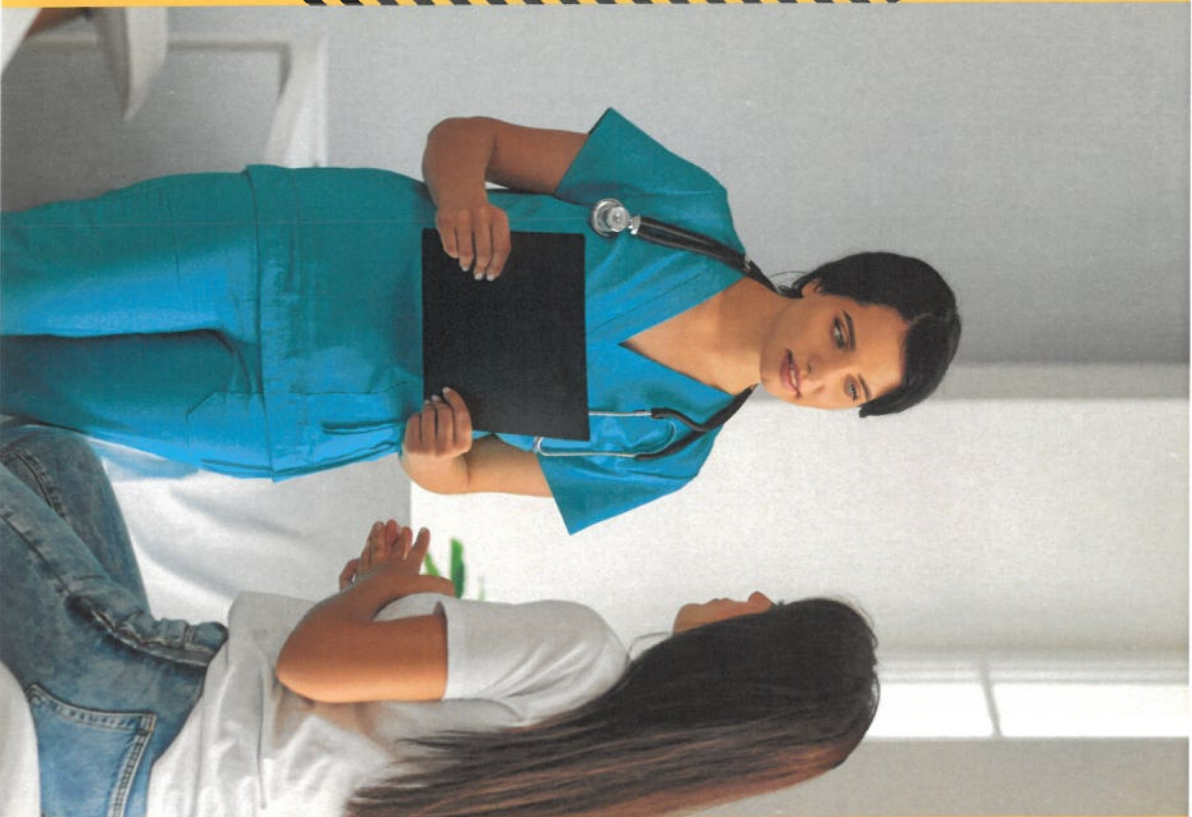
Enacting a Hawaii law with reasonable protections for nurses will protect patients, improve healthcare outcomes, and recruit and retain a strong nurse workforce. The proposed bill would:

- Limit the hours a registered nurse can generally be forced to work to 12 in a row. Nurses who are willing and able could still volunteer for overtime if it is needed. Nurses should be allowed to use their professional and clinical judgment to assess whether they can work extra hours safely.
- Suspend the 12-hour limit if there is an emergent situation (an “all-hands-on-deck” situation) or if a patient procedure is in process that requires the RN to stay.
- Require that nurses get 8 consecutive hours off after a 12-hour shift, so they can get some rest before their next shift.
- Protect a nurse who refuses forced overtime from being fired, disciplined, retaliated against or losing her professional license due to “patient abandonment.”

Please note: most RNs do not want to work beyond their scheduled hours. This is not about overtime pay – it’s about ensuring that nurses are able to fulfill their professional responsibilities to provide safe, quality care and not get burned out and leave the profession.

At least 18 states have laws that protect nurses from working excessive hours. They are:

- | | | |
|---------------|-----------------|-----------------|
| • Alaska | • Massachusetts | • Oregon |
| • California | • Minnesota | • Pennsylvania |
| • Connecticut | • Missouri | • Rhode Island |
| • Illinois | • New Hampshire | • Texas |
| • Maine | • New Jersey | • Washington |
| • Maryland | • New York | • West Virginia |



The Proven Benefits of Nurse Staffing Ratios.

”...the director of nursing practice at National Nurses United, which the California Nurses Association is affiliated with, pointed out that additional research from 2014 does reflect improvement in patient outcomes.

‘Registered nurse staffing levels that facilitate safe, competent, therapeutic and effective care is vital to the safety of patients in U.S. hospitals. Allowing hospitals to set staffing levels that are primarily budget driven, while not setting up a system of accountability, has created a threat to patient safety. Without necessary safeguards, hospitals may engage in nurse staffing cuts to save money, thereby adversely affecting patient outcomes.’”

Also in the Becker article it states “...the California Nurses Association feels that overall, “if ratios were installed [in other states], we actually think hospitals, in the long term, would not be losing money because by doing that, they’d certainly have a happier workforce, there’d be less turnover.”

Speaking of turnover, another recent Becker’s article from April 2023, outlines the cost of nurse turnover. I’d specifically like to point out the following:

The average cost of turnover for a staff RN is \$52,350.

For every 20 travel RNs eliminated, a hospital can save \$3,140,000 on average.

Every RN hired saves \$157,000.

<https://www.beckershospitalreview.com/workforce/the-cost-of-nurse-turnover-in-24-numbers-2023.html>

In this 2022 article, from The New England Journal of Medicine, it states:

<https://www.nejm.org/doi/full/10.1056/NEJMp2202662>

“...state legislation promoting safer nurse-staffing practices — such as laws establishing mandatory patient-to-nurse ratios — is an evidence-based intervention to support patient safety and reduce the likelihood of nurse departures. Studies have reported improved nurse staffing, improved job satisfaction among nurses, and improved patient outcomes in California after the state enacted legislation prohibiting mandatory overtime for nurses and establishing maximum patient-to-nurse ratios.”

California's implementation of fixed nurse-patient ratios, through legislation such as Assembly Bill 394 (AB 394), has had significant positive impacts on patient care, nursing staff, and healthcare outcomes. Here are some statistics and findings demonstrating the benefits of fixed nurse-patient ratios in California:

1. Improved Patient Outcomes

- According to a study published in the Journal of Nursing Regulation, California's nurse-patient ratios law, was associated with a 5.3% decrease in the odds of inpatient mortality, following major surgery compared to states without such regulations.
- Research published in Health Services Research found that implementation of nurse staffing ratios in California was associated with a significant reduction in hospital-acquired pneumonia and bloodstream infections.

2. Reduced Nurse Burnout and Turnover

- A study published in Health Affairs found that California nurses reported lower levels of job dissatisfaction, emotional exhaustion, and burnout compared to nurses in states without mandated ratios.
- Research published in the International Archives of Occupational and Environmental Health found that California's nurse-patient ratio law was associated with a decrease in nurse turnover rates by approximately 3.5%.

3. Positive Economic Impacts

- According to an analysis by the California HealthCare Foundation, hospitals in California were able to implement mandated nurse-patient ratios without significant increases in costs per patient day, indicating that improved staffing did not lead to substantial financial burdens for hospitals.

4. Higher Nurse Satisfaction and Retention

- Surveys conducted by the California Nurses Association (CNA) found that a majority of nurses in California reported higher job satisfaction and improved working conditions following the implementation of fixed nurse-patient ratios.
- Data from the California Board of Registered Nursing showed that the number of actively licensed registered nurses in California increased steadily following the implementation of nurse staffing ratios, indicating improved retention and workforce stability.

These statistics demonstrate the effectiveness of fixed nurse-patient ratios in improving patient outcomes, reducing nurse burnout and turnover, and promoting a positive work environment for nursing staff. California's experience with mandated ratios serves as a model for other states and countries considering similar legislation to enhance healthcare quality and safety.

Aloha Chairs Aquino and San Buenaventura, Vice Chairs, and committee members,

My name is Chelsea Zablocky. I am a registered nurse working at Kapiolani Medical Center for Women and Children. I strongly support SB 1580 Relating to Labor Standards at Health Care Facilities.

I am originally from the mainland and have worked at numerous children's hospitals nationwide that are also understaffed. I am a pediatric nurse who works with some of the most vulnerable populations in the state. Sometimes, during my night shifts, I care for five babies without any help from ancillary staff. There are many shifts when we have one nursing aid for the entire unit, and they must assist with more than 25 children. Therefore, the nurses must do **ALL** of the care alone. Our charge nurse **always** takes a full patient load and can often not help their staff. Often, parents must leave their children to go back to work or care for their other children. Imagine having to leave your sick child in my hands but knowing I have four other infants to care for. Not only must I wash, feed, and change diapers, but I also must provide lifesaving treatments like starting IVs, drawing labs, starting antibiotics, and administering blood products. It is impossible to give high quality care that our children deserve when you are responsible for that many lives. I urge you to think of your children and if you would feel comfortable knowing your child's nurse is also responsible for several other children's lives and could potentially not be able to go into your child's room for hours. It is incredibly disheartening to leave work knowing I did not provide the best care possible due to staffing issues and ratios.

Our keiki deserve better; Hawaii deserves better. Let Hawaii be one of the first states to take a stand and put its citizens' health and safety before profits.

Mahalo for your support of SB1580. Please pass this bill!

Respectfully Submitted,

Chelsea Zablocky, RN, BSN, CPN, CPEN

SB-1580

Submitted on: 2/9/2024 9:20:41 PM

Testimony for HHS on 2/12/2024 3:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Mia Pelly	Individual	Support	Written Testimony Only

Comments:

My name is Mia. I am an ICU at queens. Before the ICU I worked on a telemetry unit at queens and it was unsafe. Constantly overworked, no breaks, taking more patients than safe. We are stretched thin so that the CEOs can make more money. Meanwhile people suffer, families suffer, the community suffers. How is this what my career turned into? A place that I fear, that takes everything from me and yet we still aren't being heard. It's time to change. Nurses are the only way people get taken care of why are we the most abused? Why would anyone want their loved ones health and safety be risked because greedy CEOs would rather risk all that to sit on more money. It's inhumane what is happening and I can tell you it's not going to last. We are burning out. We are ready to quit. If we leave, you have no one. We love what we do but the system makes us hate it. It's the most dissapointing and depressing thing to go through. It's time to change. Bring us back to life. Staff us correctly, and honor what we do. We aren't hero's to anyone if this continues.

SB-1580

Submitted on: 2/9/2024 9:23:19 PM

Testimony for HHS on 2/12/2024 3:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Shauna Kaulukukui	Individual	Support	Written Testimony Only

Comments:

To whom this may concern,

Thank you for taking the time to listen to the concerns to the growing problems in the healthcare field. I am a registered nurse at Kapiolani Medical Center. I have been there for 12 years. We are currently fighting for patient safety. Safe patient to nurse ratios are extremely important and many evidence based studies support it. Nurses are forced to take on more patients and tasks because the hospital is placing profit over patients.

Recently I was relief charge nurse and told by upper management I needed to flex down two nurses to keep within budget. Our patients were sick and needed 1:1 care. We had codes and later bereavement. I pleaded to keep the staff already at work so they can assist with the codes and so other nurses didn't need to take on more patients. Our population specifically is women and children. Imagine your loved one in the hospital and the nurse is just running from room to room. Your loved one can be neglected or mistakes can happen. Your child could feel alone with no friendly support.

We are the people of Hawaii. We are a community based on aloha. We need to protect each other fiercely like a big Ohana. I am humbly asking you to place safe staffing in legislation so the hospital is forced to treat patients as human beings and not numbers for budget. Thank you for your time.

Sincerely,

Shauna Kaulukukui

SB-1580

Submitted on: 2/10/2024 7:36:43 AM

Testimony for HHS on 2/12/2024 3:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Darlene Jarquio	Individual	Support	Written Testimony Only

Comments:

I strongly support SB1580. I work as a registered nurse and have been working in the healthcare field for almost 10 years. Short staffing increases the rate for nurse burn outs negatively impacting patient care significantly. Nursing should be a compassionate critical thinking career that involves finding the the best way to care for the patients, however, with short staffing and high acuity, nursing becomes more task related. Staff begins to treat patients like check boxes. Marking them done once their medications are administered and may never see the patient again for a few hours because there are so many needs to be taken care of by one nurse when it should be a two person job. Short staffing issues becomes worse when the patient acuity is high. Patients with high acuity need to be checked on more frequently, but with short staffing sometimes it's nearly impossible increasing the risk for mortality and placing the nurses' license on the line due to neglect.

SB-1580

Submitted on: 2/9/2024 9:28:51 PM

Testimony for HHS on 2/12/2024 3:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Elizabeth Q. Martin, RN	Individual	Support	Written Testimony Only

Comments:

Aloha Chairs Aquino and San Buenaventura, Vice Chairs, and committee members,
My name is Elizabeth Q. Martin, RN. I am a Mother Baby Registered Nurse at Kapiolani Medical Center for Women and Children.

I strongly support SB 1580 Relating to Labor Standards at Health Care Facilities.

As a bedside nurse, I face the negative effects of short staffing daily. Hawaii's pregnant women are sicker, giving birth to sicker newborns. Unfortunately, due to the higher acuity of our patient population and the lack of support from our employer, Hawaii Pacific Health, we as nurses, are suffering.

Our patient assignments do not reflect safe nurse to patient staffing ratios. Due to the lack of staff, I have taken care of 7 mothers + 7 newborns = 14 patients in a single, 12-hr shift. I've been spread way too thin. How is that safe? How am I supposed to give high quality care?

Due to the stressors at work, my mental health has taken a toll over the past several years. Since the pandemic in 2020, I have been diagnosed with anxiety and depression. Due to my deep passion for my nursing career, I have decided to continue to work as a bedside nurse. Sadly, I have seen many colleagues leave due to unsafe working conditions.

Mahalo for your support of SB1580. I truly believe this bill will open doors for healthcare in Hawaii and protect Hawaii's healthcare providers.

Respectfully Submitted,
Elizabeth Q. Martin, RN

SB-1580

Submitted on: 2/10/2024 8:47:26 AM

Testimony for HHS on 2/12/2024 3:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Sylvia Cuyugan	Individual	Support	Written Testimony Only

Comments:

I have been a hospital nurse since 1996 and have worked in various units and departments. As a bedside previously, everyday was intense and stressful. I was afraid that I would make a mistake that would be detrimental to a patient and my career. It amazes me that hospitals/institutions are more concerned about profit than patient care or care for their staff. I fukky support this safe staffing bill to become law and force institutions to follow it. I still love my career but we need more nurses to come into the field and stay.

SB-1580

Submitted on: 2/10/2024 10:03:28 AM

Testimony for HHS on 2/12/2024 3:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Rachel Smith	Individual	Support	Written Testimony Only

Comments:

The fact that we need to fight for safe staffing is absurd. We are caring for people and in some instances during life and death situations. I have lost count of how many times I have had to stay late due to insufficient staff. At my current hospital they feel it is appropriate to have only 2 RN's on the night shift. Just 2. No aids, no housekeepers, just two nurses. So needless to say when a trauma comes in, or if we have multiple sick patients, it can get a bit intense. Not to mention if it's a multiple trauma accident. In those instances a nurse is responsible for a trauma patient with limited resources. And let's not forget about the other patients on the unit that are basically left unattended. This leaves way too much room for error, not to mention nurse burnout. We need to do better. We need to do better for our community, and for our nurses. At some point in our lives either ourselves or a loved one will need a nurse. What will we do if we've driven them away from the bedside or nursing all together? Who will care for us? Change needs to happen!

SB-1580

Submitted on: 2/10/2024 9:08:25 AM

Testimony for HHS on 2/12/2024 3:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Natasha Latta	Individual	Support	Written Testimony Only

Comments:

Aloha E Committee Members,

Thank you for your work in bringing this incredibly important bill to discussion. I am an ER nurse on Ali'i Moku where my team and I are getting the hammer every single shift because we are understaffed. Safe staffing is ultimately excellent economics because the damage to staff bodies and souls is causing healthcare workers to experience physical and emotional breakdown that is driving healthcare workers out of the profession in droves - there is not a single nurse in my department who is not actively looking for another job/profession because of poor staffing and being overworked. Additionally, bringing on traveling nurses is 4 times as expensive as a staff nurse and quite frankly, travel nurse wages are an absolute insult to staff nurses who make about half of a traveler. Nearly every day we receive texts asking us to pick up extra shifts because our team members are either overwhelmed, injured or sick which further contributes to our stress and burn out. More often than not, we work 12.5 hour shifts without any breaks including lunch. I invite you to come follow us for just one shift while we are hustling so hard that we are dripping sweat and dealing with multiple patients yelling at us because things are taking so long. If your child or mother was in the ER waiting room unable to breath, would you want a safely staffed ER?

Mahalo nui loa,

Natasha Latta

SB-1580

Submitted on: 2/10/2024 9:24:18 AM

Testimony for HHS on 2/12/2024 3:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Chanda Min	Individual	Support	Written Testimony Only

Comments:

Aloha, my name is Chanda Min and I am a practicing RN for over 20 years. With the growing healthcare shortage, complexity of patient care, and diverse needs of patients nursing has been increasingly demanding. In turn, this causes nurse burnout, increase in errors, fatigue, anxiety, and very unsafe environments for both patients and healthcare workers. Evidence has shown having safe staffing ratios has shown to decrease nurse burnout, patient care errors and increase productivity and positive patient outcomes. I can not stress enough that it is crucial that all healthcare entities adopt safer environments by securing safe staffing ratios. Nursing is already a high stress and accountable position and legislation should be supporting nurse retention, recruitment and longevity by enacting laws such as safe staffing. Without nurses hospitals can not operate. A nurse can wear many hats, but only a nurse can do a nurses job. If you or anyone have been in a hospital wouldn't you want to be in the safest situation? Unfortunately it is impossible to practice safely without proper staffing. I have worked in facilities that mandate overtime and require nurses to care for an unacceptable amount of patients at one time. In these situations it is impossible for one nurse to fully utilize their critically thinking and skills that is required to safely anticipate and prevent adverse reactions, symptoms, or mortality. This isn't an individual organizations problem this is a societal problem and needs to put into law. I strongly agree to SB1580, it is long over due. Thank You!

SB-1580

Submitted on: 2/10/2024 10:13:47 AM

Testimony for HHS on 2/12/2024 3:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Christina Kim	Individual	Support	Written Testimony Only

Comments:

Aloha Chairs Aquino and San Buenaventura, Vice Chairs, and committee members,

My name is Christina Kim. I am a nurse at Kapiolani Medical Center and I strongly support SB 1580 Relating to Labor Standards at Health Care Facilities.

Unsafe, unsustainable, and burnout are now the words of a nursing career. I work in a postpartum unit at Kapiolani. I have seen the impact of short staffing first hand. It is no secret that patients are getting sicker. So when we are assigned more patients and sicker patients, we are set up for failure. Failure to give quality care leads to poor patient outcomes. For example, I had a patient who was on a magnesium IV drip which is a high alert medication. National standards recommend one nurse to one mom and baby. We are regularly assigned one nurse to 3-4 mom and babies. How can we possibly provide quality care, identify warning signs, and provide interventions when we are spread so thin?

I believe the root cause of our nursing shortage is unsafe staffing. Good nurses that love their patients and what they do are stressed. There's not enough staff, time, or resources to do what we need to do. They say, "It's not worth my license, the stress. I'm leaving." And no one can blame them. But then it leaves the unit more short staffed, having to max out our patient assignments. And there's the downward spiral. I went on vacation in August last year, and when I returned, 4 girls were gone. We have had new hires who see our staffing and quit after one day of orientation. We have travel nurses flabbergasted at our staff ratios and say "No wonder you guys are on strike."

We need to have foresight and look at how our current lack of standards will impact the future. If hospitals don't prioritize their own employees, and nurses are mistreated, overworked, and have their license put at risk, what incentive will there be for future nurses to enter the profession? When I was in nursing school, I was always encouraged by other nurses to become nurses. Now, I can't do the same in good conscience. There's already a nursing shortage. There needs to be a change. Who will take care of us and our loved ones if nurses choose to leave the bedside?

Mahalo for your support of SB 1580. Please pass this bill!

Respectfully submitted,

Christina Kim

SB-1580

Submitted on: 2/10/2024 10:07:10 AM

Testimony for HHS on 2/12/2024 3:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Skyler Chun-Ming	Individual	Support	Written Testimony Only

Comments:

I believe our hospitals should be required by law to have safe staffing ratios. This not only benefits the staff but also the patients and their level of care! Stop over working our nurses and give them safe staffing!

SB-1580

Submitted on: 2/10/2024 9:39:54 AM

Testimony for HHS on 2/12/2024 3:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Nicole Vierra	Individual	Support	Written Testimony Only

Comments:

I strongly support this bill as a registered nurse in the State of Hawaii. I've been an RN for 16 years in the emergency department. Over my 16 year career it's difficult to quantify how many late meal breaks I've had and rest periods I've missed. Also, working longer than my 12 hour shift at times due to need for overtime and mandatory overtime does not allow myself or my colleagues to provide the best care to our patients being stretched thin and working exhausted for up to 16 hours. We are currently pleading for help from our employer to implement minimum staffing ratios for patient safety measures. It is difficult to be an ER nurse and know that you cannot give each family the time they deserve in those critical moments when they are scared, they or their loved one is ill and they need comfort, explanation and the presence of their nurse. It is apparent that hospital management will not willingly provide our patients and nurses with set staffing standards. Please help us put staffing ratios in place to protect our patients and prevent burnout of our limited workforce here in the state.

SB-1580

Submitted on: 2/10/2024 9:31:54 AM

Testimony for HHS on 2/12/2024 3:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Candace Marrs	Individual	Support	Written Testimony Only

Comments:

Aloha,

My name is Candace Marrs I am currently the charge nurse in the NICU at Kapiolani Medical Center for Women and Children. Following the pandemic we saw an unprecedented amount of nurses leave the work force. In the years following, Kapiolani has not made any attempt at filling those vacated positions, effectively leaving the current nursing force having to do much more with much less. Financially, this made sense for hospital management, however it has led to burn out and unsafe working conditions. The hospital continues to add to the nurses work load while simultaneously decreasing the amount of available help, leading to potentially dangerous situations.

As the charge nurse in the unit, it is my responsibility to adequately staff for the current and upcoming shift. For the past few years we have been consistently been 8-10 nurses short on every shift. I continually have to beg and plead with nurses to come on on their days off or work highly unsustainable hours, all the while knowing that the nurses I am asking are exceptionally exhausted. It weighs heavily on my conscience knowing that I am putting my coworkers and friends in potentially dangerous situations. With that level of exhaustion they can easily get into car accidents or make mistakes while at work. We are asking people to come in at 0300 and work until 1930, or work from 0700 until 2300 on less than 8 hours of rest between shifts on a consistent basis. I have told management time and again this is not healthy or sustainable. If I am unable to find the staff I am forced to add patients to assignments and stretch the nurse to the limits of her mental and physical capabilities.

Mahalo nui loa for your consideration in this incredibly important matter, and helping us to fight for the safety of all our ohana

Mahalo,

Candace Marrs

SB-1580

Submitted on: 2/9/2024 9:58:08 PM

Testimony for HHS on 2/12/2024 3:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Elaine Chen	Individual	Support	Written Testimony Only

Comments:

Aloha Chairs Aquino and San Buenaventura, Vice Chairs, and committee members,

My name is Elaine and I am a registered nurse at Kapiolani Medical Center for Women and Children. I am writing this **in support of SB 1580 Relating to Labor Standards at Health Care Facilities.**

It is very important to have safe staffing not only for the nurses but also our patients. I work with babies who cannot speak for themselves, and it's not fair to them when the nurses do not have enough time to tend to them or choose one over the other. Patient acuity changes all the time, and it's even more crucial that we have enough staff to cover the bases so that there is proper coverage when a patient becomes very sick and needs extra attention.

I personally have worked shifts where I had a very sick baby who should be a 1:1, but had another patient that I had to constantly delegate to another busy nurse. I've also had four NICU babies that required me to cut down their care times so I could make it on time for the other babies. I have had to sacrifice my lunch breaks and bathroom breaks in a 12 hour shift for my patients because I care, but that should not be the case. We should be taking care of both our workers and the patients.

So, please pass this bill for the safety of all nurses and patients of Hawaii. Mahalo for your support of SB1580.

Respectfully Submitted,

Elaine Chen

SB-1580

Submitted on: 2/10/2024 9:36:46 AM

Testimony for HHS on 2/12/2024 3:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Polly Slade	Individual	Support	Written Testimony Only

Comments:

in order to provide our community with safe and the highest standards of care we need these ratios set in place.

I have worked many shifts feeling like I was too busy to give exceptional care to my patients and that I was rushing trying to finish tasks which was an opportunity for mistakes. Our community deserves to be in the safest environment especially when they are relying on us to help them.

They deserve nothing but the best care and they deserve our time. Wouldn't you want that for your family?

SB-1580

Submitted on: 2/10/2024 10:54:09 AM

Testimony for HHS on 2/12/2024 3:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Matthew Furtado	Individual	Support	Written Testimony Only

Comments:

I am in support of this bill. Many of my family members are getting to the age they are needing more and more emergency care. I have first hand experience of the differences the nursing staff makes during these stressful times. The state needs to step in and do what they can to help those in the healthcare industry because these are the front line people caring for our loved ones during the most stressful of times. This bill will help prevent the preventable deaths, prevent longer stays, prevent readmissions, and provides better patient care.

SB-1580

Submitted on: 2/10/2024 10:43:43 AM

Testimony for HHS on 2/12/2024 3:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Sally Tupper	Individual	Support	Written Testimony Only

Comments:

Aloha Chairs Aquino and San Buenaventura, Vice Chairs, and committee members,

My name is Sally Tupper. I am a nurse and I work at Kapiolani Hospital. I strongly support SB 1580 Relating to Labor Standards at Health Care Facilities.

As an NICU RN for the past 35yrs, I can personally attest to the fact that short staffing is detrimental to myself, my family & my patients. For me personally, I'm expected to take care of more patients than I ever have, coupled with increased responsibilities ranging from inputting patient charges, sterilizing bottles, mixing & double checking milk for the next shift, printing out breast milk & lab labels, and double checking other nurses monthly on central line access or line changes (also with a form to fill out & a log to initial). The patients that are paired or tripled together have also become increasingly more acute over the years. To say that I'm burned out is an understatement. I feel anxious on my days off, and my family has to deal with an tired, stressed out wife & mother. I haven't taken a decent break at work in years. I feel stretched so thin & have no time to help with the psychosocial needs of the families I care for, which only exacerbates their fears and anxiety related to having a sick child. Also the fear of making a medical error is always there because of the heavy workload. I'm losing hope that things will get better, but as I draw near to retirement I want to plead with you as law makers to make this right for our young up and coming nurses. We will all need their services at some point in our lives. Please do the right thing and pass this very important bill. Thank you in advance,
Sally Tupper RN

SB-1580

Submitted on: 2/10/2024 3:21:10 AM

Testimony for HHS on 2/12/2024 3:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Tiani Fabro	Individual	Support	Written Testimony Only

Comments:

Aloha Chairs Aquino and San Buenaventura, Vice Chairs, and committee members,

My name is Tiani Fabro. I am a nurse and I work at Kapi'olani Medical Center. I strongly support SB 1580 Relating to Labor Standards at Health Care Facilities.

I have personally experienced how short staffing and unsafe ratios have affected the care we provide. I have had numerous occasions where I was orienting a new nurse and due to short staffing had to also take care of my own patients. This means I was teaching one nurse to care for her 2 babies and also trying to provide care to another 2 babies. These kind of situations make it difficult to provide the best care our patients deserve.

Mahalo for your support of SB1580. Please pass this bill!

Respectfully Submitted,

Tiani Fabro RN BSN

SB-1580

Submitted on: 2/10/2024 5:10:15 AM

Testimony for HHS on 2/12/2024 3:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Julie Takanobu	Individual	Support	Written Testimony Only

Comments:

I have been a Registered Nurse for the past 19 years still employed by same facility I started my career. I have seen the many changes that health care has been through. I've seen many nurses come and go in those 19 years. Nurse burnout is real. Employers trying to have nurses do more with less. Higher acuities, more demand, more patients with less nurses, less ancillary staff, less appreciation. Nurse retention in Hawaii is at a low. Although my hospital says there are abundant job openings, if you check their website, there's none posted. Local new graduates unable to find jobs here to stay in the islands moving to the mainland to get their foot in somewhere. Travelers are not a fix. They have no ties to our patients like locals do. Less caring, big attitudes because they don't understand the culture. My unit is packed with travelers. Having to train a new set every 3 months is stressful and tiring. And to have to do it over and over again, get old real fast. Our patients now become numbers and nursing care have become tasks because we are overloaded.

What can we do to help retain our homegrown nurses ? How can we bring back the caring into nursing and take care of our locals? I truly believe that having clearly defined ratios that hold hospitals accountable in maintaining can help to fix the issue. AWHONN, the Association of Women's Health, Obstetric and Neonatal Nurses has guidelines for nursing ratios based on acuity. Why aren't these standards made into law to protect both our patients and our nurses? These are coming from experts in their fields.

Please vote in support SB1580. It could be your mother, father, brother, sister, child who falls victim to substandard care because your nurse is too busy trying to manage too many patients because the hospitals "just can".

Thank you,

Julie Takanobu, RN

SB-1580

Submitted on: 2/10/2024 8:50:12 AM

Testimony for HHS on 2/12/2024 3:00:00 PM

Submitted By	Organization	Testifier Position	Testify
jacqueline salinas	Individual	Support	Written Testimony Only

Comments:

Aloha Chairs Aquino and San Buenaventura, Vice Chairs, and committee members,

My name is Jacqueline B Salinas. I am a registered nurse and I work at Kapiolani Medical Center for Women and Children in the NICU. I strongly support SB 1580 Relating to Labor Standards at Health Care Facilities.

One time i felt my assignment was unsafe, i had 3 patients. Pt A was an ICU pt on respiratory support. Pt B was a tele pt but was on blood glucose checks every 3 hours that required multiple IV rate changes. Pt C was a baby working on bottle feeding and was a slow feeder. I was so busy going between my 3 patients that the IV infiltrated on Pt B and this resulted in a central line placement and treating the IV infiltrate like a burn with dressing changes. Pt A was also unstable needing increasing oxygen. I left my shift feeling like i had not done a good job and worried a lot about the baby with the IV infiltration. The nurse in my row also had 3 patients so was unable to help.

Mahalo for your support of SB1580. Please pass this bill!

Respectfully Submitted,

Jacqueline Salinas RN.

SB-1580

Submitted on: 2/10/2024 10:19:23 AM

Testimony for HHS on 2/12/2024 3:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Jannet Lee Jayaram	Individual	Support	Written Testimony Only

Comments:

As a physician, I support safe patient staffing ratios.

SB-1580

Submitted on: 2/10/2024 10:49:18 AM

Testimony for HHS on 2/12/2024 3:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Elisa Furtado-Fischer	Individual	Support	Written Testimony Only

Comments:

Aloha Chairs Moriwaki and San Buenaventura, Vice Chairs Aquino and Lee, and Members of the Committees.

I offer testimony in **STRONG SUPPORT** of this measure. Safe staffing for patients is critical. Mistakes are made at the expense of the health and safety of patients when nurses are understaffed and overworked.

As we saw with the recent Kapi‘olani strike, it's not a cost issue. Travel nurses were brought in and paid exorbitantly high wages with accommodations and other benefits, while demonstrating a lack of skills and compassion for our local families.

To cite that this bill would limit a hospital's "ability for creative and innovate staffing" is not something that the medical field needs. Creativity and innovation for medical research and technology, yes; but not the day-to-day care of patients in need of competent, alert, and rested nurses with adequate staffing.

I have experienced nursing shortage from everything to not being attended to, to waiting over an hour after being discharged because hospital policy requires a nurse to take you down to the curb to be picked up, yet there were no nurses available. My partner and I ended up leaving on our own, with an apologetic nurse telling us we could just leave the wheelchair and cart at the curb and she would get it later.

These tasks cause frustration on the patients and could be handled by other staff, rather than taking registered nurses away from patient care.

I anything, this is where innovative and creative staffing should come in. Delegating tasks to volunteers, CNA, and other staff, rather than an RN.

I hope you'll consider passing this bill with your strong support and thank you for allowing me to submit my testimony.

SB-1580

Submitted on: 2/10/2024 9:32:40 AM

Testimony for HHS on 2/12/2024 3:00:00 PM

Submitted By	Organization	Testifier Position	Testify
DIANALYNN-MARIA CHING	Individual	Support	Written Testimony Only

Comments:

Aloha Chairs Aquino and San Buenaventura, Vice Chairs, and committee members,

My name is Dianalynn-Maria Ching. I am a NICU Registered Nurse and I work at Kapiolani Medical Center. I strongly support SB 1580 Relating to Labor Standards at Health Care Facilities.

Many times we are so short staffed on our unit that we end up caring for up to 3-4 ICU babies on ventilators, while also having to go to high risk deliveries or end up admitting or picking up another baby. Often times we are left to decide which baby to run to when alarms are going off or if a baby's oxygen level drops. Sometimes parents feel like they can't leave the bedside because they feel the need to help watch their own babies if we are so understaffed, often times they are found silencing alarms and pumps because the nurses simply can't get to their babies in time. I've seen babies not get their meds on times or been fed late because the nurse is so busy trying to care for 3-4 babies simultaneously. Sometimes we have the sickest baby on the unit but there is so little staff where we are forced to pick up another baby in our assignment. A lot of times we are pleading for help just to have someone feed the other baby because our critical baby is so ill that we just can't get leave the bedside. These are just a few of the examples I've witnessed and experienced from the 18 years I've been at Kapiolani.

Patient safety is our first priority and with the high acuity and census we need to assure there are safe ratios in place so we can guarantee the babies are being safely cared for.

Mahalo for your support of SB1580. Please pass this bill!

Respectfully Submitted,
Dianalynn Ching, RN

SB-1580

Submitted on: 2/10/2024 10:57:32 AM

Testimony for HHS on 2/12/2024 3:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Sarah Rosa	Individual	Support	Written Testimony Only

Comments:

Aloha Chairs Aquino and San Buenaventura, Vice Chairs, and committee members,

My name is Sarah Rosa. I am a Nurse and I work at Kapiolani Medical Center. I strongly support SB 1580 Relating to Labor Standards at Health Care Facilities.

I have been a nurse for 6 years. I currently work on a pediatric medical-surgical floor and previously worked in the Pediatric Intensive Care Unit.

There have been many instances of working short staffed with unsafe staffing ratios. One of the many examples I can think of was when I was the designated charge nurse on my shift and a nurse from the previous shift stayed an extra 4 hours to help with our staffing. When the nurse went home, there wasn't another nurse to replace him and take over his assignment. 4 nurses on the floor were forced to take over 1 of his 4 patients which meant that some had 5 patients and as charge, I had 4. We did not feel safe because there was a child who was constantly having seizures which we had to provide interventions for, multiple children with advanced airways, and children in respiratory distress that needed interventions. As the charge nurse, I was not able to give support to the nurses on the floor and we were unable to provide care to all the patients in a timely manner. This puts patients and families at risk.

In addition, there have been many shifts that I have worked without adequate nurse aides. Nurse aides support the nurses and can complete tasks that are delegated to them by the nurses. This allows nurses to provide advanced care to patients and their families.

Respiratory therapists are also crucial to providing respiratory support and care to patients. There have been times where the RT has to pick which patient will receive their treatments first and that leaves other patients in respiratory distress and delayed care.

Without support staff such as aides and respiratory therapists, patients are not able to provide adequate care to patients which can result in delayed care.

Mahalo for your support of SB1580. Please pass this bill!

Respectfully Submitted,
Sarah Rosa

SB-1580

Submitted on: 2/10/2024 11:29:48 AM

Testimony for HHS on 2/12/2024 3:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Chelsea Ann Napualani Furtado	Individual	Support	Written Testimony Only

Comments:

Nurses and medical staff are some of the most hardworking unappreciated people around. With long hours and the responsibility for many patients livelihood and mortality, how isn't this not a law already? Patients should be the number one priority when it comes to healthcare. Why are we risking patients lives by not regulation the staff to patient ratio? We are so behind in Hawaii. We need to start protecting its people and making it our number one priority.

SB-1580

Submitted on: 2/10/2024 11:00:37 AM

Testimony for HHS on 2/12/2024 3:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Susan Dawn Donnelly	Individual	Support	Written Testimony Only

Comments:

I have worked as a labor and delivery nurse at Kapiolani Medical Center for 16 years. If you ask me or any other nurse about our job, you will hear about being over worked, understaffed and burned out from taking on extra hours, all the time. Then you will hear how we love our job - love the patients, love serving the community and sometimes, fulfilling a lifelong dream. That's why we have endured. That's why almost all the 600 nurses at Kapiolani were on strike and are negotiating for better terms, for safe staffing. Meanwhile the management of Kapiolani shows no intent to address the staffing issue "in writing " but advertised the importance of "flexibility ". We have been flexible. Now we are broken, disheartened, that we are so disposable. We need this legislation passed. Hawaii needs this legislation passed.

Mahalo

SB-1580

Submitted on: 2/10/2024 10:33:11 AM

Testimony for HHS on 2/12/2024 3:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Jane-na K Schenk	Individual	Support	Written Testimony Only

Comments:

As an inpatient RN, I fully support SB1580

SB-1580

Submitted on: 2/10/2024 10:59:45 AM

Testimony for HHS on 2/12/2024 3:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Tina Chorman	Individual	Support	Written Testimony Only

Comments:

Thank you very much for SB1580. I am a registered nurse of 36 years and I am appalled at the hospital administration's rationales for opposing this bill.

From a quality standpoint, staffing ratios equal better care for our patients. From a financial standpoint, these same ratios equal more money from the budget. More money means less bonuses to those in executive positions.

Please listen to the bedside nurse and families of Hawaii as we all want safe staffing and better care.

I STRONGLY SUPPORT HB1580.

Thank you for your time and consideration.

SB-1580

Submitted on: 2/10/2024 12:02:58 PM

Testimony for HHS on 2/12/2024 3:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Lisa Calhoun	Individual	Support	Written Testimony Only

Comments:

Would you fly on an aircraft knowing that the crew did not have enough rest to deem them safe to fly the aircraft? Would you fly on an aircraft that you knew the weight/balance was not accurate? I believe you would all say a hard "NO" to the above questions. These are the same questions you need to ask yourself when you decide on this bill..Do I really want a nurse taking care of me that is so exhausted that there's a mistake ready to happen? Will I be part of that mistake? Is the nurse that is taking care of me not giving me the attention I need because that nurse is weighed down with too many patients and cannot refuse new admissions? This is the reality of healthcare... If a change isn't made soon, you will continue to loose committed healthcare workers in the state of Hawaii. Hawaii be the change, show the rest of the nation we are leaders in Healthcare.

SB-1580

Submitted on: 2/10/2024 11:01:05 AM

Testimony for HHS on 2/12/2024 3:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Michelle Mizufuka	Individual	Support	Written Testimony Only

Comments:

Aloha Chairs Aquino and San Buenaventura, Vice Chairs, and committee members,

My name is Michelle Mizufuka. I am nurse and I work

at kapiolani Medical center. I strongly support SB 1580 Relating to Labor Standards

at Health Care Facilities.

I have worked shifts where we were short staffed and I can honestly say that patient care is compromised. I feel rushed when performing my cares, and so I can only imagine that the families and patients feel the same way. It puts everyone in a dangerous situation when care is being rushed. It increases opportunities to make mistakes. I hate going home from my shift thinking I could have done a better job if I just had more help. I went into nursing because I love helping people. It feels discouraging to work in a job where I don't feel like I'm being cared about.

Mahalo for your support of SB1580. Please pass this bill!

Respectfully Submitted,

Michelle Mizufuka

SB-1580

Submitted on: 2/10/2024 11:48:57 AM

Testimony for HHS on 2/12/2024 3:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Stephanie Ching	Individual	Support	Written Testimony Only

Comments:

[http://I support this bill!!! Burnout and retention of bedside nurses are an ongoing and major problem not just statewide but nationwide. If nothing is done to improve this by providing safe staffing ratios and adequate staffing, our future of nursing will be very very scary.](#)

SB-1580

Submitted on: 2/10/2024 11:28:56 AM

Testimony for HHS on 2/12/2024 3:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Kelsey	Individual	Support	Written Testimony Only

Comments:

In nursing school many of us were fed the lie that we would be interviewing hospitals for jobs, not the other way around. So when I graduated nursing school almost 15 years ago I was surprised to find my self working as a aide fighting for an RN position. A position that seemed so desperately needed, that management stated was not in the budget. Now after working as a nurse on the same floor for the past 12 years I see the same problems still arising. Nurses on my floor regularly pull 16 hour shifts, rarely get their 3 scheduled breaks and have actually on busy days been told “you’ll get lunch eventually”. On my unit it’s not uncommon to clock out “late lunch” and or “no lunch”. We understand that everyone is spread thin and that our patient’s come first and their care is our priority. Most of the time we cover for each other and don’t take the penalty pay even when we are owed it because if we have had a chance to “get a sip of water” we call that “good enough”. This culture needs to change. Our jobs can be physically, mentally and emotionally straining, and our patient deserve the best from us and that’s not possible if we aren’t taking care of our selves.

Think about the care you would want to receive or want your family member to receive. Staffing ratios benefit not only the nurse, but the patient. Studies have proven it time and time again. People think we want ratios to decrease our work load, which is true, but it’s so that we can better provide for the one(s) whose life is in our hands!

SB-1580

Submitted on: 2/10/2024 12:11:48 PM

Testimony for HHS on 2/12/2024 3:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Ruselle Agtarap-Mamaril	Individual	Support	Written Testimony Only

Comments:

I support this bill for safe staffing ratios in Hawaii.

SB-1580

Submitted on: 2/10/2024 11:07:46 AM

Testimony for HHS on 2/12/2024 3:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Jennifer Kiaha-Raquino	Individual	Support	Written Testimony Only

Comments:

As a nurse of 13 years and working at different hospitals on Oahu I can tell you I've seen first hand that our state is understaffed of nurses. The patients are the ones who are suffering because of this. It's not about the nurses. We need to have a change in the way our Hawaii hospitals hire nurses. Make more new graduate nurse programs and work directly with UH to get nurses in to the hospital after graduation.

I've worked 16 hour shifts due to being understaffed. By the time I got home I couldn't even get my house key into the front door because of exhaustion. It's not safe. Imagine all the medical errors that could happen.

SB-1580

Submitted on: 2/10/2024 11:10:25 AM

Testimony for HHS on 2/12/2024 3:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Leticia Calles	Individual	Support	Written Testimony Only

Comments:

Aloha Chairs Aquino and San Buenaventura, Vice Chairs, and committee members,

My name is Leticia Calles. I am a Registered Nurse, and I work at Queen’s Punchbowl. I **strongly support SB 1580 regarding Labor Standards at Health Care Facilities.**

I submitted written testimony in February 2023, when the bill was first accepting testimony. Work conditions since then have not changed much.

Mahalo for your support of SB1580. Please pass this bill!

Respectfully Submitted,

Leticia Calles

Senator Sharon Y. Moriwaki

Committee on Labor and Technology

Joy A. San Buenaventura

Committee on Health and Human Services

Senate Bill 1580

February 10, 2024 3:10 pm Conference Rm 224

IN SUPPORT

My name is Imelda Leung and I have been a nurse for over 18 years and am testifying on behalf of myself. I am testifying in favor of this bill. There are many issues that are prevalent in the hospitals that are compromising the care of patients in this state such as inadequate staffing that decreases safety outcomes, a lack of a meal break, and a high level of burnout in nurses that forces nurses to leave the hospital.

I have worked many 12 and some 16-hour shifts without any breaks. It is extremely difficult to do my job when I have not eaten or drank anything while on my feet for 12 hours. This makes unintentional medical errors more likely to occur. In addition, the nurse that watches my patients if I go on break must take a double load of patients which is very unsafe as many unpredictable events happen. The pandemic further contributed to the short staffing issues where many nurses were taking care of more patients than considered the standard of safe care. Other states such as Washington and California have passed similar bills that mandated safe nurse to patient ratios and meal breaks.

I am a nurse who has experienced years of staffing shortages on the floor and many missed meal breaks. I left the hospital after 10 years and have since transferred to the clinic where the opportunities for breaks are more consistent. Many of my former colleagues have also left the floor I used to work on. When all the veteran nurses leave, what is left is a majority of untrained, inexperienced nurses.

The state needs pass SB 1058 to mitigate these issues as many failed attempts have resulted from addressing it directly with the hospital and the nurses. As many nurses move to the mainland for higher wages and better working conditions, the health of our population will decline, and the costs of health care will rise as patients will be sicker. Nurses deserve consistent meal breaks and safer working conditions to ensure a healthy workforce.

Thank you for this opportunity to testify

Imelda Leung

Melleung21@gmail.com

SB-1580

Submitted on: 2/10/2024 12:12:48 PM

Testimony for HHS on 2/12/2024 3:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Christine Hashimoto	Individual	Support	Written Testimony Only

Comments:

Good afternoon, esteemed politicians,

As I contemplated even writing this over the weekend, I wondered how we even got to this point. The fact that healthcare and politics mesh on the same spectrum just baffles my mind. Why did it have to get this way where nurses and hospital management have to fight over for what's right? Not just regarding nurse staffing ratios, but our opinions are vastly different on the what patient safety is and what it truly stands for. What it ultimately boils down to is money. The root of all evil. Corporate greed only communicates according to whatever the dollar is. Whereas people who work the lines—nurses, doctors, housekeepers, dietitians, and ancillary staff—the inner workings of the hospital. The age old adage of “nurses run The hospital” should not be taken lightly. Because quite frankly nurses do run the hospital and everybody knows that, even the upper echelon. They just Refuse to accept it. I won't explain how or what we do because we know what we do, and we love what we do, otherwise we would not be in the profession.

Management thinks that if they can bring in large, popular benefactors they are doing their job but let's break it down. Ultimately, what does Hawaiian culture represent? Family, unity, love, and caring UNCONDITIONALLY. I came home from Seattle 20 years ago, to have that incorporated within my career. those core values that our culture so inherently is proud of has fallen onto the wayside due to corporate greed. what ultimately is at stake is patient safety. It doesn't matter how old or what type of patient you have. Units will specifically iron that out and/or needs will be vocalized there. What needs to be adjusted is the thought approach or processes. If it were you or your parent or your child or your cousin, aunty, uncle it doesn't matter—would you want them to receive the best and ultimate care? Someone to explain something to you in plain terms when doctors use medical jargon, someone to hold your hand when a procedure is frightening, or when an unanticipated diagnosis is announced, and presence of a nurse at the last breath of a loved one. But guess what, none of that has been taken place the way we as nurses want it to be done. Only the way management wants it done—high quick turnover, “Head in the bed” so to speak. Best bang for the dollar=double, triple patient loads placed upon nurses, stretching our patience, tolerance and love of our profession. So to sum it up, do you want a nurse or a robot?

SB-1580

Submitted on: 2/10/2024 1:01:42 PM

Testimony for HHS on 2/12/2024 3:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Rozelyn Bermudez	Individual	Support	Written Testimony Only

Comments:

I definitely support this bill!!

SB-1580

Submitted on: 2/10/2024 12:32:40 PM

Testimony for HHS on 2/12/2024 3:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Courtney Groendyke	Individual	Support	Written Testimony Only

Comments:

I have been a registered nurse at Kapiolani Medical Center for 4.5 years. In that time I have risked my nursing license time and again to support my unit, our patients, and our newborn babies to the best of my ability. Risking my license by being asked to take on more patients than I feel is safe, being mandated to stay 16 hours to remain at work against my better judgement because I am already depleted and afraid being this tired will lead to errors in judgement, medication, and overall care. Risking my license working for a hospital who doesn't seem to understand the damage they are causing their patients and staff by running us so thin. As a relatively newer nurse, I thought this was normal. Run ragged, often without a lunch break, managing two laboring women on high risk medications who truly deserve better care. I can't function effectively and proactively when my assignment is too heavy. Some laboring women need interventions, repositioning, pain management almost constantly. And they deserve it. We are supposed to be the best and these past few years with the short staffing I am unable to offer the care necessary. I am passionate about furthering my education and helping my patients achieve a safe and positive birth experience as well as educating our newer nurses to help them build the tools to succeed in their role, but we are exhausted, and they are more interested in looking for new jobs

I would also like to point out the Kapiolani Medical Center executives opposing this bill are far removed from the bedside care we manage. They are not the ones forced to stay 16 hours hoping someone at home can take care of their own family obligations, teaching a mother how to breastfeed her first child, physically holding a patient as they writhe in pain from contractions as she waits for pain medication to work, or zipping up the body bag of a dead baby and crying with the parents who only just found out hours earlier their baby no longer had a heartbeat. This is just a glimpse into the work we do on the Family Birth Center and there is so much more. Please consider the testimonials of the actual NURSES doing the bedside work. We are begging for your help. Our hospital is trying to offer "innovation" and creative solutions which I appreciate, but we need more. We need standards and we need to keep it amazing nurses here in Hawaii, for they are fleeing. This bill will give nurses the basic safety standards we need and hold the hospital accountable for our endless safety concerns.

SB-1580

Submitted on: 2/10/2024 12:38:49 PM

Testimony for HHS on 2/12/2024 3:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Judy Seson	Individual	Support	Written Testimony Only

Comments:

Staffing ratios protect not only nurses but patients as well. Imagine your loved one being cared for by a nurse spread too thin. Changes in condition could go undetected, medication errors are more likely to occur.. Anyone who tells you otherwise is just worried about the bottom line and not about you or your family.

SB-1580

Submitted on: 2/10/2024 12:39:36 PM

Testimony for HHS on 2/12/2024 3:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Corey Asano	Individual	Support	Written Testimony Only

Comments:

February 10, 2024

Re: Bill SB 1580 Relating to Labor Standards at Health Care Facilities

My name is Corey Asano. I am a Hotel Worker at the Sheraton Waikiki and a Unite Here Local 5 member. I am in SUPPORT of SB 1580. Nurses, nurses' aides, and Health care workers are essential to keeping Hawaii healthy. The health care industry generates billions of dollars each year and must be held responsible to take care of the workers that take care of their patients. Adequate staffing, meal breaks, rest breaks and overtime should be the standard. Hawaii and its people must come before corporate profits.

Mahalo,

Corey

SB-1580

Submitted on: 2/10/2024 1:15:11 PM

Testimony for HHS on 2/12/2024 3:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Meredith Evenson, RN, BSN	Individual	Support	Written Testimony Only

Comments:

Dear Legislators,

My name is Meredith Evenson. I have been a Registered Nurse for 16 years and I am in strong support of SB1580. In my career I have had the opportunity to work in a wide variety of healthcare settings including cardiac, trauma icu, mother baby care, post anesthesia, medical/surgical units and many others. I am currently working at Kapiolani Medical Center as a resource nurse that works on multiple units within the hospital. Over the last 10 years at Kapiolani I have watched the staffing become tighter and tighter with massive turnover of nursing on every unit. While more and more nurses are quitting, I only see a small fraction of these lost positions being posted or even attempting to be filled. Instead we are told to "suck it up" and "be a team player." Taking on more patients then we can provide quality care for. We sacrifice our physical, mental and emotional wellbeing in attempt to take care of these patients but it never feels like enough. Bedside nurses are burning out at an alarming rate. This is not sustainable for our healthcare system in Hawaii. If we continue to work at the current patient loads I truly fear there will be no one left at the bed side to care for people of Hawaii in the future. This bill would help keep more healthcare workers in Hawaii. It would substantially help decrease burn out rates among nurses. It would allow nurses to give the quality and safe patient care that they want to give and that the people of Hawaii deserve. Thank you for your consideration of this extremely important bill.

Sincerely,

Meredith Evenson, RN, BSN

SB-1580

Submitted on: 2/10/2024 1:18:38 PM

Testimony for HHS on 2/12/2024 3:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Kylee Damo	Individual	Support	Written Testimony Only

Comments:

To whom it may concern,

This is a no brainer! Wouldn't you want you or your loved one to have the best and safest care? Do you want to support evidence based practice? We know that mortality decreases with better nurse to patient ratios. We know that overtired and over worked nurses and nurse aids are more likely to make a mistake. We know the system is adding on more and more work as the acuity of the patients continue to get sicker and sicker yet we are still suppose to do it all with less?! Tell me how that makes sense?!

It doesn't matter to you folks until you or your child or parents are the one in that bed! I thought you folks were here to represent the COMMUNITY and their needs NOT the healthcare system and their greed!

stand up for our community and their health! Stand up for your future and your families future! You can save lives! You WILL save lives by making staffing ratios!

mahalo for your time!

SB-1580

Submitted on: 2/10/2024 1:36:34 PM

Testimony for HHS on 2/12/2024 3:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Vladka Wastlova	Individual	Support	Written Testimony Only

Comments:

My name is Vladka Wastlova and I have been an RN at Kapi'olani Medical Center for Women and Children for 7.5 years. It is time for change! Time to make this right for our patients and our nurses. Our nurses are overworked and patients and their families are not getting the care they deserve simply because nurses are taking care of too many patients at one time! We need staffing ratios and standards to support our nurses. If this bill is successful, it will not only create a much better place for patients but also nurses. The nursing shortage can be solved also. There are many nurses that left the unsafe and stressful environment to go elsewhere, many to California that has had staffing ratios for many years now. If this bill is successful, we can attract those nurses back, we can retain nurses and we can attract new nurses to our state. Please support SB1580. Thank you for your work and thank you for all your support during our strike! Vladka Wastlova

SB-1580

Submitted on: 2/10/2024 1:42:30 PM

Testimony for HHS on 2/12/2024 3:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Tiffany Coleman	Individual	Support	Written Testimony Only

Comments:

As a physician, I support the efforts to improve and standardize staffing ratios for safe patient care.

SB-1580

Submitted on: 2/10/2024 2:11:37 PM

Testimony for HHS on 2/12/2024 3:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Megan Miller	Individual	Support	Written Testimony Only

Comments:

I am a Registered Nurse in the Emergency Department at Kapiolani Medical Center for Women and Children. I started as a Clinical assistant in 2012, then transitioned into the RN role shortly after. After all these years, our census has grown, and patients are sicker. I can't even explain how many times I have had to "prioritize" which extremely sick kid needs my attention more because I have 2 pediatric ICU level patients, one who is sick and will get admitted to the floor, and then a room with 2 siblings. We staff by room assignments, meaning there might be multiple sick twins in one room, or a family with multiple sick kids. We do not staff by number of patients or acuity. Patient's suffer because of trying to prioritize who is the most sick, and a kid who should be getting care first, can't because there are too many other sick kids to take care of as well. I love the Emergency Room because we truly are a team. However, our team is so thin trying to watch all of these patients in rooms and hallways. I have been in numerous Traumas or with an actively seizing kid when it is just me, the Doctor, and a Clinical Assistant, so I am trying to do the job of 4 nurses and the child suffers from that. We are capable of providing amazing care and making sure each child has the best outcome, but we need staff and safe staffing ratios to do that. I love my fellow nurses, and have volunteered to stay over so many times I can't even count, because I hate to see them stressed trying to provide care to all the patients. However, after volunteering one day and working a 16hour shift, I have been mandated to stay 16 hours multiple times as well, when I am physically and emotionally exhausted. It's not safe! We need to have safe staffing ratios so we can provide the best care possible!

SB-1580

Submitted on: 2/10/2024 2:00:38 PM

Testimony for HHS on 2/12/2024 3:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Candice Ancheta	Individual	Support	Written Testimony Only

Comments:

Taking care of our patients is first priority and in doing so we need safe staffing levels to perform them. I humbly ask to pass this law.

SB-1580

Submitted on: 2/10/2024 2:15:57 PM

Testimony for HHS on 2/12/2024 3:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Renette Rivera	Individual	Support	Written Testimony Only

Comments:

Aloha Chairs Aquino and San Buenaventura, Vice Chairs, and committee members,

My name is Renette Rivera. I am a registered nurse and I work at Kapiolani Medical center for woman and children.

I strongly support SB 1580 Relating to Labor Standards at Health Care Facilities.

There have been countless times where we have dealt with short staffing that puts our patients at risk, that in turn affects their families, making them feel upset, helpless and as if they were purposely neglected.

We never know how fast a patients acuity may change on us and when their illness becomes more severe we have to act fast but if we end up being stuck in another patients room whom may be just as sick and requires the same amount of attention it results in injury which could've been prevented if we had been staffed adequately.

This has been an ongoing issue on the pediatric floors. A lot of the times our parents need rest and/or need to attend to their other children at home therefore needing to leave the patient and trusting their care with us. Care which includes feeding them every 1-2 hours, changing their diapers, bathing, keeping them calm on top of what is expected as a bedside nurse and making sure that their health status doesn't further decline. We sometimes have up to 4-5 patients with the same level of need and how is it possible to provide top quality care or even give the appropriate amount of attention when this is what we're having to balance our time between not to mention, this is only nearly possible considering if these are all stable patients.

This is only two examples out of many more experiences, more than I can count that we have all faced due to unsafe staffing ratios.

We are all exhausted. We are all burnt out. We just want the best for our patients and their families and we need this bill to pass to be able to gain that trust in being able to provide the best quality care.

Mahalo for your support of SB1580. Please pass this bill!

Respectfully Submitted,

Renette Rivera

SB-1580

Submitted on: 2/10/2024 2:19:35 PM

Testimony for HHS on 2/12/2024 3:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Richard Min	Individual	Support	Written Testimony Only

Comments:

We need to support our nurses. They work tirelessly and are extremely under appreciated. The nurses have to work short staffed and often extended hours to accomplish all the tasks that are required of them. Please support this bill. We should not have to bring travel nurses and exorbitant prices. Support our local nurses.

SB-1580

Submitted on: 2/10/2024 2:23:44 PM

Testimony for HHS on 2/12/2024 3:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Kristin Clark	Individual	Support	Written Testimony Only

Comments:

It is imperative to patient safety that staff:patient ratios are best for the safety of the nurses and for the patients. Hospitals and many other institutions are becoming for profit. This means profit determines how much staff to hire for any given shift. Ratios this bill references are for the safety of everyone involved. High nurse to patient ratios provide the best possible outcome. There is study after study to support this. Make it so.

SB-1580

Submitted on: 2/10/2024 2:47:39 PM

Testimony for HHS on 2/12/2024 3:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Irene Gonzales	Individual	Support	Written Testimony Only

Comments:

As a bedside nurse, I support this Bill. Many nurses are burnt out and we need to keep our nurses here in Hawaii. Many are leaving this profession due to this reason.

SB-1580

Submitted on: 2/10/2024 2:57:19 PM

Testimony for HHS on 2/12/2024 3:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Allison Kishida	Individual	Support	Written Testimony Only

Comments:

Good afternoon! I have been a nurse for 15 years. I love my job. I never wanted to do anything else. I want to help people. Over the years the patient population has gotten significantly sicker (higher acuity), and yet staffing ratios have not changed. I used to come home from work and feel like I did great job. I felt like I was helping my community. Now when I leave work, I feel completely drained. I don't feel like I've done a good job. I feel like they're was more I should have done. I thought I would be a nurse forever. Now I'm feeling burned out and should start looking for a less stressful job. These ratios would give me a reason to continue to be a nurse. These ratios would give me the radiance that I can continue to make a difference without getting burned out. This would help to protect our younger nurses who are leaving the bedside in droves because we are over worked. Please, let's get this bill passed. If not we may continue to lose more nurses. Experienced nurses who want to stay at the bedside but need help with our patient ratios. Patient ratios save lives and increase nurse retention. Please, I'm begging you. We need to make this bill into law.

Thank you!

SB-1580

Submitted on: 2/10/2024 3:10:09 PM

Testimony for HHS on 2/12/2024 3:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Sherrie Frazee	Individual	Support	Written Testimony Only

Comments:

Aloha Chairs Aquino and San Buenaventura, Vice Chairs, and committee members,

My name is Sherrie Frazee. I am a Registered Nurse and I work at Kapiolani Medical Center for Women & Children. I strongly support SB 1580 Relating to Labor Standards at Health Care Facilities.

It can be almost a daily occurrence. There are so many times over my 15+ career as a Registered Nurse in the Emergency Department where I have been unable to provide immediate care to a patient due to being busy caring for another. I have had to stay and work 16 hours more times than I can count. I became a nurse to BE the nurse that provides my patients with caring, compassionate, & proficient care. When I am restricted from being able to provide such care, I have frequently consider leaving the profession. Registered Nurses on the whole are burnt out & disheartened as our employers are more focused on financial gains than listening to their nurses.

Mahalo for your support of SB1580. Please pass this bill!

Respectfully Submitted,
Sherrie Frazee RN BSN

SB-1580

Submitted on: 2/10/2024 3:19:29 PM

Testimony for HHS on 2/12/2024 3:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Samuel M. Aquino Jr.	Individual	Support	Written Testimony Only

Comments:

Aloha,

I am writing this testimony in strong SUPPORT for SB1580. I am a NON-Clinical employee for Hawai'i Pacific Health and I see first hand the amount of stress and fatigue the nursing staff go through with being UNDERSTAFFED and OVERWORKED! Safer patient ratios for nurses is critical for patient care and retaining clinical staff.

Mahalo,

Samuel M. Aquino Jr

SB-1580

Submitted on: 2/10/2024 3:19:12 PM

Testimony for HHS on 2/12/2024 3:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Jenna Sue	Individual	Support	Written Testimony Only

Comments:

Safe staffing ratios in the hospitals are necessary for healthcare providers to provide adequate health care to patients.

SB-1580

Submitted on: 2/10/2024 3:36:26 PM

Testimony for HHS on 2/12/2024 3:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Adriane Flower	Individual	Support	Written Testimony Only

Comments:

I'm submitting my testimony to the legislature to pass this bill for patient safety within our local hospitals. Safe ratios and conditions prevent near misses and unfortunate bad outcomes to our patients. Passing this bill will help our healthcare team navigate our bedsides for the best care that we want to give our local families.

Mahalo

Aloha Chairs Aquino and San Buenaventura, Vice Chairs, and committee members,

My name is Hsa Blut Paw Kikkawa. I am a nurse and I work at Kapiolani Medical Center for Women and Children. I strongly support SB 1580 Relating to Labor Standards at Health Care Facilities.

I have been working as a registered nurse at Mother Baby Care Unit for 19 years and I love what I do. I know I make a difference for the patients I care for and want to continue to work as a bedside nurse. The patient acuity and loads on our unit has been increasing and my colleagues and I are constantly taking care of seven to eight patients during our shift. Countless number of nurses left our unit because of the physical, mental and emotional toll it took on them. To recruit and retain bedside nurses to care for our patients, we need to eliminate unsafe staffing. SB 1580 will allow safe staffing and provide quality care that our patients deserve.

Mahalo for your support of SB 1580. Please pass this bill!
Respectfully Submitted,
Hsa Blut Paw Kikkawa

SB-1580

Submitted on: 2/10/2024 3:53:08 PM

Testimony for HHS on 2/12/2024 3:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Kimberly Mae Isobe	Individual	Support	Written Testimony Only

Comments:

Aloha e Chairs Aquino and San Buenaventura, Vice Chairs, and Committee Members,

My name is Kimberly Mae Isobe. I am a nurse at Kapi’olani Medical Center’s Family Birth Center Unit. **I strongly support SB 1580 Relating to Labor Standards at Health Care Facilities.** I have been a nurse here for almost 14 years. When I chose the profession of nursing, I wanted to be able to significantly impact people’s lives through the time spent connecting with patients, providing care to them in these challenging times of their lives, and educating them to positively impact their daily lives upon discharge. As a labor and delivery nurse, our patient assignment can change moment to moment, depending on what else is going on on the unit. We are constantly watching our electronic fetal heart rate monitors during our shifts and need to depend on our coworkers to assume care if we need a break to use the restroom, eat or drink, or take a lunch break. We also depend on our coworkers for extra hands in case there is an emergency, like the fetal heart rate is dropping and we need to take measures to help bring it back up or decide to quickly transfer the patient to the operating room. All of this depends on adequate staffing and safe staffing ratios.

In the past few years, there has definitely been a high attrition rate of nurses due to burnout. Nurses on our unit are leaving their bedside nursing positions due to the stress and unsafe working conditions placed upon us due to being short-staffed. These are nurses who have been in the field for decades, as well as new nurses who just started in the field but realize that the demands of the poor working conditions are just too much. We are being forced to work mandatory overtime resulting in 16 hour shifts, working with less than 10 hours rest between scheduled shifts, working without a chance to drink, eat, or use the restroom for 12 hours, all while being expected to continue to provide safe and efficient care of our patients. While travel nurses have been hired as a quick solution, it is only temporary and often changes the dynamic and culture at work. There has been many instances when I need extra help in emergent situations or when one of my patients needs one-to-one attention and I need another nurse to assume care of my other patient(s) and I have been told “I don’t have anyone to help you.” As nurses, we try our best to get things done under the circumstances presented, but that does not make it safe or right. This is how patient safety is compromised not to mention the physical safety of the nurses. In just the past year, I sustained my first two work-related injuries on busy days in our unit where no other help was available.

If we want to recruit and retain our invaluable nurses of Hawai’i, to encourage them to stay at the bedside rather than looking for less demanding jobs outside of the hospital/care facilities, and to

promote a culture of safety and excellent care, we need your help. It is clear that legislation is vital in the healthcare setting, as no one is regulating the hospital's use of the nursing staff. We need enforceable nurse-to-patient ratios and limits on mandatory overtime, if we want to reverse this critical bedside nursing shortage rooted in physical and emotional burnout from these poor working conditions.

Mahalo nui for your support of SB1580. I urge you to pass this bill for the optimal safety and care of our keiki, our kupuna, our ohana, and our nurses of Hawai'i.

Respectfully Submitted,

Kimberly Mae Isobe

SB-1580

Submitted on: 2/10/2024 5:09:57 PM

Testimony for HHS on 2/12/2024 3:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Hui tsuji	Individual	Support	Written Testimony Only

Comments:

I have been a registered nurse at kapiolani medical center for 6 years. And in those 6 years, I have been mandate to stay overtime for a 16 hour shift due to staffing shortages. I work 7pm to 7am as my regular scheduled shift and working 16 hours means I am leaving the hospital after 11:30am. Living in ewa, the drive is long and it is close to 1230pm by the time I am able to sleep only to wake up at 430pm to get ready for my next shift. Trying to work another 12hrs running on 4 hours of sleep is not only dangerous for myself, but also for my patients. I have co workers who have worked mandated overtime shifts 3 days in a row. They are working 36 hours of back to back shifts with less than 12 hours of sleep between 3 days. This is not voluntary, it is mandated. We do not volunteer for these overtime shifts, there is absolutely not enough staff.

Staffing ratios comes into play because it requires the facility to hire an appropriate amount of staff for our patients. working in pediatrics, not every parent has the luxury to stay with their child during a hospital stay. Unfortunately in Hawaii, there is a lot of single parents with multiple children and no family support. When one of their children is hospitalized, these parents do not have the ability to stay with their child overnight because they have to take care of their other children at home. This situation is a lot more common than most people realize so a lot of our pediatric patients are often times alone with no family at bedside to care for them which leaves the nurses to be their caregiver during the hospital stay. I have had shifts where 4 infants have no parents at bedside my entire stay and I have to care for and feed for 4 patients under the age of 1 at the same time in addition to providing them with the medical care they were admitted for in the first place. I would feed one of my patients while the other 3 would be crying. To this day, I can still remember leaving those shifts feeling as if I was not able to give the best care I could due to the lack of time and resources I was given. We need more staff. We need staffing ratios to force the hospital to hire more staff. We need staffing ratios for our patient safety. We need staffing ratios so the nurses are not forced to work mandated overtime shifts, sleep for 4 hours and come back to work for 12 more hours. Yes, the overtime pay is wonderful. But we don't want it, we just want sleep and have the the ability to think straight at work where critical thinking is required of our job.

Aloha Chairs Aquino and San Buenaventura, Vice Chairs, committee members:

My name is Lyn Pyle. I am a Registered Nurse. I strongly support SB 1580 Relating to Labor Standards at Health Care Facilities.

When our unit is short-staffed, we all have to make up the difference. On top of a 12-hour shift, I have been asked to stay over 4 more hours, to come in early, to take care of 4 patients and sometimes 5.

When ratios exceed a safe number, nurses are busy running around from patient to patient, and not able to give the attention that's required to each person. It becomes easier to miss signs that a person's condition is worsening and the likelihood of making medication errors increases.

A 16 hour shift due to overtime is physically and emotionally tiring. An overtired nurse is not safe. An overworked nurse with too many patients is not safe.

Please support SB 1580.

Respectfully submitted,

Lyn Pyle, RN

Aloha Chairs Aquino and San Buenaventura, Vice Chairs, and committee members,

My name is Erin Fell. I am a nurse and I work at Kapiolani Medical Center for Women and Children. I strongly support SB 1580 Relating to Labor Standards at Health Care Facilities.

I have experienced far too many times where our unit has worked understaffed. I would be in a patient's room helping a sick child who was vomiting and another one of my patients would also require immediate attention as their oxygen saturation was dropping and they were having difficulty breathing. Sometimes I would have to run out of my patient's room to help the other one, having to choose which one was more critical. On these busy shifts, many of the nurses wouldn't be able to take a break to eat or they would go very late when their patients would settle down. I have also been mandated to stay over for 16 hours after already being stretched thin. I had to make child care arrangements and cancel plans to stay over. This could put the patients at risk with over tired employees. If there was even one more nurse working at that time, he or she would be able to break others for their lunches and there would be more staff to help out when a child is having an acute/ critical event. I have felt under appreciated as a nurse by my employer and sad that there isn't a push to provide safer staffing for something so important. Our patients are important and so is our community, we should be putting focus on keeping everyone in our community safe while they are in the hospital.

Mahalo for your support of SB1580. Please pass this bill!
Respectfully Submitted,
Erin Fell

SB-1580

Submitted on: 2/10/2024 4:49:23 PM

Testimony for HHS on 2/12/2024 3:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Sharon O'Hara-Katres	Individual	Support	Written Testimony Only

Comments:

I am a retired Charge nurse in the NBSC from Kapiolani Medical Center, where I worked for 37 years. The safe staffing issue is so important to continue to ensure proper care for our tiniest patients who cannot speak for themselves. Asking RN's to care for 3 ICU patients is so dangerous and is unacceptable Also, caring for 4 Intermediate patients is a surefire way to nurse burnout. Mandatory overtime is also unfair to the nurses and definitely for the patients. Whoever is suggesting these changes has no idea how unsafe it is for the nurse and the patients she or he is caring for. Kapiolani has always had an excellent reputation, and implementing these changes is unsafe no matter how you look at it. Please do not allow this to happen. These patients deserve the best care possible. Thank you, Sharon O'Hara-Katres RNC

SB-1580

Submitted on: 2/10/2024 5:06:54 PM

Testimony for HHS on 2/12/2024 3:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Patricia Halvorsen	Individual	Support	Written Testimony Only

Comments:

Aloha Chairs Aquino and San Buenaventura, Vice Chairs, and committee members.

My name is Tricia Halvorsen. I am an ICU nurse at one of the largest hospitals in Hawaii. I strongly support SB 1580 Relating to Labor Standards at Health Care Facilities.

YOU NEED TO BE VERY VERY VERY AFRAID FOR YOURSELF AND YOUR LOVED ONES!!!!!!

I am an ICU RN with over 15 years experience who UNLIKE many of my colleagues has chosen to remain working in the state's busiest ICU unit post the COVID pandemic. We have lost more than 80% of our extremely brilliant, experienced nurses due to unsafe staffing.

The pandemic ripped the blindfolds off the eyes of all nurses and exposed the truth about hospitals' priorities. It is NOT about the patient, but rather it is a business.

Many of my colleagues have left or are leaving the field of nursing due to the unsafe conditions we are forced to work in. We struggle with our own innate morality because we feel we aren't able to provide the quality care needed to improve patients' health outcomes due to these unsafe staffing practices. Moral Injury and depression are common causing massive BURNOUT.

Emphasis is placed on checking all the boxes and documenting multiple forms rather than on quality nursing care. You are rewarded for your proficient documentation vs quality nursing care.

Each day prior to the start of every shift, you are reminded about all the multiple requirements you are mandated to do by administration and management or risk facing disciplinary action. Priorities are placed on meeting all the hospital's expectations vs quality nursing care. The current staffing ratios make it IMPOSSIBLE to provide safe quality nursing care. It is also a tremendous physical and mental strain on nurses. We have to not only make sure the mandated documentation is 100% correct but also give the care needed to our patients. We are forced to choose between keeping our job over quality nursing care. Most nurses work 2 jobs just to be able to afford living in Hawaii. Keeping our job becomes the priority.

Any nurse that entered the profession for altruistic reasons are quickly burnt out. They suffer mental and physical injury working in these conditions. Nurses are leaving the field in masses because of mental, emotional, physical and spiritual reasons. It's unsustainable what is currently required of a nurse due to the staffing ratios causing unsafe working conditions.

If you or your family should ever end up in the hospital, you should be very concerned about the quality of care you will likely receive. The pressure to complete all of the administrative tasks combined with the UNSAFE nurse to patient ratios take the nurses away from the bedside.

The healthcare system in America is broken. Priorities are placed on making money in which nurses suffer the heavy, price by practically killing themselves trying to give quality care despite an impossible patient to nurse ratio all while putting their licenses at risk.

If you care about saving lives and very possibly one day your own life, PLEASE pass this bill. Hawaii's culture of compassion, respect and Ohana is NOT represented in our hospitals as a direct result of these unsafe staffing practices.

Mahalo for your support of SB 1580. Please pass this bill if you care about the ones you love and true healthcare.

Respectfully Submitted,

Tricia Halvorsen

SB-1580

Submitted on: 2/10/2024 5:25:43 PM

Testimony for HHS on 2/12/2024 3:00:00 PM

Submitted By	Organization	Testifier Position	Testify
James Green Jr	Individual	Support	Written Testimony Only

Comments:

My Name is James Green I am a Nurse and I work at Kapiolani Medical Center for Women and Children. I strongly support SB1580 relating to Labor Standards at Health Facilities.

I have been very fortunate to have a mother-in-law that loves her son-in-law and my three wonderful children. My mother-in-law and my daughter were admitted to the same hospital on the MainLand, around the same time. I would routinely visit both my mother-in-law and my daughter in the hospital. One evening, while visiting my daughter, I decided to just check on my mother-in-law and found she was sound asleep, I noticed her arm was swollen from her IV solution infusing. So I hit call button but no one responded, so after 10 minutes of trying the call button several times with no response, I went to the nurses station and I could not find anyone at the nurse's station. So I went back to my mother-in-law's room and about more than a half hour later a nurse showed up, thanking me for noticing the swollen arm. She apologized, telling me how short staffed they were and they were super busy. The fact there were so many patient on the floor and only 3 nurses concerned me. The event put *fear* in me for the *safety of my daughter* and my *mother-in-law*.

I kept thinking what would have happened if I had found my Mother-in-law or Daughter, had *coded*, by the time the nurse had responded to the call light they could have died. I also realized, if I had not checked on my mother-in-law, her IV infiltrate might not have been noticed in time and could have caused some serious damage to her arm as she was medicated with pain med's and sleeping, so she might not have felt any pain until the infiltrate caused some serious damage to her arm. IV infiltrates if not caught in time can lead to serious damage to limbs.

This Committee has a chance to fix potential problems like this with SB1580 - to ensure safe staffing. Imagine its "your child" or loved one in the hospital, *are* you going to want them to be in Health Care Environment that *doesn't have enough staff* to respond in a timely manner.

At some Point in our lives "We" and our "Loved one's" will be admitted to a hospital. Let make sure that hospital stay is as safe as possible.

Please support **SB1580** to make sure we can provide the best care to protect the people of Hawaii.

Thank you, for Your Support of **SB1580**

Respecfully Submitted

James Green Jr.

SB-1580

Submitted on: 2/10/2024 5:33:02 PM

Testimony for HHS on 2/12/2024 3:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Jodi-Lynn Shook	Individual	Support	Written Testimony Only

Comments:

Aloha Chairs Aquino and San Buenaventura, Vice Chairs and committee members,

My name is Jodi-Lynn Shook and I am a registered nurse at Kapi'olani Medical Center for Women and Children. I have been a nurse for almost 16 years and majority of that time was spent working at Kapi'olani on the Pediatric Intensive Care Unit (PICU) and Pediatric floors. In the PICU, we take care of up to two "critical" patients. ICU patients require constant monitoring and their outcome is hugely based off of our bedside assessments, quick identification and timely interventions. With the pediatric population, this is even more important because children don't have the same compensatory systems in place as adults do and can decompensate extremely quick. I have been in situations where I could not leave one patient's bedside because I was actively titrating medication drips to get their blood pressure up or holding them down while trying to sedate them so they did not pull out their breathing tube or providing oxygen through a bag because they could not breathe on their own. There have also been numerous occasions in my career where after saying a final goodbye to a patient, I could not support the grieving family as thoroughly or even process my own grief before having to admit another patient. This is not quality care nor is it safe. Currently, we don't have enough core staff to care for a full unit of ICU patients. To meet the needs of the unit, we have a carousel of travelers that pass through who don't have any connection to our community. The travelers are also expected to know our work flow and policies/procedures in one shift before being on their own. This short orientation and with little oversight leads to multiple careless errors that affect our patients' safety and quality of care. Even despite this influx of travelers, many of us are still asked to pick up extra shifts or if there are no volunteers, then we get mandated to stay over an extra 4 hours past our 12-hr shift. Just this past Wednesday, three night-shift nurses who started at 7pm the night before were mandated to stay over until 1130am the next morning. Implementing staffing ratios at the state level will hold the hospital accountable for ensuring the unit is adequately staffed by hiring more staff and creating a plan to retain that staff. We cannot keep putting band-aids on this issue if we expect to continue to provide the high quality care our patients deserve.

SB-1580

Submitted on: 2/10/2024 7:15:35 PM

Testimony for HHS on 2/12/2024 3:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Brent Schlea	Individual	Support	Written Testimony Only

Comments:

please take better care of the nurses who care for us

SB-1580

Submitted on: 2/10/2024 7:18:48 PM

Testimony for HHS on 2/12/2024 3:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Anne Kamau	Individual	Support	Written Testimony Only

Comments:

I support this bill. Mahalo.

SB-1580

Submitted on: 2/10/2024 8:15:16 PM

Testimony for HHS on 2/12/2024 3:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Neill Amasaki	Individual	Support	Written Testimony Only

Comments:

I support this bill.

SB-1580

Submitted on: 2/10/2024 8:41:03 PM

Testimony for HHS on 2/12/2024 3:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Elizabeth Martin	Individual	Support	Written Testimony Only

Comments:

I am a pediatric oncology nurse at Kapiolani. I support SB1580 and urge lawmakers to please do the same. As someone who has taken care of very sick children for the last 8 years, I have seen the negative impact of short staffing and mandatory overtime. The nurses are the backbone of the hospital, we are the ones checking labs, administering chemotherapy, performing bone marrow transplants, giving all medications, administering blood products, and monitoring viral signs. I have personally made an error that (luckily) was minor but nonetheless a mistake when I was in charge of too many patients. The odds of you as a nurse making a mistake or missing something go way up when you are stretched too thin. Additionally, it is so unsafe to have mandatory overtime and require a nurse to stay over their 12 hour shift and make it a 16 hour shift. Even for a 12 hour day I am actually gone for 14 hours of the day. Adding 4 hours into your shift is so unsafe. Especially on a night shift, it is proven you are mentally impaired after going so many hours without sleep. The kids deserve to have a nurse who can safely take care of them and not be rushed or completely exhausted. Our job is so unique. We are "on" for the entirety of a 12 hour shift and are dealing with mental, emotional, and physical stress the entire time. If your child had leukemia and needed lifesaving treatment, wouldn't you want the person taking care of your child to give them their full attention?

SB-1580

Submitted on: 2/10/2024 9:25:52 PM

Testimony for HHS on 2/12/2024 3:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Karley Kobayashi	Individual	Support	Written Testimony Only

Comments:

I cannot stress how important safe staffing is for us nurses but more importantly, for our patients. It is so unsafe how we are working now, change needs to happen! There are so many days I leave work feeling extremely exhausted, burnt out & beat. We try to give our patients are ALL! How are we supposed to give quality care when we are expected to be 8 places at once?! We need to change healthcare in Hawaii so our patients get the care they deserve & the nurses have healthy work environments.

SB-1580

Submitted on: 2/10/2024 8:34:32 PM

Testimony for HHS on 2/12/2024 3:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Odette Toledo-Lue	Individual	Support	Written Testimony Only

Comments:

Aloha Chairs Aquino and San Buenaventura, Vice Chairs, and committee members, My name is Odette Toledo-Lue. I am a nurae and I work at Kapiolani Medical Center. I strongly support SB 1580 Relating to Labor Standards at Health Care Facilities.

In 2022, My dad was hospitalized for pneumonia and PEG tube placement. Prior to that admission, my dad independently walked, (accompanied) 1-3 miles everyday for stimulation and to reduce agitation associated with Alzheimers.

After his surgery, we advocated for PT consult, who recommended passive range of motion and daily ambulation with assist. We discovered that it was not being done. I asked the doctor, why my dad wasn't getting OOB (out of bed), since it is the standard of care that post-op patients do that. The doctor had the audacity to tell me, "I don't know what hospital you work at, but we just don't have the staff to do that." I told him that their hospital isn't unique in that aspect. My siblings and I provided daily passive range of motion. We also wanted to ambulate my dad when we visited, but were told by the doctor that because of liability, there needed to be staff to assist, but there wasn't enough staff to accomplish that. We asked for PR involvement, but their response was, that they would do their best. There was no accountability.

During my dad's 17 days of hospitalization, staff provided passive range of motion 3 times and ambulated him twice. My dad quickly decompensated and deteriorated during said hospitalization. My dad independently walked into the ER, and was discharged from the hospital requiring a walker with assistance. His muscles were contracted to the point that he could not stand upright. He was unable to walk 40 feet before feeling fatigued. My dad passed away 10 months after that hospitalization. Would my dad's outcome been different with his Alzheimers diagnosis? We don't know because he wasn't given the opportunity to potentially improve his outcome and beat the odds.

Being a nurse myself, I totally understand that the nurses were pulled thin and were responsible for too much. But as my dad's daughter, that was difficult to accept. Nurses are excellent at prioritizing, but when implementation of nursing care becomes overwhelming, the quality and delivery of care is diminished with every additional patient we are responsible for.

I love serving my community as a bedside nurse, just as much as I have when I started 25 years ago. Through the years, I have witnessed the increasing workload and responsibility that is required of nurses. I work the night shift (7:00pm - 7:30am), but sometimes 16 hour shifts

(7:00pm - 11:30am) when we are short staffed. There are also times when I work 12 hours without a 30 minute break because we don't have the staff to do that safely. Burnout has resulted in nurses leaving the profession.

Being a nurse gives me a sense of purpose. I am committed to providing the best care for my patients, but it's becoming more difficult without more staff. My nursing profession is not only a career, but a calling to serve. Please support this bill to ensure that our people of Hawaii (patients and healthcare providers) are appropriately cared for and supported.

Mahalo for your support of SB1580. Please pass this bill!

Respectfully Submitted,

Odette Toledo-Lue

SB-1580

Submitted on: 2/10/2024 9:19:06 PM

Testimony for HHS on 2/12/2024 3:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Divina Robillard	Individual	Support	Written Testimony Only

Comments:

February 10, 2024

Aloha, Honorable Committee Members!

In March last year, US Representative Jan Schakowsky (IL-09) and US Senator Sherrod Brown (D-) reintroduced the *Nurse Staffing Standards for Hospital Patient Safety and Quality Care Act* in Congress. In her forceful advocacy, Rep. Schakowsky reiterated that "...Numerous studies have shown that safe nurse-to-patient staffing ratios result in higher quality care for patients, lower health care costs, and an overall better workplace for nurses. For years, I've talked to exhausted nurses who have said they go home at night, wondering if they forgot to turn a patient because they were stretched far too thin. The need for federal safe staffing standards is about nurses, patients, and everyone's lives. This bill will improve the health of patients by improving nursing care—establishing minimum registered nurse-to-patient ratios in hospitals, providing whistleblower protection for nurses who advocate on behalf of their patients, and investing in training and career development to retain hardworking nurses in the workforce..." (3/20/2023, https://schakowsky.house.gov/media/press-releases/schakowsky-brown-reintroduce-legislation-improve-patient-care-empowernurses?utm_campaign=597750_2024_GOVA_Support_1012&utm_medium=email&_hsmti=292060717&_hsenc=p2ANqtz-_atWbrJM_7Uj2PvCeS32LtAaeO_XjLqgVwzXJUOtYUf6fPwrf-e4pAU7pSVujHrrrr5W__EuAPuP_JFzCh__BqP1um7A&utm_content=292060717&utm_source=hs_email#:~:text=fearing%20potential%20retaliation.%E2%80%9D,The%20Nurse%20Staffing%20Standards%20for%20Hospital%20Patient%20Safety%20and%20Quality,the%20safety%20of%20their%20patients.?utm_campaign=597750_2024_GOVA_Support_1012&utm_source=hs_email&utm_medium=email&utm_content=2023_Q4_Newsltr_EMI_Member)

It is ironic that the first line of support FOR the patient in caregiving institutions – our nurses – do not receive the kind of support, in turn, from lawmakers which would provide them with the ability to continue to do their job in the best way they can. Instead, they are burdened with large caseloads leaving them frustrated, unappreciated, and driven to professional discontent, helplessness, and overwork. It is a no-brainer that this toxic kind of work environment further contributes to the unrelenting critical nurse shortage that our country has been suffering from for a long time. And yet, why are our lawmakers reluctant to provide the sort of mandate that will

create a more solid, dignified, AND safe working situation for our nurses? Doesn't it make common sense that the more supported our nurses are, the better the care? the safer the recipients of care?

Haven't we all, at one time or another, been once cared for by nurse? If not personally, one of our family members or friends? When you were in a critical health situation, didn't you hope for an alert, caring, and knowledgeable nurse take care of you? Would you rather one who came home the night before, hardly finding the door because of an extremely heavy caseload within a unit barely keeping themselves afloat until the end of the shift? Or had been asked to go on double shift because one of them had just called in sick?

Some influencers in social media provide content on the life of present-day nurses (eg. Nurse John, nurse.blake, et al). Sure, their content makes me laugh, making me remember my younger days at bedside, and thankful that all of those days are now just memory! Their content is hilarious because the portrayals are meant to exaggerate. But the bottom line of situations they poke at is very real:

Before work, nurses already anticipate the stress and overload they are about to encounter. They are portrayed gulping tall flasks of coffee and psyching themselves up with mantras. While on shift, they feed on chips and easily accessible nourishment, picked randomly and gobbled between patients; and cans of energy drinks to keep them going. Upon getting home, they are barely able to communicate with loved ones, dragging themselves through the motions of going to bed, only to repeat the same moronic actions the next day they prepare for duty.

In the mid-1800's, Florence Nightingale modeled the professional nurse while caring for the wounded soldiers of the Crimean war. Before that time, so-called nursing (caregiving) was a set of tasks that was carried out mostly by women because, in that part of our development as a society, women had very few choices of earning a living. Majority of them had no way of sustaining life (especially single women – spinsters or widows) other than whoring, or living with families who had a member needing care. It was an itinerant, ill-paid sort of work. Women then were no better than chattels: heaven help them if they were without husband/male relative, or independent source of money. They lived in poorhouses run by genteel women, or became “nurses.”

Nightingale seized the work of “nursing” from its derelict social status and created the beginnings of a profession. From that time onto this day, various nursing leaders developed the

Nursing profession into the largest workforce in the healthcare system. Even with the proliferation of allied medical services since Nightingale, the nurse had never been replaced. Not by physician assistants! Not by technicians! For 20 years, Gallup polls consistently showed that nurses have been consistently chosen as the most trusted professionals in the US. And yet, we do not think they deserve work standards that will allow them to be at their best for their patients?

When I go for my colonoscopy next month, I want a well-rested, alert, competent, and professional nurse at my bedside. Not a Nurse John. Wouldn't you all?

Malama pono!

Divina Telan Robillard

Chair Joy San Buenaventura
Vice Chair Henry Aquino

Senate Committee on Health & Human Services

Chair Henry Aquino
Vice Chair Sharon Moriwaki

Senate Committee on Labor & Technology

Monday, February 12, 2024
3:00 PM

**TESTIMONY IN STRONG SUPPORT OF SB1580 RELATING TO LABOR
STANDARDS AT HEALTHCARE FACILITIES**

Aloha Chair(s) San Buenaventura & Aquino, Vice Chair(s) Aquino & Moriwaki, Members of the Senate Committee(s) on Health & Human Services and Labor & Technology,

My name is Jun Shin. I am a service worker as well as a labor and social justice activist, testifying as an individual in **STRONG SUPPORT of SB1580**, Relating to Labor Standards at Healthcare Facilities.

Our nurses (and other healthcare workers) are being overworked and stretched thin to the breaking point. We saw this when the hospitals filled up and medical equipment was running low during the earlier stages of the COVID pandemic, but the pandemic only lit the flames of an already burning fire. These stressful, exhausting, dehumanizing working conditions existed before the pandemic and still very much exist now. Why do you think Kapiolani nurses went on strike?

For most of us, nurses were taking care of us when we were born, and will be taking care of us in our last days. However, the fact that workers who are devoting themselves to care for us are still fighting for the most basic labor protections and standards around breaks, overtime, as well as staffing is frankly heart-breaking. It's just wrong! The legislature must fight for nurses and build on the workplace organizing taking place in the hospitals.

All the money and respect that hospitals and the larger healthcare system here in Hawai'i receive, would not be possible without nurses and all the other workers who keep the hospitals running day and night. A victory for nurses will be a victory for all workers. May they win this

legislative session and inspire others facing similar workplace conditions. Please **PASS Senate Bill 1580** out of your committees.

Mahalo for the opportunity to testify,

Jun Shin,

State House District 23 | State Senate District 12

Cell: 808-255-6663

Email: junshinbusiness729@gmail.com

SB-1580

Submitted on: 2/10/2024 10:11:38 PM

Testimony for HHS on 2/12/2024 3:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Kyla	Individual	Support	Written Testimony Only

Comments:

Aloha Chairs Aquino and San Buenaventura, Vice Chairs, and committee members,

My name is Kyla. I am a nurse and I work at Queens Medical Center. I strongly support SB 1580 Relating to Labor Standards at Health Care Facilities.

As a new graduate nurse, stepping onto the medical surgical/telemetry floor was both exhilarating and nerve-wracking. I was eager to put my skills into practice and make a difference in patients' lives. However, what I didn't anticipate was the constant battle with short staffing.

One particularly challenging shift stands out vividly in my memory. The unit was already understaffed, and several nurses called out sick that day. As a result, those of us who showed up were left scrambling to cover multiple patients each, far beyond what was manageable or safe.

The stress was palpable from the moment I walked onto the floor. I barely had time to catch my breath before I was pulled in multiple directions, trying to prioritize care for patients who all seemed to need me at once.

What made it even more difficult was knowing that despite my best efforts, I was unable to provide the level of care that each patient deserved. It wasn't just about completing tasks; it was about forming meaningful connections, offering comfort, and ensuring their well-being. But in the midst of short staffing, those aspects often fell by the wayside.

The toll it took on me was not just physical but emotional as well. I constantly worried about missing something important or making a mistake due to the overwhelming workload. The guilt of feeling like I wasn't doing enough weighed heavily on me, and I began to question whether I had chosen the right profession.

Beyond the impact on me, I also saw how short staffing affected my patients and their families. They too felt the strain of delays in care and the lack of personal attention. Some were understanding, while others expressed frustration and concern, which only added to the pressure.

Experiencing firsthand the consequences of short staffing reinforced the importance of advocating for safe staffing ratios. Every nurse wants to provide the best possible care for their patients, but it's nearly impossible to do so when stretched thin. It's a systemic issue that not only

jeopardizes patient outcomes but also contributes to burnout and dissatisfaction among healthcare professionals.

Despite the challenges, moments of connection with patients and the knowledge that I was making a difference kept me going. But it also fueled my determination to push for change within the healthcare system, so that no nurse or patient has to endure the effects of short staffing.

Mahalo for your support of SB1580. Please pass this bill!

Respectfully Submitted,
Kyla Vida

SB-1580

Submitted on: 2/10/2024 10:29:04 PM

Testimony for HHS on 2/12/2024 3:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Rebecca Zook	Individual	Support	Written Testimony Only

Comments:

Aloha Chairs Aquino and San Buenaventura, Vice Chairs, and committee members,
My name is Rebecca Zook. I am a nurse and I work at Kapiolani Medical Center. I strongly support SB 1580 Relating to Labor Standards at Health Care Facilities.

Mahalo for your support of SB1580. Please pass this bill!

Respectfully Submitted,

Rebecca

SB-1580

Submitted on: 2/10/2024 10:34:11 PM

Testimony for HHS on 2/12/2024 3:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Anasofia Vu	Individual	Support	Written Testimony Only

Comments:

Aloha, my name is Anasofia Vu, and I strongly support SB1580. I have been a registered nurse for 15 years. I've worked in California and Hawaii throughout my career, and currently am working in a postpartum mother-baby unit on Oahu. I have seen many great nurses leave the bedside due to the unsafe working conditions we've been put under. There are many times that I have worked without a proper meal break. There are numerous times that I have been assigned more patients than I feel that I can safely care for due to the complexity and acuity of their health. Patient mortality rates increase with each additional person I am tasked to care for. When it comes to a matter of life or death, MINIMUM nurse to patient ratios DO MATTER.

Yes, it does cost money to provide a minimum number of nurses in every unit, but I ask you, how much is a life worth to you? Especially if that life was a member of your own family? I know that I'm doing the best that I can with the resources that I have, but it comes to a point where enough is enough. I am getting to a point where I have nothing left to give of myself to my patients, let alone my family. Taking care of 8 patients at one time is unsafe, and is unacceptable. There are national standards that hospitals follow for labor and delivery, and postpartum, yet the women & children's hospital that I work for does not follow these national guidelines due to budget. I had over 10 nurses leave my unit during COVID from being offered early retirement, and there was never any intention to replace the nurses that left. Instead, the remaining nurses have been forced to pick up the slack and make do. Hospital administration will never do what is right by the people unless they are forced to by law.

To say there is a nursing shortage is not entirely true. There are hundreds of student nurses graduating from the various nursing schools on island every year, waiting for a position to open up to be trained so that they can stay here and care for the community. They all have to compete for a handful of new graduate nurse opportunities and so they choose to move away to the mainland to gain experience, and likely will not return home once they've experienced the higher pay and nurse to patient ratios we so desperately need here. Experienced nurses with active licenses have left the bedside because they're burnt out and no longer desire to work for a place that expects them to do more with less. When hospital administrators say that there is a nursing shortage, what they mean is that there is a shortage of EXPERIENCED nurses that they don't have to spend the money on training.

I know that more nurses will continue to leave the bedside or move to the mainland where minimum nurse to patient ratios are in legislation until something is done to improve ratios here. Who, then, will be left to care for our community? As a nurse who is speaking from a place of concern for the future of nursing in Hawaii, please consider voting yes on this important legislation for the health and safety of the people of Hawaii. Mahalo.

SB-1580

Submitted on: 2/10/2024 11:00:12 PM

Testimony for HHS on 2/12/2024 3:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Jessica Palomino	Individual	Support	Written Testimony Only

Comments:

Aloha Chairs Aquino and San Buenaventura, Vice Chairs, and comittee members,

My name is Jessica Palomino. I am a nurse and I previously worked at Kapi‘olani's pediatric ICU for over 7 years. I strongly support SB 1580 relating to Labor Standards at Healthcare Facilities.

I have often felt overwhelmed and worried about being able to provide appropriate patient care to my patients at Kap. I believe this is a big contributing factor as to why I previously left being a full-time nurse there. I would leave every shift worried I had overlooked something or forgotten something. I saw many talented and competent nurses leave for the same reason. This urgently needs to change.

Mahalo for your support of SB 1580. Please pass this bill!

Respectfully submitted,

Jessica Palomino

SB-1580

Submitted on: 2/11/2024 2:19:28 AM

Testimony for HHS on 2/12/2024 3:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Charmiane Garma-Flores	Individual	Support	Written Testimony Only

Comments:

As a RN, I strongly support SB 1580. I've been a nurse for over 10 years and over the years, I've seen so much nurses leave the profession or retire early because of unsafe staffing. I believe having safe staffing is so important in giving the best quality care to our patients.

SB-1580

Submitted on: 2/10/2024 10:55:28 PM

Testimony for HHS on 2/12/2024 3:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Deborah Spangler	Individual	Support	Written Testimony Only

Comments:

Aloha Chairs Aquino and San Buenaventura, Vice Chairs and committee members,

My name is Deborah Spangler, I am a RN in the NICU at Kapi’olani Medical Center for Women and Children. **I strongly support SB 1580 Relating to Labor Standards at Health Care Facilities.**

The profession of nursing is in a downward spiral; unsafe staffing is the cause of our current shortage of experienced nurses. The stress experienced by a nurse whose work load is chronically excessive leads to a decline in mental and physical health; these burdens lead to experienced nurses leaving the field in search of personal peace and health. The current lack of standards to guide the acceptable work load of is affecting the care given in all health care settings as well as deterring others from entering health care as a profession.

In healthcare nurses are not a revenue source, insurance cannot be charged for nursing services, instead nursing is a cost; a cost which must be managed and kept to a minimum. The easiest way for administration to keep the cost of nursing services down is to keep a facility chronically understaffed, work nursing staff harder so that fewer are needed. When nursing staff are worked harder, given more patients and tasks than are safe, then mistakes are made. Actual mistakes or omission of tasks in healthcare can have substantial and life long consequences for patients and staff.

Our patients deserve the best possible care; our patients are not getting the best possible care because there are not enough staff around to give that care. Management wants to keep costs low, overworked nurses are leaving and not being replaced which leads to more work, more stress and finally even more nurses leaving. Every day at work I think about wanting to quit my job, so often I dread getting up in the morning and going into the hospital, I long for retirement. I

am tired. I am mentally exhausted. I am physically exhausted. I want to be able to care for my patients and myself.

We, the nurses of Hawaii, need you, our legislators to support SB 1580 so that we can care for the people of Hawaii and care for ourselves.

Respectfully submitted,

Deborah Spangler, RNC

Aloha Legislators,

My Name is Samantha St. John and I am currently a Registered Nurse at Kapi'olani Medical Center. I am writing this to show my support for SB1580 "Relating to Labor Standards at Health Care Facilities". I have been a nurse for 10 years now-3 years in pediatric respite care and the last 7 years in labor and delivery.

My story is not unique in that I am one of many nurses that went away to the mainland for schooling, but always wanted to be back in Hawai'i for the long term. Something that Hawai'i has that is special is our definition of family, *'ohana*. Everyone is your aunty, your uncle, your cousin. While working, it is rare to have a shift where someone doesn't know someone who is giving birth. No place that I have been on the mainland would that ever be the case. For far too long, Hawaiians have been forced to move because of things like high cost of living and poor benefits and retention in the work force. As a native Hawaiian myself, it is disheartening to see our people continually overshadowed and replaced. With all of this, I want to be able to stay and work in Hawai'i to give back to the community that raised me. My family is here, my friends are here, and my culture is here. Unfortunately, it has become difficult to have the desire and passion to stay due to an increasingly unsafe environment in the hospitals. It was my dream to work at Kapi'olani since I was 16 years old. After achieving my dream, I thought this was the place I would retire at. It's been heartbreaking to see my dream crushed everyday over the last few years because I have become so overworked and burnt out that I have even thought of leaving nursing as a whole. COVID-19 did put a large stressor on health care, but it also exposed many flaws that have been long covered up. Instead of using the flaws to correct safety measures, hospitals have continued to operate at pandemic level in order to cut corners and save money for themselves.

When you are in a hospital, you are vulnerable. It is unfair for the patients to have your nurses spread thin. Imagine having a stillborn and not be given the empathy and grace you deserve in that moment because your nurse has to run to take care of another patient. A personal story I remember comes from a day where I had to work overtime (16 hour shift). There was already a delivery of 23 week twins being attended by 2 of our 3 NICU/resuscitation teams when another patient comes into triage and delivers a 26 weeker. Everyone on the floor was already running around as it was a busy and full morning, but our staff was spread even more thin by the acuity of the unit. To add to this, a third delivery was occurring and an operative vaginal delivery was necessary due to the fetal status. Usually the resuscitation team would help attend this delivery, but I realized that all 3 of our teams were preoccupied by the three previous babies. We made the call to go ahead and deliver because the fetus was in too much distress. Unfortunately, I was left to resuscitate this baby on my own until the very few people who were able could come to my aid (including our charge nurse). I know we can't always predict these situations, but these are the situations that have been happening far too often and could be aided with better staffing.

With 3 major nursing schools in Hawai'i, finding new nurses shouldn't be a problem. Hospitals don't want to invest in new graduate training programs because they cost too much. Hospitals should be doing more to invest in the local nurses by giving more (and higher quality) training opportunities and working to retain their senior staff. I am sure that if we didn't have such poor working conditions, many senior staff would not have left for better opportunities on the mainland, such as in California where regulations like this exist at the state level. California is just one example that shows that these types of bills work-it helps to create better working environments for the nurses, which will in turn lead to improved patient satisfaction and improved patient outcomes.

Being a nurse is a thankless job, you can't go into this career without knowing that. I do this job because I care about the people around me and want to see a better future. If we continue at this rate, we as nurses will be unable to do our jobs if we aren't taken care of too. It's demeaning to hear when you give your time, energy, and passion into this job that we are not deserving of safety. There are many days I give so much of myself at work that I leave and have nothing to give to my own family. This bill will see safety standards set in place to help to take care of our nurses so that we can take care of you. I sincerely hope that we can pass this bill so that me and my fellow nurses are able to give the best care to our people of Hawai'i.

Mahalo for your consideration,

Samantha St. John

SB-1580

Submitted on: 2/11/2024 12:18:28 AM

Testimony for HHS on 2/12/2024 3:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Robyn Hara	Individual	Support	Written Testimony Only

Comments:

Strongly support SB1580. I am a Registered Nurse at Kapiolani Medical Center for the last 26 years. In my experience I can attest that there are more patients now that require more care and monitoring. Our patients need us at the bedside more than ever before. Safe staffing and ratios not only give those caring for patients safer working conditions but will also help the facility we work at retain and even recruit nurses that we desperately need.

SB-1580

Submitted on: 2/11/2024 12:34:41 AM

Testimony for HHS on 2/12/2024 3:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Dedania Tyau	Individual	Support	Written Testimony Only

Comments:

Aloha,

My testimony from 2/11/23 still stands. Unfortunately, working conditions have not improved since then, even with CBAs in place that have language regarding meals/rest periods and supposed Patient Classification Systems. The facilities that oppose this bill will not willingly do what's right and safe for patients and nurses. That is why SB1580 and legislation is needed.

When your loved one (or maybe you) is a patient and doesn't consistently receive basic care such as routine oral hygiene, prompt perineal care, and proper meals up in a chair or increased activity (if physically possible) it's due in part to employers not willing to prioritize safe staffing and consistent meals/break. Supporting SB1580 is not just about supporting frontline staff (although that in and of itself is more than enough reason to support it). **Supporting SB 1580 means you're supporting patient safety and human dignity.**

When your loved one is in a critical situation or life-changing journey, you'll hope that your nurse has support and is duly rested enough to provide critical, full, and compassionate care. **Supporting SB1580 means you're supporting life and quality of life.**

Thank you for your support. **Please vote YES.**

Dedania Tyau, RN, OCN

SB-1580

Submitted on: 2/11/2024 12:28:34 AM

Testimony for HHS on 2/12/2024 3:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Brianna Coogan	Individual	Support	Written Testimony Only

Comments:

Aloha Chairs Aquino and San Buenaventura, Vice Chairs, and committee members,

My name is Brianna Coogan and I have been a nurse for 10 years now. Of those 10 years, I have worked under Hawaii Pacific Health trying to “create a healthier Hawaii”. For the past 7 years I have worked at Kapiolani Medical Center for Women and Children in the Pediatric Intensive Care Unit. I am 1 of the 4 permanent charge nurses on the unit.

First and foremost, I would like to extend my aloha and gratitude for allowing us the opportunity to share our thoughts and feelings. I wholeheartedly support SB 1580 and all that it stands for.

Respectfully, born and raised on Oahu, Hi; it had always been my dream to become a nurse and to provide care for my community. I’ve always been passionate about caring for the critically ill, especially children. There is no better feeling than being able to provide quality patient and family centered care to people in need. I acknowledge It's an extremely stressful position with a ton of responsibility. I also recognize that at times I may not be able to save each and every child I cross paths with. However, I have peace in my heart knowing I did everything I possibly could for the patient and their family. As a nurse, it’s unrealistic to believe we have complete control over the outcome. However, it's important for us to know we did everything we possibly could to provide for the best possible outcome. Accepting that we advocated for our patient to the best of our ability and we showed enough compassion and care during each family's difficult time.

Sadly, I would be lying if I said that our current working conditions allow us to continue the standard of care mentioned above. It would be more realistic to say times have changed and quality care no longer has the same face value. Nurses are stretched thin and paired with multiple unstable patients routinely. After a long exhausting shift, nurses are being mandated to stay over for an additional 4 hours while sleep deprived. As a result patients care is being compromised and and influx in medical errors have been occurring. Countless times nurses leave work in tears knowing they failed to provide the adequate standard of care for their patient. It’s beyond the failed battle to provide quality care. Rather the expectation has dwindled down to just being able to provide the bare minimum standard to get you patient by.

As we negotiate our contract terms and shed light on the matter the burden is being placed solely on the bedside nurses to divide their attention and love amongst 2 equally unstable patients. Nurses have to prioritize an actively dying patient + devastated family vs the rapidly declining

patient!! The reality is both parties deserve the attention. How can one nurse be at both places at one time ? Or is it more acceptable to prioritize the rapidly declining patient? Yet where does that leave the mother with her dying child? Should that mother have the compassion because the other patient still has a chance and her child doesn't?? Could you be that parent and sit back and watch ur bedside nurse run back and forth and still have faith and trust in our healthcare system ?

The current bedside environment has changed the healthcare system for many nurses. Everything we stood for as nurses seems lost. Many of us are mentally, physically and emotionally maxed out. Giving whatever last bit is left in us until we decide to leave. Many nurses no longer want to work here in Hawaii because of the current working conditions. My greatest fear is that Hawaii will continue to lose local nurses who passionately want to care for the people of Hawaii. If there is no change not only will patients continue to fall through the cracks but there will be no more locally raised nurses left to care for people of Hawaii. There will be no more, “creating a healthier Hawaii” but instead “crippling the health in Hawaii”.

Please help implement change to keep Hawaii’s healthcare system whole. Restore the purpose behind why we became nurses. Restore our the trust in the healthcare system. Mahalo for your support of SB1580.

Respectfully Submitted,

Brianna Coogan

SB-1580

Submitted on: 2/11/2024 3:15:09 AM

Testimony for HHS on 2/12/2024 3:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Keith Kikkawa	Individual	Support	Written Testimony Only

Comments:

Aloha members of our State Legislature,

I thank all of you who have dedicated your life to being a part of our governing body. I also thank those who have drafted this bill, and those who are in support of it. I highly support this bill and I am elated to see it. I never thought I would witness safe staffing legislation in my career. I have been a registered nurse at the Queens Medical Center for 19 years. Through my years, I have seen and experienced the change in staffing guidelines - increasing patient to nurse ratios. Though this helps the organization's bottom line, it also serves to exhaust nurses both mentally and physically. Sick calls are the highest I have seen in all my career. I no longer feel I have enough time to build rapport, to provide the support and encouragement that all patients desperately need. I am instead focused almost purely on tasks such as charting, administering medications, and providing treatments. The modern patient is also much more complex now due to the advancements in medicine and technology and as such, require a lot more care than in the past. In the specialty of psychiatry, safe staffing is paramount, as we deal with agitated and potentially dangerous patients on a daily basis. I humbly ask that you vote "Yes" to this bill, and I know I speak for all nurses when I say - Thank You!

Appreciatively,
Keith Kikkawa

SB-1580

Submitted on: 2/11/2024 4:39:26 AM

Testimony for HHS on 2/12/2024 3:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Taylor Kauwelo	Individual	Support	Written Testimony Only

Comments:

My name is Taylor Kauwelo and I work at Kapiolani Medical Center as a registered nurse on the Family Birth Center and I am eager to support SB 1580.

I became a nurse with the pure intention of helping patients. It is an absolute privilege to be present during a patient's most vulnerable moments - to be able to hold a mother's hand through painful contractions, to hold a mother upright for her epidural, and to wipe the tears off of a mother's face as she holds her stillborn child are all tender moments that I hold close to my heart. I love my job and what I do, but in the last three years, I have come home feeling defeated as I know that my patients didn't always get the care they deserve due to short staffing.

As an example, one night I was assigned two patients - who by AWHONN standards should have each have their own nurse. One patient became hypoglycemic (low blood sugar) and my other patient was asking for an epidural. I attempted to relinquish care of one patient to another nurse as each patient needed my undivided attention, however, my charge nurse apologized as she had no one on the unit who could tend to either of my patients. Prioritizing my care, I was tending to my hypoglycemic patient first as her medical needs were most important. As I was administering dextrose (sugar), my other patient called the front desk asking for help. Unfortunately, she was calling for help because her baby was delivering with no medical personnel in the room. Not having adequate staff or ratios on our unit is obviously dangerous, especially in a specialty that has the highest litigation rate.

I have been a nurse for 10 years, and safe staffing is important now more than ever. Our patients are sicker, the acuity of care our patients need is higher, but the number of core nurses is dwindling. Nurses in Hawaii and across the country are leaving the profession due to burn out - and I have been feeling the same way. I often leave work unhappy as I know I could not provide my patients with the care they needed, although I always try my best. You know what would keep me at the bedside? Having SAFE patient assignments where I know I can provide the care my patients deserve.

Not hiring more staff for the sake of saving money is unethical. Corporate greed should not dictate health care. You cannot put a cost on a life. Our patients, and our community deserve safe patient care. Every time.

I plead for the state of Hawaii to please pass this bill so I can provide exceptional care to my patients and be proud to be a nurse again.

Mahalo,

Taylor Kauwelo

SB-1580

Submitted on: 2/11/2024 6:52:33 AM

Testimony for HHS on 2/12/2024 3:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Nadine Nakamatsu	Individual	Support	Written Testimony Only

Comments:

As a bedside nurse for almost 20 years, and seeing the acuity of patients increase while the number of staff does not, I STRONGLY SUPPORT this bill for the safety of both nurses and patients of Hawaii.

SB-1580

Submitted on: 2/11/2024 8:13:37 AM

Testimony for HHS on 2/12/2024 3:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Robert thach	Individual	Support	Written Testimony Only

Comments:

I'm a pediatric/ ER nurse at Kapiolani medical center. I strongly support SB1580 because I believe that this can help the healthcare system in Hawaii. Safe staffing is important because it decreases burn out among nurses and also increases patient safety.

We have lost a lot of staff over the years but they haven't been replaced with the same number of hires. Instead we have been worked with less staff even though we have sicker patients. A big problem is retention in our hospital. People leaving our hospital for other hospitals in the mainland because they are just burned out working so hard here whereas in the mainland they get paid more with safer nursing working conditions. There have been many days that i have a full assignment taking care of medically fragile/complex and sick patients where I don't even have much time to take a break for myself just because I'm worried about my patients. Or there is not enough staff to cover for you while you on break. Can you imagine doing this in and out for years. Some of us even are mandated to stay over for 4 more hours even though they are physically and mentally exhausted because they are short staffed the next shift.

I would like to thank all the legislators, nurses and the community for listening and supporting us to improve health care across Hawaii to create a real healthier Hawaii.

SB-1580

Submitted on: 2/11/2024 9:33:54 AM

Testimony for HHS on 2/12/2024 3:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Cory Wittig	Individual	Support	Written Testimony Only

Comments:

I strongly agree with SB1580. Not only because I'm a registered nurse here in Hawaii but also as a parent and patient myself. This would help ensure safe appropriate nursing care and I believe help with nurse burnout. We are more often then not asked to take on more patients then is safe therefore endangering our patients with high risk for errors. Please please consider this bill!

SB-1580

Submitted on: 2/11/2024 8:21:07 AM

Testimony for HHS on 2/12/2024 3:00:00 PM

Submitted By	Organization	Testifier Position	Testify
kelsey kuniyuki	Individual	Support	Written Testimony Only

Comments:

I support bill SB1580. I currently work as an RN at Kapiolani Medical Center and over the past several years we have been forced to work short staffed day after day. Its becoming increasingly dangerous to care for patients in our assignments because the nurse to patient ratios are too high. I feel if the ratios were lower we could provide more detailed and thorough care to our patients and families. Which will also help ensure safe care and prevent harm.

Thank you,

Kelsey Kuniyuki

SB-1580

Submitted on: 2/11/2024 8:51:06 AM

Testimony for HHS on 2/12/2024 3:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Amy No	Individual	Support	Written Testimony Only

Comments:

I support this nurse safety bill testimony

SB-1580

Submitted on: 2/11/2024 8:38:44 AM

Testimony for HHS on 2/12/2024 3:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Ginger Ko	Individual	Support	Written Testimony Only

Comments:

I am writing in support of SB1580.

As a labor and delivery nurse at Kapiolani Medical Center for Women and Children I have personally felt the ramifications of short staffing creating an unsafe environment. In 2020, while 30 weeks pregnant I was assigned 2 patients on pitocin, one of whom was about to deliver. From the start of my shift, I had to run between both rooms due to decels, repositioning, pitocin administration, and standard care. Through the chaos, I was able to set up the one room for delivery and just when I was about to leave to finally settle my second patient, BOOM. I fell forward and in an attempt to protect my baby, I tried to brace myself with my arms locked and onto my knees.

Luckily my baby was okay, however I suffered a herniation to my C6 and C7 that required me to have a surgery to replace my C6 and I am currently trying to contact workers comp due to the possibility of having to replace the second one as I continue to deal with ongoing pain and weakness.

I literally broke my neck because of unsafe staffing. And when I think back on it, I realize that the two nurses caring for me in triage that night were two day shift nurses staying over due to short staffing.

Short staffing has been an issue for years. The above is proof of this. Over 3+ years later we are still struggling to have adequate staffing. As a result we are overworked.

I once appreciated having a career that allowed me to leave work at work. That is no longer the case. I have given so much to my job that I come home and have nothing left to give to my own family. This becomes a vicious cycle of being physically, mentally, and emotionally depleted affecting every part of my life. We should never have to choose between a career and our own families.

I love being a nurse. I love working in labor and delivery. I loathe the environment in which we are forced to work in every single time we go to work.

Our patients deserve a nurse that can give them their undivided attention especially during their most vulnerable moments. And we, as nurses, deserve a safe work environment and to have a sustainable work-life balance for ourselves and for our families.

SB-1580

Submitted on: 2/11/2024 8:04:39 AM

Testimony for HHS on 2/12/2024 3:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Jaylynn Quihano	Individual	Support	Written Testimony Only

Comments:

Please pass this bill for the safety of all Hawaii nurses and patients, the people of Hawaii deserve better.

SB-1580

Submitted on: 2/11/2024 8:59:54 AM

Testimony for HHS on 2/12/2024 3:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Jennifer Marsh	Individual	Support	Written Testimony Only

Comments:

Aloha Chairs Aquino and San Buenaventura, Vice Chairs, and committee members,

My name is Jennifer Marsh and I have been a neonatal intensive care nurse at Kapi'olani Medical Center for Women and Children for the past 18 years. I started my career straight out of college as a new graduate. I strongly support SB 1580 Relating to Labor Standards at Health Care Facilities. This bill would tremendously change our struggling healthcare system in Hawai'i. With safe staffing ratios, I believe we will retain the amazing nurses we have, recruit new nurses we so desperately need, and we could be proud of the quality care we can provide if we just had the time to give our patients and families they deserve. This bill will also help prevent burnout and allow us to improve our own quality of life.

My experience as a nurse has changed so much in the last 18 years and certainly the working conditions are not what they used to be. We have lost so many amazing nurses to places with better working conditions, safe staffing, and less burnout. When I reflect on just the past year in the NICU, I can recall working overtime the majority of the year due to short staffing which in turn requires us to take a heavier patient load. During one particular shift, I was given an unstable 3-baby assignment. One hour into my shift, I found out one patient has to go to emergency surgery and needed to be placed on a ventilator yet I still had to keep my other 2 babies in addition to an orientee who never had a baby on a ventilator before. I sadly told my orientee to just watch because there was no time to explain everything and all my time was dedicated to my surgical patient which left my other 2 patients with the bare minimal care that was provided by my partners in the row. Days like these are all too common and it makes me sad to provide such poor care for our babies and families.

During another shift I worked, we had 10 admissions and not enough nurses to care for them. I went without any breaks including lunch and at at one point, was watching 8 critically ill babies praying an emergency wouldn't happen. For so many years, we have carried a heavier load than what is appropriate and just accepted not having a break but this has to stop and SB 1580 would help give us that voice that mangement isn't hearing. We need safe staffing ratios to finally start to change the healthcare system here. We know it won't be fixed overnight but we need to start somewhere and this bill could be life-changing.

Thank you for your support of SB 1580. Please pass this bill we so desperately need!

Mahalo nui, Jennifer Marsh

SB-1580

Submitted on: 2/11/2024 10:41:51 AM

Testimony for HHS on 2/12/2024 3:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Kimberly Park	Individual	Support	Written Testimony Only

Comments:

To whom it may concern:

We need to start thinking about what is important and what is best for humanity. Stop all the political bull and do what's right for humankind. If your loved one or yourself was in critical condition and didn't have the undivided attention that he or she needed how would u feel. Would u feel they are getting the best care? Are they getting what they pay for monthly high insurance costs? How would it feel if they needed help and your nurse was with another critical care patient? Let's ask ourselves what's important... Should we constantly burn out our nurses? It is a high pressure job and everyone knows if you are fatigued you cannot perform at a decent level. Let's start thinking about each other instead of thinking of which back we should scratch for politics.

thank you

kim

SB-1580

Submitted on: 2/11/2024 9:46:20 AM

Testimony for HHS on 2/12/2024 3:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Mark Evenson	Individual	Support	Written Testimony Only

Comments:

Doesn't it make sense that one person can only provide expected levels of care to a certain number of people? How can one care provider be expected to care for the amount of patients that the executives want to ensure they meet their bonus levels of compensation.

this is dangerous for people.

SB-1580

Submitted on: 2/11/2024 9:41:37 AM

Testimony for HHS on 2/12/2024 3:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Anne Galios	Individual	Support	Written Testimony Only

Comments:

My name is Anne Galios and I have worked as a staff RN in the newborn intensive care at Kapiolani Medical Center for 35 years. In more recent years our unit has frequently had to work short staffed. The acuity of patients has increased and we are being asked to care for more patients. It is becoming much more difficult to provide the quality of care that our patients deserve, often requiring short breaks and staying late to chart. I frequently precept new nurses and find it is challenging for them to develop critical thinking skills as they have to run from one task to the next to not get behind. Appropriate ratios based on acuity of the patients is vital for quality care. Thank you in advance for your support of this bill.

SB-1580

Submitted on: 2/11/2024 9:10:48 AM

Testimony for HHS on 2/12/2024 3:00:00 PM

Submitted By	Organization	Testifier Position	Testify
MiSook Lee Woo	Individual	Support	Written Testimony Only

Comments:

I am a charge nurse who has been working as a registered nurse for 34years. Over the years, I have witnessed an increasing trend of unsafe nurse to patient ratio. This has contributed to an unsafe working environment, from nurses burning out and leaving our facility, creating a shortage of experienced nurses, and negatively affecting patient care. It is for this reason that I submit this testimony in support of SB 1580.

SB-1580

Submitted on: 2/11/2024 10:03:18 AM

Testimony for HHS on 2/12/2024 3:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Princess Lei Ebbay	Individual	Support	Written Testimony Only

Comments:

I am writing to express my strong support for the implementation and strict enforcement of safe staffing levels within healthcare settings. As a mother, a healthcare professional, a patient advocate, and a patient of the healthcare system, I have witnessed firsthand the undeniable impact that staffing ratios have on patient care quality and the health and well-being of healthcare workers.

The correlation between safe staffing levels and the delivery of high-quality patient care is well-documented. Adequate staffing ensures that each patient receives the time, attention, and care they deserve, leading to improved outcomes, reduced hospital readmission rates, and enhanced patient satisfaction. Conversely, inadequate staffing levels increase the risk of medical errors, patient falls, infections, and even mortality.

Moreover, the importance of safe staffing extends beyond patient care to encompass the well-being of healthcare workers themselves. Chronic understaffing places an unsustainable burden on nurses and other healthcare professionals, leading to overwork, stress, burnout, and job dissatisfaction. This not only jeopardizes the health of these vital workers but also exacerbates staffing shortages by driving skilled professionals away from the healthcare field.

The consequences of neglecting safe staffing standards are far-reaching, affecting not only individual patients and workers but the healthcare system as a whole. By investing in safe staffing, we can improve patient outcomes, enhance worker satisfaction and retention, and ultimately, ensure the resilience and effectiveness of our healthcare system.

I urge you to consider the overwhelming evidence in support of safe staffing levels and to take decisive action to protect patients and healthcare workers alike. This can include legislation mandating minimum nurse-to-patient ratios, supporting education and training to prepare the next generation of healthcare workers, and providing the resources necessary to enforce these standards effectively.

Thank you for your attention to this critical issue. By prioritizing safe staffing levels, we can take a significant step toward ensuring that our healthcare system is capable of providing high-quality, compassionate care to all who need it, while also safeguarding the health and well-being of those who have dedicated their lives to serving others.

Sincerely,

Princess Lei Ebbay

SB-1580

Submitted on: 2/11/2024 10:01:32 AM

Testimony for HHS on 2/12/2024 3:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Lehua Rabelas	Individual	Support	Written Testimony Only

Comments:

Aloha Chairs Aquino and San Buenaventura, Vice Chairs, and committee members,

My name is Leahua Rabelas, and I work as a Registered Nurse at Kuakini Medical Center in the Emergency Department. I strongly support SB 1580 Relating to Labor Standards at Health Care Facilities.

I have experienced working in conditions that I considered unsafe. Recently, it has been happening more frequently since a large number of nurses left during the pandemic. Many of the nurses that left were never replaced and instead, the hospital cut the core number of nurses on a shift.

Because of this, I have been expected to care for a patient load that stretched me physically while risking patients receiving timely medical care and treatments. Similarly, there were shifts where the floor units were so full that we had to board patients in the ED and care for them as inpatients all while taking care of the ED patients. The number of patients to one nurse often exceeds the nurse-to-patient ratio that the inpatient units normally hold.

I have been mandated to stay beyond my scheduled working hours when there aren't enough staff on the oncoming shift. I have gotten mandated when there were too many patients in the unit for the number of nurses scheduled to manage.

I have worked multiple shifts where I was not able to get a meal break because we were too busy and there was no one available to care for my patients if I were to leave to take a break.

As caregivers, we are often expected to care for the health of others while sacrificing our health and well-being. Overall these conditions have taken a toll on both our physical and mental health and lead to staff burnout. As healthcare providers, we want to deliver the excellent quality care our patients deserve while maintaining a safe and healthy work environment.

Mahalo nui for your support of SB1580. I humbly ask you to pass this bill.

Respectfully submitted,

Lehua Rabelas

SB-1580

Submitted on: 2/11/2024 10:16:08 AM

Testimony for HHS on 2/12/2024 3:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Amanda Kikugawa	Individual	Support	Written Testimony Only

Comments:

Hi,

My name is Amanda Kikugawa and I am a nurse at Kapiolani Medical Center. I strongly support SB 1580. I have been a labor and delivery nurse for 8 years. I have seen so many great nurses leave my unit and hospital, especially within the last 3 years. The amount of nurses that got hired, experienced or new grads, does not make up for the amount of nurses that have left which has led to short staffing creating unsafe nurse to patient ratios. This affects everyone involved, especially our patients, who deserve better. I've seen patients get 5 different nurses in one 12 hour shift!

Back in 2021, I was mandated to work a 16 hour shift at 36 weeks pregnant. Should this be acceptable for anyone? No. I also have type 1 diabetes, and there are times when I don't get lunch until after 3:30pm because the unit is too busy and there's no one able to give me a lunch break. Myself, patients, and fellow nurses are all affected by the lack of safe staffing.

This bill will significantly help our patients, as well us nurses. If we have safe nurse to patient ratios, patients, potentially yourself and/or your loved ones, will receive the appropriate and competent care they deserve.

Thank you for your support of SB 1580. Please pass this bill.

Respectfully Submitted,

Amanda Kikugawa

SB-1580

Submitted on: 2/11/2024 10:00:07 AM

Testimony for HHS on 2/12/2024 3:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Andrale Domligan	Individual	Support	Written Testimony Only

Comments:

To Whom it May Concern:

I'm Andrale Domligan and I'm a Registered Nurse (RN) working at Kapiolani Hospital, and I strongly support SB1580.

I am born & raised on Oahu, but started my career as a RN in Seattle, WA. I had a positive experience working in Washington in terms of staffing ratios, and I'm very disappointed to find that Hawaii does not have similar policies/laws in place for staffing ratios. You should be aware that the nurses at Kapiolani had a strike in January for unfair labor laws. As a RN that has grown up in Oahu and deeply care for the people of Hawaii, it was extremely disheartening to see that Hawaii Pacific Health believes they can easily replace the nurses with Travel RNs that don't have the same level of care and compassion for Hawaii's people.

Healthcare is a balance of safety and compassion. Healthcare workers are not only extremely smart and capable of saving lives, but they are also very kind and compassionate. Furthermore, they are humans. COVID-19 has created an unprecedented amount of stress and burn out, creating tiresome working conditions.

We (healthcare workers) have experienced a multitude of losses. We are tired. The passing of SB1580 will be a win for us, and will remind us that the Hawaii government cares about us healthcare workers, as much as we care about Hawaii's people.

Thank you for your time. It is truly appreciated.
Andrale Domligan

SB-1580

Submitted on: 2/11/2024 10:32:47 AM

Testimony for HHS on 2/12/2024 3:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Kamalani Nagahama	Individual	Support	Written Testimony Only

Comments:

Aloha Chairs Aquino and San Buenaventura, Vice Chairs, and committee members,

My name is Kamalani Nagahama. I am a nurse and I work at Kapiolani Medical Center. I strongly support SB 1580 Relating to Labor Standards at Health Care Facilities.

I have, like many of my co-workers, been mandated to work over time in the ER. After working an already mentally and physically exhausting 12 hr shift we are expected to power through another chaotic 4 more hours. "The physical demands of the job, coupled with the need for constant vigilance and critical decision-making, mean that extended shifts can take a toll on a nurse's health, leading to issues like chronic fatigue, sleep disturbances, and increased susceptibility to illness." Lets not forget the danger aspect of having a tired nurse forced to see to the care of really sick patients requiring close attentiveness and quick interventions. Simply put, it's not safe nor fair for nurses and patients alike.

Mahalo for your support of SB1580. Please pass this bill!

Respectfully Submitted,

Kamalani Nagahama.

SB-1580

Submitted on: 2/11/2024 11:05:42 AM

Testimony for HHS on 2/12/2024 3:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Shawna Hashimoto	Individual	Support	Written Testimony Only

Comments:

Aloha,

My name is Shawna Hashimoto. I am a registered nurse at Kapiolani Medical Center for Women and Children. I have been an ER nurse since 2010. I strongly support SB 1580 relating to labor standards and health care facilities.

In January, we recently had a strike to stand in solidarity for the safety of our staff and patients. Safe staffing has been an issue in our hospital for a while now. Due to short staffing, I personally have been mandated multiple times to stay over and work past my 12hr shift. There has been times where I've been mandated to work overtime to do a 16hr shift, and return that same day with short rest to work my next scheduled shift. Due to inadequate staffing, I'm again mandated to work overtime. This became my "norm" and really took a toll on my physical and mental well being. I felt exhausted, overwhelmed and discouraged. I feel that this situation put the safety of our patients at risk. That went on for a while until our hospital brought in travel nurses. Being the only specialty hospital for children in the pacific, I feel this safety risk is unacceptable. Safe staffing truly saves lives.

The week after returning from our strike, the hospital brought in 100 "rapid response" nurses to staff the hospital. Our unit received 10 nurses. This allowed our unit to function safely in emergency situations. Because we had an adequate amount of staff, we didn't feel "overwhelmed" with multiple critical patients coming in at once. We were able to deliver quality care and stay at bedside 1:1 with our critical patients. We felt safe. Our priority is safe staffing for our patients and nurses.

However, as of today (Feb. 11, 2024) the majority of those rapid response nurse contracts have expired and all but two "rapid response" nurses in our unit have left, leaving our nursing staff at subpar and unsafe staffing levels once again. The corrective actions taken to address this issue has always, and will continue to be temporary unless the regulations set forth by SB 1580 can take effect to protect both nurse and patient care. Recruiting and retaining nurses who live in, and care for our community for permanent staffing is the best way to address this issue of unsafe staffing for patient care.

I therefore once again strongly support the passing of SB 1580. Mahalo for your support of SB 1580. Please pass this bill!

Respectfully submitted,

Shawna Hashimoto RN, BSN

SB-1580

Submitted on: 2/11/2024 11:21:30 AM

Testimony for HHS on 2/12/2024 3:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Lisa Haberman	Individual	Support	Written Testimony Only

Comments:

My name is Lisa Haberman & I have been a nurse for 14 years. 12 of those years were at the bedside. I was so burnt out at the bedside that I no longer enjoyed coming to work. I would come to work in a bad mood & consistently requested off to go home if the census was low. To make up for the lose of pay, I would use PTO. Because I was using my PTO to go home early, I didn't have PTO to take a real vacation. After 12 years, I transferred to the OR where you can only take care of one pt at a time. It did help with my burn out somewhat but we are short staffed in the OR & don't get breaks. In the OR, you can't just leave the room to eat & go bathroom so you go hungry & hold your bladder. When you don't get a chance to take breaks, fatigue sets in. When you're fatigued, you lose your concentration & there is a possibility you could miss something. This is so unsafe for the pt. Sometimes I feel like I work in a factory; roll em in, roll em out. The more we roll through, the more money for the hospital. Unlike a factory, we are dealing with human lives. It is so inhumane to not give them the best we can all because Upper management is running a business & is only looking at the bottom dollar. Human lives are more than just income & they deserve the best that we can give them. Safe staffing ratios afford us nurses the time we need to pay attention to each individual pt to make sure we are not missing anything in their care that could be potentially life threatening to the pt. Safe staffing ratios also ensures that there is enough staff so that nurses have time to take a break to eat, go bathroom, stay hydrated & decompress (because we deal with a lot of emotional things when providing care & sometimes you just have to step away to recenter yourself so you can come back & focus). I am 100% in favor of safe staffing ratios. Safe staffing ratios save lives!

SB-1580

Submitted on: 2/11/2024 11:04:31 AM

Testimony for HHS on 2/12/2024 3:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Ronald James Pablo	Individual	Support	Written Testimony Only

Comments:

Aloha Chairs Aquino and San Buenaventura, Vice Chairs, and committee members,
My name is Ronald Pablo. My spouse works as a nurse at Kapiolani Medical Center. I strongly support SB 1580 Relating to Labor Standards at Health Care Facilities.

Hearing about what my wife has to go through at work and seeing the effects of it on her well being and in turn her patients care makes me believe in the change SB1580 would bring about.

Mahalo for your support of SB1580. Please pass this bill!
Respectfully Submitted,
Ronald Pablo

Aloha Chairs Aquino and San Buenaventura, Vice Chairs, and committee members,

My name is Keiko Koki. I was born and raised on Oahu, and I have been a registered nurse at Kapi'olani Hospital for Women and Children for the past 15 years. I have been in my current position as a pediatric resource nurse servicing the two pediatric medical surgical units, the emergency department, and the neonatal icu for the past 12 years. I strongly support SB 1580 Relating to Labor Standards at Health Care Facilities. I support this bill not only as a registered nurse that loves this land and its people, but also as a concerned citizen and mother of two children.

I believe that one of the most precious resources in our state is our keiki. They are our future, and I believe that each child born and raised in our state deserves their chance to live their best life possible.

I am appalled at the safety of the nurse-to-patient ratios that I have been assigned to work under at our only specialty pediatric hospital in our state. I have been assigned to care for four telemetry status premature babies for twelve hours. When I challenged the safety of this to my superiors, I was told this ratio could become our "new normal."

I can also recall portions of shifts where we only had 3 or 4 registered nurses for our entire twenty-one bed Emergency department for 4 hours. One shift in the emergency department for the 30 minutes when a co-worker was attempting to eat lunch, I was assigned to cover twelve patients, one of them a newly diagnosed diabetic awaiting a placement in the pediatric icu.

I am a woman of prayer, but I do not believe that prayer alone should be our only safety net for the sickest and most vulnerable children in our state. I have submitted unsafe staffing forms to my superiors, I have spoken about my concerns with my direct manager. I have protested for the safety of our patients outside our hospital along with approximately 600 of my local registered nurse colleagues.

I have dedicated the first 15 years of my career as a registered nurse advocating for the best and safest care for Hawai'i's keiki. I have always hoped to finish my entire career in this state and retire serving my community and its keiki that I love so much. I have also reached the point where I am asking my husband to consider relocation of our ohana, over my concerns for the safety of my patients as well as my registered nursing license. Esteemed politicians of our state, please join me in standing up not only for the keiki of Hawai'i but for any patient in our state that is in need of safe medical care. Please vote now in support this timely and important bill that will deeply affect the safety of children, ohanas and citizens in our state.

Respectfully Submitted,

Keiko Koki

SB-1580

Submitted on: 2/11/2024 11:48:46 AM

Testimony for HHS on 2/12/2024 3:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Natalie M Andrade	Individual	Support	Written Testimony Only

Comments:

Aloha Chairs Aquino and San Buenaventura, Vice Chairs, and committee members,

I am a nurse and I work at Hawaii Pacific Health I strongly support SB 1580 Relating to Labor Standards at Health Care Facilities.

Mandated staffing ratios are far more important for patients than nurses. Would you rather the nurse taking care of your loved one had 4 patients or 7? Do you want your family to get excellent care or sub standard? If a nurse has 6 patients that's only 10 minutes per patient per hour she has for EVERYTHING- Charting and actual care. This does not include any meal breaks for the nurse, which means if she takes a lunch her patients get LESS than 10 minutes per hour. That is not enough to ensure good care. It is just not safe. The people of Hawaii deserve the same level of care afforded to patients who live in states intelligent enough to mandate staffing ratios in hospital settings.

I have been on acuity committees in the past. Our great new system would have helped safe staffing. But it was never put fully into practice because the hospital's budget showed that 1 RN should be able to take care of 6 patients. Please help us make Hawaii's hospitals safe for our people.

Mahalo for your support of SB1580. Please pass this bill!

Respectfully Submitted,

Natalie Andrade RN

SB-1580

Submitted on: 2/11/2024 11:20:38 AM

Testimony for HHS on 2/12/2024 3:00:00 PM

Submitted By	Organization	Testifier Position	Testify
denise woods	Individual	Support	Written Testimony Only

Comments:

Aloha Chairs Aquino and San Buenaventura, Vice Chairs, and committee members,

My name is Denise Woods I am a nurse and I work at Hawaii Pacific Health I strongly support SB 1580 Relating to Labor Standards at Health Care Facilities.

Mandated staffing ratios are far more important for patients than nurses. Would you rather the nurse taking care of your loved one had 4 patients or 7? Do you want your family to get excellent care or sub standard? If a nurse has 6 patients that's only 10 minutes per patient per hour she has for EVERYTHING- Charting and actual care. This does not include any meal breaks for the nurse, which means if she takes a lunch her patients get LESS than 10 minutes per hour. That is not enough to ensure good care. The people of Hawaii deserve the same level of care afforded to patients who live in states intelligent enough to mandate staffing ratios in hospital settings.

Mahalo for your support of SB1580. Please pass this bill!
Respectfully Submitted,
Denise Woods, RN.

SB-1580

Submitted on: 2/11/2024 11:27:14 AM

Testimony for HHS on 2/12/2024 3:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Bethany Andrews	Individual	Support	Written Testimony Only

Comments:

To Whom it May Concern,

We are in support of limiting the amount of patients under the nurses care. Our own son was born January 12th, 5:15p 2023 on Kauai, and then had to be flown to Kapi'olani for life saving measures. He was one-on-one in the NICU for over a month. During that time he required constant supervision. We were there most of the time to witness the hard work and dedication from the NICU nurses, whom saved his life many times over. Towards the end of his one-on-one time supervisors started asking nurses to help here and there with other patients which led to some very rough experiences with our son. By the time he went to two patients per nurse, and then three per nurse I began to see holes in care. Newborns need people with them pretty much all waking hours and many do not have parents that can be at the NICU all the time because of work, other children, or other circumstances. Some babies don't have parents coming in at all. We really began to see neglect of infants getting attention because there is just no way for one person to take care of three babies in different rooms sometimes several hallways away from each other. If three is already too much, four should be out of the question. Most all the crying babies were in the care of nurses with three because they simply cannot be in three places at once.

I have been a mental health clinician for kids and families for the last 12 years. Babies that have good attachment experiences in the first several months of life go on to thrive. Babies that experience neglect are much more likely to have behavioral, emotional, and social issues. This leads to further impacting families, schools, peers, hospitals, mental health services, and more. The cost of more problems later in life leads to draining precious resources that could have been utilized in the beginning to make sure these babies have the best care possible.

The nurses at the Kapi'olani NICU are phenomenal and they deserve fair compensation, healthy breaks to eat and rejuvenate themselves, and support to continue the incredible life saving work that they do.

Please choose to save babies lives and keep the wonderful nurses in a sustainable job.

Thank-you,

Bethany Andrews and John Dressler, proud parents of Finneas Dressler.

SB-1580

Submitted on: 2/11/2024 10:42:01 AM

Testimony for HHS on 2/12/2024 3:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Trevor Kahoekapu-Rufino	Individual	Support	Written Testimony Only

Comments:

Aloha my name is Trevor Kahoekapu-Rufino, I am a native Hawaiian labor and delivery nurse, who is concerned for the safety of my patients. I'm writing in support of sb1580.

As you may know in the middle of January HNA members of Kapiolani completed a week-long unfair labor practice strike, with one of our main goals being to include safe staffing ratios within our contract. What you may not know is after all the nurses returned to work, our floors were staffed with an influx of temporary "stat" traveler nurses. The amount of traveler nurses staffed greatly increased our daily staffing numbers to amounts I've never seen before. Allowing us to practice the very same safe staffing ratios we were so desperately trying to achieve. Due to the newly acquired ability to practice safe staffing ratios, I had the time to provide my patients with the timely and patient-centered care that they deserve. The equitable, timely, efficient care that nursing ratios protect, and as a result have never felt safer as a nurse.

Whether or not it was their intention, temporarily being this well-staffed was a cruel reminder of how understaffed our hospitals normally run and will continue to run once the hospital inevitably reduces our staffing. A reminder of the level of safety that we won't be able to provide to our patients and our licenses once these travelers finish their contracts and leave. A reminder of all the countless understaffed shifts where I've been assigned multiple patients whose vital signs or babies were begging for one one-on-one attention. Where on these days I'd ask for my assignment to be split to the response "there's no one available to split up your assignment". Praying that an emergency doesn't happen to one of my patients as I am dealing with an emergency with another.

So I am writing this testimony to ask that safe staffing ratios be implemented in every hospital. For the safety of Hawaii's babies, children, men, women, and nurses.

SB-1580

Submitted on: 2/11/2024 11:12:03 AM

Testimony for HHS on 2/12/2024 3:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Beniedean Mariano	Individual	Support	Written Testimony Only

Comments:

Aloha Chairs Aquino and San Buenaventura, Vice Chairs, and committee members.

My name is Beniedean Mariano. I am a registered nurse and I have worked at Kapiolani Medical Center for the past 17 years. I strongly support SB 1580 Relating to Labor Standards at Health Care Facilities.

Being a pediatric nurse for the past 22 years (I worked my first 5 years as a pediatric nurse in Oregon), I've seen how healthcare has changed. Even with the advances in healthcare, our payient population seem to get sicker and sicker every year. Patients that I've had in the past that would've been an immediate transfer to the ICU, we now have to keep them on the regular patient floors. With that being said, in order to provide the best care and attention to our patients, I strongly support to this bill so that we would not be required to care for more patients than we could safely handle.

I think it's very important when considering this bill, to really consider the opinions of those who truly care about the patients, the people who are physically at the bedside who see firsthand how patient care ratios would improve the care we would be able to provide, and not the people who only see the profit (management who don't even step on the patient floors)

Mahalo for your support of SB1580. Please pass this bill!

Respectfully Submitted,

Beniedean Mariano

SB-1580

Submitted on: 2/11/2024 11:06:34 AM

Testimony for HHS on 2/12/2024 3:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Yvonne Boyd	Individual	Support	Written Testimony Only

Comments:

Aloha Chairs Aquino and San Buenaventura, Vice Chairs, and committee members,

My name is Yvonne Boyd and have been a nurse for 13 years. For my entire nursing career, I have worked at Kapiolani Medical Center for Women & Children in the Pediatric Intensive Care Unit. **I strongly support SB 1580 Relating to Labor Standards at Health Care Facilities.**

I chose to become a nurse after caring for my grandmother in her last days. A lot of that time was in an ICU in California. I witnessed the love and care the nurses and health care team provided as they took care of my Nana before her passing. Our family and my Nana received excellent care because of safe staffing. My Nana's nurse was able to focus on her and act quickly after recognizing subtle changes in her vital signs. He was able to do this because she was his only patient.

After nursing school, I was blessed and able to start in a new graduate nursing academy in the PICU at Kapiolani. Since the start of my nursing career, our unit has faced challenges with having adequate staffing. In the beginning, I did not know better and believed that this was just the way it was at the time. I cooperated with management and worked with them as we got "creative" and "worked tight," taking on unsafe patient assignments to make it work with the number of nurses we had. I did this, believing and trusting that management was working to find a solution to these challenges. We nurses continued to maximize our efforts and sacrifice our needs to provide adequate care because we believed we were only in a "season" of struggle. That season has turned into more than a decade with little progress to a solution. There have been countless times my peers and I have skipped our breaks and lunches because we needed to keep up and care for our patients. We didn't report these because we felt that it would go against our culture of helping. I believed that management was working to get us more help so that we could provide better care. While I waited for that help, my co-workers and I were "team players" picking up extra shifts, coming in early, or staying over to ensure our critically ill keiki were being cared for.

Thirteen years later, I'm still waiting for the help and adequately trained staff. I have seen many nurses come and start with us, only to leave. They were stretched thin from "helping" the unit, working extra, and trying to juggle providing care to multiple sick and unstable patients. As a result, we have been unable to retain quality nurses. I am asking you to help protect our nurses with safer workloads and minimum staff-to-patient ratios.

Mahalo for your support of SB1580. Please pass this bill.

Respectfully Submitted,

Yvonne Boyd

SB-1580

Submitted on: 2/11/2024 11:15:18 AM

Testimony for HHS on 2/12/2024 3:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Phuong Dao	Individual	Support	Written Testimony Only

Comments:

Aloha Chairs Aquino and San Buenaventura, Vice Chairs, and committee members,

My name is Phuong Dao. I am a nurse and I work at Kapiolani Medical Center in Labor and Delivery. I strongly support SB 1580 Relating to Labor Standards at Health Care Facilities.

Being a L&D nurse at Kapiolani was always been my dream job. I wanted to care for moms and babies through one of the most exciting and terrifying moments of their lives. However, when I got my dream job, I was not so sure anymore.

Almost every day, I had two patients when in most cases, it should be only one patient; it did not matter if both of them were in excruciating pain at the same time; it did not matter if both of them were on continuous high-risk medications; it did not matter if one of their babies' heart rate was looking concerning and needed extremely close supervision and constant intervention. I could only hope for the best outcome. There have been so many near misses in my career.

One particular incident that was particularly traumatic was when I was taking care of three patients who were in preterm gestation, and so the goal was to monitor and help get them to term gestation as much as their situation allowed. During my shift, two out of three patients started to complain of painful contractions so I was running back and forth between the two rooms monitoring them and giving them pain medications. I notified my charge nurse of the situation, hoping that my assignment would be split up because it would be very dangerous if they both went into labor at the same time and delivered a preterm baby alone when I was busy with another task. She told me she was unable to split up my assignment because there was no safe for it. She said she was aware that my assignment was heavy but there was nothing that she could do.

To make matters worse, the last patient who wasn't complaining of pain previously, was now complaining of mild contractions and an urge to defecate; meaning she could be going into preterm labor. So as of this moment, ALL of my patients could be in preterm labor, meaning we could have a preterm baby on the bed at any moment. This patient ended up needing an emergency c-section right away because her baby was breech and her water bag appeared like it would break at any moment. Her baby was only 27 weeks gestation at that time. It could have been so terrible if she hadn't notified me of her mild contractions and

tried to defecate in the toilet. Her baby could've been born in the toilet; or worse – the baby's head could've gotten stuck while its body hangs out of the toilet, all without anyone's knowledge. This baby could have died. Thinking back to that situation makes me feel immensely guilty about what could have been when I knew I did my absolute best for my patients.

I thought this craziness was normal. I thought that I just had to continue to suck up these feelings of helplessness, despair, and fear. I thought that I was just not cut out for this job. However, this was not “normal”. If we had safe staffing, these near misses wouldn't happen nearly as often as they are right now.

I love being a labor and delivery nurse – it is my passion. However, I don't know how much longer I can continue to be abused by my employer. Kapiolani Medical Center treats nurses and patients like numbers; nurses are easily replaceable and patients are just statistics. We need your help to pass this bill to truly create a “healthier Hawai'i”. Safe staffing means that all patients have the attention and care they need because their nurses have a safe workload; therefore, decreasing chances of adverse outcomes.

Mahalo for your support of SB1580. Please pass this bill!

Respectfully Submitted,

Phuong Dao

SB-1580

Submitted on: 2/11/2024 11:42:31 AM

Testimony for HHS on 2/12/2024 3:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Natalie Arriola	Individual	Support	Written Testimony Only

Comments:

Aloha Chairs Aquino and San Buenaventura, Vice Chairs, and committee members,

My name is, Natalie Arriola, I am a registered nurse and I work at I strongly support SB 1580 Relating to Labor Standards at Health Care Facilities.

I have worked in the ER when I was working what would be equivalent to 4 nurses jobs done safely in California ER. When working ER normally you would have a charge RN coordinating the unit flow and aid with transfers as well and communicating between units. Not only was I doing that in addition to triaging which should be a completely separate job I was also completing patient care for very sick people. It is impossible to do a good job at any one of these roles while doing them simultaneously. It was so stressful and unsafe I left after 4yrs. Please follow in California's steps and ensure safe staffing for everyone's safety and mental health.

Mahalo for your support of SB1580. Please pass this bill!

Respectfully Submitted,

Natalie Arriola, RN

SB-1580

Submitted on: 2/11/2024 11:44:28 AM

Testimony for HHS on 2/12/2024 3:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Kimberly Leong	Individual	Support	Written Testimony Only

Comments:

I started my nursing career in July 2012 as a new graduate nurse as a nurse for one of Hawaii Pacific Health's hospitals on their Resource Team. Prior to that I was a clinical assistant (nurse aide that was trained to also do ward clerk duties) on the Resource Team. Being on the Resource Team, it is what we generally call the "float team" in nursing where nurses float to different units to work where ever we are needed. I see how the acuity of patients on different units, the staffing needs of each unit, and the work flow differences that affect our ability to care for patients. I can honestly say that the need for set standards for for safer patient to nurse ratios is a NEED AND A MUST. This has been an ongoing and increasing issue for nurses in ALL hospitals across the state, country, and world. The strike by Kapiolani nurses for safer patient to staffing ratios is nothing new. It has only brought more public attention to the situation that nurses face in all the hospitals. I have seen the changes in the acuity of patients during my time as a nurse. You would think now that with almost 12 years of experience that my experience would make my job easier but it does not. Patients are sicker and we have more care to do than we have ever had to do before. You couple that with patients who can be abusive or combative, confused, or just require being very closely monitored or doing basic things that they cannot do for themselves, it makes it incredible difficult and unsafe when you have too many of these acutely sick patients who require your monitoring and attention to keep them safe. Nurses want to be able to provide the best and safest care possible for their patients, often times setting aside their own basic needs like taking breaks, eating and hydrating, and even using the bathroom so we can tend to our patients needs. When I started as a new nurse I used to be able to go on my breaks and comfortably sit for my 30 minute lunch break. Now, it's a different story. I likely won't get to sit down until majority of my shift just to get some charting done or to even get a single 15 minute break in or to be able to just drink water or use the bathroom. My lunches, if I get to take one, are likely to be interrupted with questions. Nurses are constantly thinking of their patients, constantly doing things for their patients because that's our job. But we need to have set ratios. To take on extra patients when our assignment already has several acutely sick patients is a risk and it compromises the level of healthcare they receive and our ability to provide it. Hospitals don't want to settle in set ratios because they want flexibility but that flexibility compromises the care of our patients. It is dividing the attention of one nurse who should, for example, be focused on 4 acutely sick patients and giving that nurse a 5th patient. Does that sound right? In a critical case setting when an ICU nurse should be focusing on 1 CRITICALLY I'll patient, and the hospital wants them to be "flexible," by giving that nurse a 2nd less critical but CRITICAL nonetheless to that same nurse? Why are you allowing hospitals to compromise the care of one very critically ill patient by letting them give that nurse a second patient who also needing critical care? How does one nurse divide their attention

between two critically ill patients when one requires much more attention, monitoring, and frequent care? It is unsafe. It puts both patients at risk. It is setting up the nurse for burnout and has a high potential for errors to occur. A nurse cannot and **SHOULD NOT** be taking care of additional patients in order to keep their patients safe. Nurses are patient advocates. We are advocating for the safety of our patients. We **NEED** safer patient to staffing ratios.

SB-1580

Submitted on: 2/11/2024 11:50:31 AM

Testimony for HHS on 2/12/2024 3:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Helene Gibson	Individual	Support	Written Testimony Only

Comments:

Helene Gibson BSN, RN

Testimony for safe staffing

Safe staffing is crucial to providing optimal patient care and retaining nursing staff. Historically patients are higher acuity but staffing has not changed.

Our kuleana as medical professionals is to provide the care, support and education to both patients and their families. That is not possible without safe staffing.

As a small critical access hospital, we do not follow AWHONN standards, we are told it is not feasible. We staff our unit with 2 RN's, no unit secretary or third nurse. There have been several incidents when help was needed but only two nurses on duty.

Case in point we had two active labor patients come in. Both active labor and getting ready to push. Both naturally. We have no unit secretary so between going from room to room we're have to get ahold of the House Coordinator. She was available to come to the unit to make calls to the pediatrician and respiratory as one of the infants was having multiple decels. We had no baby nurse but ourselves. While in one delivery the other patient was not getting the care and time she deserved. We had to call in help, which most of our nurses live a bit of a distance away. We have no designated baby nurse for the post partum period. Once the infant was born and cleared by peds the labor nurse was responsible for care of mom and infant until shift change. In addition she is responsible to assist provider in any repair, clean the room and the instruments. Vitals and assessments for mom ever 15 min and baby every 30. Getting mom cleaned up and to bathroom to void and changing linens. And infant care to include weight, measurements, immunizations and latching . This is unacceptable, unsafe and a great injustice for patients that put their faith and trust in us to care for them and their loved ones.

i thoroughly support safe staffing and feel making it law of the only way to obtain that goal.

I appreciate the efforts of all who are trying make this law and thank you for for your time in listening.

Mahalo

Helene Gibson BSN, RN

FBU Nurse

Queens North Hawaii Community Hospital

SB-1580

Submitted on: 2/11/2024 10:17:08 AM

Testimony for HHS on 2/12/2024 3:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Nanea Tuttle	Individual	Support	Written Testimony Only

Comments:

My name is Nanea Tuttle. I am a Registered Nurse at Kapiolani in the float pool, working in multiple units across the hospital. I strongly support SB1580. In my time at Kapiolani, I have seen staffing become tighter. Patients are sicker and nurses are having to divide their time between more patients that need a greater level of care. As a direct result, I have seen nurses leaving the hospital without new job openings being posted. By passing this bill and ensuring safe staffing ratios for our nurses, I strongly believe that we will have improved outcomes of nurse retention and longevity. Not only that, it will allow nurses to provide quality care for the patients of Hawaii. Appropriate and safe staffing ratios are crucial in allowing nurses to have the time to provide the care that each patients needs. Patients have been getting sicker and need a greater level of nursing care. I greatly hope that you will consider this crucial bill.

SB-1580

Submitted on: 2/11/2024 12:12:01 PM

Testimony for HHS on 2/12/2024 3:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Nick Seaman	Individual	Support	Written Testimony Only

Comments:

Hello,

I'm a Queen's Neuro Trauma ICU nurse strongly in support of this measure.

A 2016 report from John's Hopkins states that 250,000 Americans die in our hospitals from preventable medical errors. The literature shows that suboptimal nurse to patient ratios account for a percentage of these preventable human deaths.

Please help us achieve the best possible outcomes for our patients and your family and support this measure.

The decision you have before you is life or death.

SB-1580

Submitted on: 2/11/2024 12:12:37 PM

Testimony for HHS on 2/12/2024 3:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Cassie Ballantine	Individual	Support	Written Testimony Only

Comments:

Having enough nurses on a unit to be able to do your job is imparitive. We have been short staffed more days than I can count and it greatly inhibits me to be able to do my best and be a great nurse for all of the patients I care for. While in the hospital patients are scared, in pain, and having potentially the worst days of their lives, and for my care to be cut short due to staffing is wrong and should never happen. Patients and families alike deserve a lot better from our state. How can I advocate for my patients and quality care when I can't be with them or i am too busy with an inappropriate patient load? The answer is I can't. We need to do better

SB-1580

Submitted on: 2/11/2024 12:18:20 PM

Testimony for HHS on 2/12/2024 3:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Marcella Kopa	Individual	Support	Remotely Via Zoom

Comments:

Aloha Chairs Aquino and San Buenaventura, Vice Chairs, and committee members,

My name is Marcella Kopa. I am a Neonatal Intensive Care nurse at Kapiolani Medical Center for Women and Children. I strongly support SB 1580 Relating to Labor Standards at Health Care Facilities and this is why.

Staffing ratios are imperative to hospitals because although we've had staffing guidelines for many years; Hospital management only follows those guidelines "if staffing allows" or in other words, when they choose. If ratios were mandated by law, hospital administrators would be forced to hire more nurses. They would be forced to staff units with more nurses per shift. They would have no choice. We need to stop allowing hospital administrators to have that choice.

Staffing ratios need to be mandated by law, because we are taking care of sicker and sicker patients that require more attention. Imagine your baby is born early and only weighs 400 grams. Yes, the weight of 400 paperclips. Your baby is 12 inches long. Your baby has a life sustaining breathing tube, if it moves a mere QUARTER OF A CENTIMETER your baby could die. Imagine that. The nurse taking care of this baby, should only have to care for this baby. The nurse shouldn't be pulled away from this baby under any circumstance. The nurse taking care of this baby should be available the moment something goes wrong. And should have time with this patient to try to prevent things from going wrong.

Studies have shown that the more patients a nurse takes care of, the higher the mortality rate for all the patients assigned to that nurse for that shift. When a nurse is rushing through care and misses important details the person who suffers the most is the patient.

Here's another scenario. Imagine your child just got a new diagnosis of type 1 diabetes, which is extremely common in Hawaii. Your nurse is tasked with teaching you and your child all about this complicated new diagnosis, but gets repeatedly called away to tend to other patients. Then, management says we need to discharge ASAP, we have patients coming in that need that bedspace. Later that week, the patient comes back to the ER because the parents were not giving the medications in the right way.

There are hundreds of scenarios that play out weekly just like these at Kapiolani hospital. The week of Jan 21, 600 nurses walked off the job in an unfair labor practice strike. Do you know that three years ago we had about 700 nurses at our hospital? That means the management at

Kapiolani hasn't replaced about 100 nurses. Instead they continue to choose to force their nursing staff to do more with less, putting patient lives at risk and nursing licenses on the line.

There are a multitude of places an RN can work-from schools to hospitals to administrative offices. Many nurses CHOOSE not to work in hospitals. After Covid, many nurses considered working away from the hospital bedside. By making ratios mandatory in Hawaii, we just might draw more nurses back to the bedside permanently.

Hospitals need mandated staffing ratios. To ensure that our sickest babies receive the best care and attention. To ensure the patient with a new diagnosis understands what is happening and can take care of themselves or their loved one. And to draw nurses back to the bedside. Taking the choice away from hospital managers and administrators.

Mahalo for your support of SB1580. I beg of you to pass this bill!

Respectfully Submitted,

Marcella Kopa

SB-1580

Submitted on: 2/11/2024 12:18:56 PM

Testimony for HHS on 2/12/2024 3:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Derek Koki	Individual	Support	Written Testimony Only

Comments:

Aloha Chairs Aquino and San Buenaventura, Vice Chairs, and committee members,

My name is Derek Koki and I am a spouse of a nurse at Kapiolani Medical Center. I strongly support SB 1580 Relating to Labor Standards at Health Care Facilities.

I typically refrain from asking the government to become involved in labor disputes as I feel that a competitive labor market environment should resolve itself by companies offering benefits, wages, and work environments that give employees options on where they would like to work. The labor dispute at Kapiolani Medical Center for Women and Children is different in that the services they offer are so specialized that other employment opportunities on island are severely limited.

The executive management at Kapiolani Hospital is playing the part of the bully. Knowing that the RNs have limited employment options elsewhere, they are adopting the "take it or leave it" approach to resolving the legitimate concerns of the RNs. Unless you, our elected officials, act on behalf of the RNs and pass this bill, the executive management will continue to behave in this manner. Then, when some tragedy happens due to unsafe staffing conditions occur, it will be too late. And who knows who this will happen to? Will it happen to someone that you know and love? Maybe a close friend of yours? Don't let the executives at Kapiolani try to influence you otherwise. Their social media and media campaigns have been filled with half truths and fact spinning. Meet with the RN negotiating team and get the facts.

Mahalo for your support of SB1580. Please pass this bill!.

Respectfully Submitted,

Derek Koki

SB-1580

Submitted on: 2/11/2024 12:20:39 PM

Testimony for HHS on 2/12/2024 3:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Brett Woods RN	Individual	Support	Written Testimony Only

Comments:

As a practicing RN (in the past) I was astonished at how foolish the patient ratios were. At some medical facilities I was subjected to 6-8-10-12 patients and only one CNA to help (6 patients = 10 minutes MAX, 12 PATIENTS = 5 MINUTES MAX PER HOUR PER PATIENT!). While acuity /medical condition dictates much of the reasoning around staffing, there is no substitute for common sense.

IF THERE ISN'T ENOUGH STAFF PATIENTS FALL, SUFFER NEGLECT, EVEN DIE. This is where "THEORYS MEET REALITY": For every patient we must divide our time: 4 patients = 15 minutes MAXIMUM per hour, so 6 patients = 10 minutes MAXIMUM per hour. What happens when a patient is vomitting and needs staff present for an hour??? NO OTHER PATIENT GETS HELP...THAT IS WHAT HAPPENS!! This is BASIC MATH, it is common sense reality.

Once I sat in on a "Staffing Commitee" where they were discussing the dramatic increase in falls at the facility. After A FULL HOUR of discussion there were no identifiable steps submitted or discussed to address the problem...as if it was a total mystery. I was the only male nurse in that meeting and found the endless "discussion" not only lacking in LOGIC, but a foolish and pointless waste of time and resources. I finally spoke up and asked: "Is it just me, or has anyone else noticed the falls increased dramatically when the hospital changed the staffing ratios from 1-4 to 1-7? If you want to avoid falls we cannot have patients getting frustrated with unanswered call lights and getting up without assistance. THAT is the cause of the fall increase demonstated on your graphs in the last 2 months, fix the staffing issue and you fix the fall issue." Everyone in the room acted like I had just violated some unspoken rule and I was ignored, the management cleared their throats and started over with the endless discussion. It was a classic example of foolish politics over logic...MATH...IT IS NOT RANDOM OR MUTABLE, IT IS LOGIC, IF YOU WANT TO BE SAFE AND FOR YOUR FAMILY TO BE SAFE IN THE HOSPITAL, YOU CANNOT HAVE HOSPITAL STAFF THAT IS OVERWORKED, OVERWHELMED, EXHAUSTED AND NUMB TO THE SOUND OF ENDLESSLY RINGING CALL LIGHTS. "LOGIC" IT REALLY IS THAT SIMPLE.

Safe staffing levels are a basic right of every patient in a medical facility, to fail at providing safety is to willingly fail at providing the most basic right to our patients, families, friends, elderly, when they are MOST IN NEED OF THAT SAFETY. SO, Do the right thing.

It is always about money and "staffing costs" that drive the facilities to provide inadequate staff, why not decrease the salaries of Executives and provide better service to the community???"Oh, well, we can't do that to the 'executive club' members" That's sickening, disgusting and WRONG. You will one day be in a hospital bed wondering why nobody is coming when you call...or one of your loved ones will be there, so think about that. \$\$\$ doesn't matter if they suffer or die waiting for help.

PLEASE DO THE RIGHT THING AND PASS THE LAW PROVIDING SAFE STAFFING LEVELS.

SB-1580

Submitted on: 2/11/2024 12:23:37 PM

Testimony for HHS on 2/12/2024 3:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Laurie Fabrigas	Individual	Support	Written Testimony Only

Comments:

Aloha committee chairs and committee members,

First of all thank you for putting forward this bill that would support the healthcare workers and the community by providing safe staffing. I am writing in strong support of SB1580. As a nurse for the past 16 years, I have experienced the results of short staffing and mandatory overtime. I am so grateful to be apart of such a professional, caring, and skilled group such as the nursing community. We strive for excellence and detail in all we do; people's lives depend on it. That is why maintaining a safe nurse to patient ratio is so important. For many years now nurses in our community have started to feel the burnout that comes with being overworked, "spread too thin", and continually asked to take on new policies/procedures/expectations. I went into nursing because I genuinly care for people and I strive to comfort, support, provide dignity, and give the highest quality of care I can. This has become increasing harder to do when we are not properly staffed. Although I work in the Emergency Department currently, I have had years of experience in the pediatric inpatient department; specifically pediatric oncology. Just a few years into my new career, I remember one nightshift on the oncology unit when I stood in the middle of the hallway for 20 minutes comforting a sobbing mother, who earlier that day had received the scariest news a parent could ever receive...her child was dying of cancer. I stood in the hallway and hugged her until she stopped shaking and sobbing and just quietly helped her back to her child's bedside. That is what nurses do. It's not always about tasks and checking off boxes, it's using our instinct and experiences to give our patient's and their families our very best. All of us are trained to recognize when our patient has a change in status, even the most subtle trend that you notice that could be leading to a poor outcome, it is our job to recognize these things. When the hospital "cuts corners" or "pinches pennies" or decides they no longer need to listen to the bedside nurse, it creates an environment of burnout and increases the chances that mistakes will happen. The dangerous increase in patient load changes a nurse from one who takes time and pays attention to detail, to a nurse who is task oriented and can sometimes miss those life threatening subtle changes. Nurses fear that overlooking a patient's subtle changes due to having too many patients to care for; a higher burden of charting due to an unsafe number of patients; or even the increased potential to make a mistake with medications, could result in the loss of our nursing license and equally concerning would be the harm to our patients.

Please consider carefully all of the testimony that you will listen to and read. Hawaii needs this law to pass for the safety of our patients and the protection and retention of our valued nurses.

Aloha,

Laurie Fabrigas, RN CPN

SB-1580

Submitted on: 2/11/2024 12:31:07 PM

Testimony for HHS on 2/12/2024 3:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Nalet Martinson	Individual	Support	Written Testimony Only

Comments:

Aloha Legislators,

My name is Nalet Martinson & have been a nurse for 20+ years. I'm writing to support SB #1580 calling for improved staffing measures. My fellow nurses & I at Kapi'olani Medical Center recently went on a strike for this very reason relating to patient safety.

I have worked in a variety of places to include California where patient ratios are mandated. This is crucial step in delivering optimal patient care. With our population getting sicker, the acuity of patients have only increased; therefore, demanding more attention to their care needs. Nurses are placed in unsafe working conditions with an overload of patients & responsibilities.

This also goes against labor standards. No breaks, no rest, no relief when needed. Being mandated to work overtime is constantly occurring without any remedy. This all leads to job dissatisfaction & burnout resulting in an exodus of nurses leaving the profession.

We must act now to ensure that nurses are being cared for so that they may care for others. Please do not defer this bill for a second time. It must be passed to ensure the safety of our community & all of Hawai'i.

Mahalo nui loa,

Nalet Martinson RN, BSN

SB-1580

Submitted on: 2/11/2024 12:31:09 PM

Testimony for HHS on 2/12/2024 3:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Katherine Casey	Individual	Support	Written Testimony Only

Comments:

Dear Legislators,

My name is Katherine Casey and I am writing this testimony in full support of passing bill SB1580. I've been working as a postpartum nurse at Kapiolani Medical Center for over a year now, but prior to that, I worked as a Kapiolani postpartum clinical assistant for 5 years. Becoming a postpartum nurse at Kapiolani has always been my dream since starting nursing school and I've waited years to obtain my current position. With the hospital's existing nurse to patient ratios, the staffing shortage, and the increase in the acuity of patients each year, I know working in this position is not sustainable and I eventually will have to leave my dream job that I've worked so hard to get if there are no changes. Passing this bill will force Kapiolani as well as the other hospitals on island to change the way they have been operating and it will protect our vulnerable populations receiving care in the hospital, which includes our keiki, kupuna, and loved ones. This bill will transform healthcare in Hawai'i and is essential for our future. Please consider my testimony today and thank you for your time.

Aloha,

Katherine

SB-1580

Submitted on: 2/11/2024 12:42:01 PM

Testimony for HHS on 2/12/2024 3:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Ashley Young	Individual	Support	Written Testimony Only

Comments:

Aloha, committee members. My name is Ashley Young and I've been a floor nurse for 9 years and counting at Kapiolani Medical Center. I write to you today in strong favor of SB 1580. Being a floor nurse I've seen and experienced firsthand how short staffing and poor nurse to patient ratios affects nurses and patients alike.

While staffing problems may have existed prior to the Covid 19 pandemic, healthcare post pandemic has seen nurses leaving the workforce in large numbers. This shortage of nurses in hospitals has not gone unnoticed. Instead of reinvesting money into retaining current nurses and attract new nurses , hospitals have chosen to utilize travel nurses. While we recognize travel nurses are helpful in the short run, travel nurses are a temporary bandaid fix for something that needs a more permanent solution.

As much as hospital management would like you to believe, there is no nursing shortage. There is however, a shortage of nurses working in the hospital setting. Whether these nurses are leaving to other jobs or leaving nursing all together, it is unclear. What is clear is that we are going through nurses at an alarming rate. We are burning through nurses faster than we can replace them. We have cause a lot of good staff to flee and the rest to lose all hope and motivation. It is abundantly clear if we continue on this downward spiral, we will force nurses out of the hospital workforce or force them to seek employment outside of the state. What we really need is to work to retain the nurses we currently have and attract more nurses back into the workforce. Safe ratios is one of the puzzle pieces into doing so.

It is my hope that we can put a stop to the unsafe situations we are being put in to at no fault of our own. We have the power today to enact change that helps us step forward into the future, a future where each person who enters a healthcare facility knows that their family member is getting the safe, quality care they deserve. We have the power to be leaders in change for the all people of Hawaii and to protect the very people that we promised to serve.

Safe staffing should be mandatory, not an option.

SB-1580

Submitted on: 2/11/2024 12:39:20 PM

Testimony for HHS on 2/12/2024 3:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Maria McCausland	Individual	Support	Written Testimony Only

Comments:

Aloha Chairs Aquino and San Buenaventura, Vice Chairs, and committee members,

My name is Maria McCausland. I have been a nurse at Kapiolani Medical Center for the last 21 years and I strongly support SB 1580 Relating to Labor Standards at Health Care Facilities. [1] [SEP]

When I first started out in nursing it wasn't unusual to work tight and everyone have 4 patients including the charge nurse on night shift. Back then the kids weren't as sick and didn't require more time spent at the bedside doing cares. As time went on the kids that we are admitting and taking care of are more complex and more sick than in the past. Some of the kids we have on the unit would've been admitted to the pediatric ICU 5 years ago but now they are coming to the regular floors where we have mostly a 1:4 ratio. These sicker kids require more of our time and attention. There are some shifts where I am so busy attending to my high acuity patients that the other 3 I have are being neglected and or ignored, or I am taking care of my other patients and my high acuity patient starts having something going on that I can't attend to. I have great co workers that help out all the time but everyone else is in the same boat. We've lost some great nurses over the years from burn out and they haven't all been replaced.

Since before the strike we were always short staffed. Almost every shift I worked someone was needed to stay over or I would get texts or calls everyday on my days off to come and work extra because our census was so high. If no one comes in or stays over my co workers suck it up I mean we have no other choice to do so, when that happens, it's the patients and their families that suffer. Now with the amount of travelers we have working we are properly staffed and sometimes at work I can breathe again and have time for my breaks and to use the bathroom. But what happens when they leave? We're back to shifts where we don't eat, where we don't drink, and maybe we can use the bathroom real quick..what we need are more nurses and a safe patient to nurse ratio.

Five years ago if you would've asked me if I would work anywhere else I would've told you no way, I'm a lifer at Kapiolani but today, I can't say that.

SB-1580

Submitted on: 2/11/2024 1:42:07 PM

Testimony for HHS on 2/12/2024 3:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Lynn Rose	Individual	Support	Written Testimony Only

Comments:

Aloha Legislators,

My name is Lynn Rose. I have been a nurse at Kapiolani Hospital for over 20 years. I am writing in support of SB #1580.

Please act now and vote to pass SB #1580. This is a crucial and necessary step to keep patients and nurses safe in the state of Hawaii.

Mahalo,

Lynn Rose RN

SB-1580

Submitted on: 2/11/2024 1:40:06 PM

Testimony for HHS on 2/12/2024 3:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Leah Akana	Individual	Support	Written Testimony Only

Comments:

Aloha Chairs Aquino and San Buenaventure, Vice Chairs, and committee members,

My name is Leah Akana, I am a registered nurse and I work at Wilcox Medical Center. I strongly support SB 1580 Relating to Labor Standards at Health Care Facilities.

I have been a nurse since 1998 and have seen and experienced first hand how health care has evolved into a business that puts profits over patients. Bedside nurses are leaving the bedside in droves because of unsafe staffing. National staffing standards are not followed which puts our patients and communities at grave risk. For every extra patient that a nurse has the risk of a patient's mortality increases by 20%. It also increases the rates of complications as well as length of stay.

Health Care corporations will lie and say that they have systems in place that guide staffing, they are lying. What they have in place does not work. Nurses are flocking to California for safer working conditions in which ratios are mandated. Help us provide safe and quality care for our patients, and help us keep our nurses here at the bedside in Hawaii.

Mahalo for your support of SB 1580. Please pass this bill.

Respectfully submitted,

Leah Akana, RN,BSN

SB-1580

Submitted on: 2/11/2024 1:04:48 PM

Testimony for HHS on 2/12/2024 3:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Joy Kurosu	Individual	Support	Written Testimony Only

Comments:

Dear lawmakers and general public,

Please support bill SB 1580. My name is Joy Kurosu. I've been a postpartum nurse since 2005 and at Kapiolani since 2010. I love working with brand new & growing families. I am especially in love with all the precious babies that are born. It is a mix of the patient's innocence, their vulnerability, their trust in me and the healthcare system, and God's mercy that fuels me to get through every shift. But as our workload increases the ability to give good care gets increasingly more difficult. Each patient takes time to care for and I just can't be at 2 places at one time. And when poor outcomes happen outside of our control a majority of us will dwell on it. As patients we go into a hospital and expect to get better and leave the hospital unscathed.

As a patient, I have had cancer, I have had broken bones, I have had multiple surgeries. Have their been errors in my care? Absolutely, Major errors!! But when we are sick, it is easy to hope for the best possible outcome. We expect minimal errors to no errors. The problem is in the hospital there are thousands of opportunities for errors happen. Thousand things to do and not enough time to do it all.

When I first started nursing 20 years ago it was a different world. We now have new technologies, different charting requirements We also have shorter lengths of stays. We also have more opportunities for errors, because we have more processes. On top of that we have less help, less support, different technological safeguards that take problem solving and time. New technologies are supposed to streamline our work, but between Wi-Fi connection issues, and problem solving how to get the pump to load our drip rate remotely from our phone scanner. More often then not these safe guards do not work correctly. We can choose to override the technology, but there are risks to overriding a safe guard. Or we can choose to take time away from out patients and their needs to problem solved how to get things working correctly.

Now back to why ratios are important it's because we are not doing the same nursing care as we were 20 years ago let alone the same care pre-covid. Every additional patient takes time to care for, time to chart on. At the hospital we are all required to deliver a standard of care. (For example: we have to set up a patient for success when discharged. Whether they're there for 1 day or 4 days) We will check & double check to make sure everything that's needed to be done was done prior our patients going home. The patient turnover rate is high. For most of our healthier patient population, what we used to do in 2 to 4 days we now have to accomplish in 1 to 3 days so the patients can go home sooner. So we have less time to do all the necessary procedures.

Now if we have a sicker Mom than normal, then the likelihood of their baby to be sick goes up. The sicker they are the more time it takes to care for them. A mom sick with high blood pressure, puts herself at risk for seizure activity and puts her baby at risk for having preterm labor & low birthweight and problems associated with that. A mom sick with diabetes puts herself at risk for a delay in wound healing and infection and puts her baby at risk for blood sugar problems.

So on a postpartum floor. If I am the nurse caring for a sick mom, I am also caring for her sick baby. With proper staffing ratios it gives me additional time to care for that sick mom and that sick baby without pushing the care aside for my other patients. I also can't reasonably delegate all the care of my other patients to another nurse, because I'm getting busy with a more critical patient. The other nurse will also have an assignment just as hard as mine to manage.

One of the my more difficult shifts I can recall was when I had a sick mom going septic and a sick baby going septic. Both needed more time than I had had to give. What was particularly challenging is when I was transferring her baby to Nicu I was getting orders placed for the mom to go for ultrasound and get labs drawn prior to her transfer to MedSurg. Call it poor time management, I just could not be checking the computer for orders while transporting her baby to another floor. I also couldn't coordinate labs to be drawn and an ultrasound to be done while transferring this patient to a different floor. This is where prioritizing our time becomes critical. Within the hour I was able to get the ultrasound done and transfer her off our unit, but unfortunately the mom was declining rapidly by the time of transfer. When, I got back to the my floor I was angry with myself. That I couldn't physically give that mom the care she deserved in the time her baby needed it too. In the midst of my busyness with her and her baby. I still had other patients that needed my time and attention. I thank God they were stable and not needing much additional help. With the hospitals, current poor "staffing guidelines" I was still open for an admission. After my 2 patients being transferred out my assignment was considered "loose". But my amazing charge nurse had the foresight to know how busy I was and made the call to go against managements staffing guidelines and staff me more appropriately.

We are managed by people who have never worked floor, or by supervisors and managers, who cannot physically do the job of today. It is hard to grasp the reality of being a floor nurse. So when our management and our upper management tell us, we need to do more with less staff, and take on more complex patients than we can, the nurses think "HOW? There isn't enough time to do everything". We have staffing guidelines at the hospital that are completely antiquated and unrealistic for today's patient population & charting requirements. We need more realistic ratios. We need accountability for the hospital to staff appropriately. so we can have time to give better care to our patients. Healthcare needs legislation, so our healthcare does not further decline. Our patients expect more and the way things are ran I don't think I can bridge the gap of their expectations vs the reality of our work conditions. My own anger and guilt of these unmet expectations is enough for me to question staying at a job with people and patients I love. I often pray for my patients and their families sometimes even after years have passed. The not knowing how they are doing after transfer feels like a heavy weight to carry. And with unsafe ratios the nurses are not getting enough time to deliver the care that is expected. So please help us nurses and support sb1580.

Joy Kurosu

SB-1580

Submitted on: 2/11/2024 1:09:33 PM

Testimony for HHS on 2/12/2024 3:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Kristin Tacon	Individual	Support	Written Testimony Only

Comments:

Aloha,

My name is Kristin and I am a pediatric intensive care nurse here in Hawaii and I highly support bill SB1580.

I am a nurse but, I am also a mom. I spent 7 months in the ICU with my critically ill child in California where safe staffing and ratios is a given. The nurses were able to provide exceptional care to my child because they never had to rush through her cares to get to another patient. They never had to run out of the room to take care of another child which is something I have had to do countless times. I felt that my child was important to these nurses and received the best care. I was able to trust them.

When my daughter died in my arms we were surrounded by those very nurses. They helped us create our last memories with her, they cried with us and let us know that we were not alone.

The hospital I work at does not have staffing ratios. I often have to run out of one patients room to take care of my other patient. I have to choose which patient needs me more.

I once was holding a dying patients hand because they told me they didn't want to die alone. Once their heart stopped I only had 10 minutes to process their death before I had to leave to assess and care for another patient. I still had tears in my eyes and I was thinking how is this okay? How was it safe for me to be in that room while my heart was breaking at the same time. I'm only human. I can't just robotically move on.

I remember thinking how loved and supported I felt when my child died because the nurses were able to be with me. I had their full attention and they didn't have to leave to be with another patient. Not to mention a lot of them were crying and upset and they would not have been in the proper state of mind to care for other patients. I hated that I was unable to do that for another family and for a patient who I loved so much.

I think the amount of times nurses are forced to disconnect and move on because we have to turn around and care for another patient is extremely unhealthy. It's part of the reason so many nurses are leaving bedside or going to another hospital with staffing ratios where they know they can

provide safe and exceptional care. Safe ratios show that an institution cares about the patients and nurses and wants them to receive and provide the best care. I will often work a 12 hour shift without sitting, drinking or eating because I choose to provide care to my patients over doing anything for myself. There is no nurse to break me so I go without. Then I'll stay and work an additional 4 hours because there is not another nurse to take my place and I don't want my co workers or patients to suffer.

We become nurses to help people and it's hard to leave work knowing we were not able to provide the best care possible due to staffing. We are often asked to "run tight" and work with the least amount of nurses possible. This is only increasing burn out and causing nurses to leave the bedside faster. We need safe patient to staff ratios.

All I ask is the everyone put themselves in my shoes. If your child was sick in the hospital would you be okay if your nurse constantly ran out of your child's room in the middle of taking care of them to go to another child they deemed more important? And if that other child is so critical the nurse has to run to them - does that feel safe that they're paired with your sick child? Would you feel your child is receiving the best care possible while your nurse has to leave them constantly and rush through things? Or would you want a nurse who can focus on you and your child. Who can take their time to make sure everything is done correctly and safe. A nurse who can help comfort your sick child instead of having to leave them because they're needed elsewhere. A nurse who can also take the time to talk to you as a parent and give you updates and let you know everything that is happening.

And if your child is dying like mine did. Wouldn't you want your nurses to hold your hand and help make your last memories together special? Wouldn't you want your nurses to help you? Or would you be okay with them just leaving - feeling like they've given up on you because they have to go care for other living children. The feeling that a living child is more important than your dying child.

I just want to be able to be the type of nurse I needed when my child was sick and dying. I know that safe staffing ratios will be a step in the right direction to helping me be that nurse.

Lastly, I to mention that I read the testimony from HPH. There was a comment that stated the nurses rely on overtime to make ends meet due to the unaffordability of Hawaii. They state that OT is voluntary but if we need to work OT to live in Hawaii - that's not voluntary.

Thank you for your time.

Respectfully,

Kristin Tacon

SB-1580

Submitted on: 2/11/2024 1:08:26 PM

Testimony for HHS on 2/12/2024 3:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Rachelynne Dalisay	Individual	Support	Written Testimony Only

Comments:

I strongly support this bill SB1580. As a registered nurse with experience at both Straub Medical Center and Kapiolani Medical Center, I have worked and continue to work through unsafe staffing conditions where it puts our patients lives at risk and the registered nurses at risk to lose their licenses. When the nurses are forced to take more patients than are safe, it's easy to miss things that should be addressed and puts nurses in a place where they can't advocate for their patients until it's too late. It is impossible to keep working in the current conditions and we will lose nurses if nothing changes.

SB-1580

Submitted on: 2/11/2024 12:44:27 PM

Testimony for HHS on 2/12/2024 3:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Kirstie Mia Pascual	Individual	Support	Written Testimony Only

Comments:

Aloha Chairs Aquino and San Buenaventura, Vice Chairs, and committee members,

I am a registered nurse and I work at Hawai'i Pacific Health. I strongly support SB 1580 Relating to Labor Standards at Health Care Facilities.

Mandated staffing ratios are far more important for patients than nurses. Would you rather the nurse taking care of your loved one had 3-4 patients or 7? Do you want your family to get excellent care or sub standard? If a nurse has 6 patients that's only 10 minutes per patient per hour she has for EVERYTHING- Charting and actual care. This does not include any meal breaks for the nurse, which means if she takes a lunch her patients get LESS than 10 minutes per hour. That is not enough to ensure good care. The people of Hawai'i deserve the same level of care afforded to patients who live in states intelligent enough to mandate staffing ratios in hospital settings.

Mahalo for your support of SB1580. Please pass this bill!

Respectfully Submitted,

Kirstie Mia Pascual

Registered Nurse

SB-1580

Submitted on: 2/11/2024 2:11:01 PM

Testimony for HHS on 2/12/2024 3:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Allison	Individual	Support	Written Testimony Only

Comments:

Imagine, if you can, this scenario:

You walk into work and you are hearing alarms from heart monitors and IV pumps, call bells, and phones ringing. Are you overwhelmed yet? No, because you're a nurse. You start getting report on the day you are about to have. There are patients on your unit that are septic with dangerously low blood pressures. You're going to need to take care of that. You have patients on the unit who have been in a diabetic ketoacidosis and are on an insulin infusion. You have to take their blood sugar every hour and adjust the infusion accordingly. You have patients on the unit that bled during delivery of their brand new baby. Your primary goal with her is to monitor her bleeding, but you know you have to support her emotionally and even teach her how to breast pump. You have a hostile patient down the hall who has a history of violence, and you heard he was yelling and spitting on the nurses overnight. You know you will be treating that patient with the same dignity you treat all patients-- but you worry about your safety, theirs, and the safety of your other staff. You have patients that are incontinent and need help to clean up and get on fresh sheets-- to maintain skin integrity and more important, patient dignity. You have another patient who is going to be discharged-- do you know how much you have to coordinate to get them home? There's a patient in the ER waiting to come up after that patient is discharged and the room is cleaned. Oh, and one more thing-- you don't have a nurses aide today. Are you overwhelmed yet? I am. But these patients need you.

I think you can surmise that I am writing in support of this bill. To put it simply, safe staffing saves lives. Patients don't always think about ratios and staffing. What they do remember is if their nurse spent time with them, and the compassion of their nurse. Sometimes as a nurse, it feels impossible to be safe, let alone provide compassion every moment. When this bill passes, it will afford nurses the support of an aide, and reasonable staffing ratios so that patients can receive safe, high quality care that they deserve! Thank you for your time.

SB-1580

Submitted on: 2/11/2024 1:07:44 PM

Testimony for HHS on 2/12/2024 3:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Melissa Miller	Individual	Support	Written Testimony Only

Comments:

I under that you have received testimonies from nurse managers who are against nurse to patient ratios. Please understand that these nurses managers have traded bedside nursing care for high paying management positions. Of course these managers do not want nurse to patient ratios, because it would take money out of their pockets. If Hawaii had mandated nursing ratios, it would force these hospitals to hire more nurses, which is something they do not want to do.

I have been a nurse for 23 years. For the past 16 years I have worked as a registered nurse in the emergency room. Over my nursing career I have seen healthcare in America go from a patient care system to a business. The patients we are seeing in the hospital are much sicker, especially since COVID. New technology has helped to keep people alive but the healthcare industry does not want to provide the nurses to care for these very complex patients. Some of the patients in our PICU require several machines to keep them alive. The nurses are expected to care for these patients in a 1:1 assignment. In reality these patients should have TWO nurses to care for them. Hospitals would rather save money than hire more nurses to care for these extremely sick patients. Hospitals would rather pay CEO's two million a year. Most CEO's have NEVER taken care of a patient in their entire life. They have never done CPR on a baby. They have never help delivery a baby. They have never given chemotherapy to a young person. They have never held a parent after their child died.

I am begging you to please force to hospitals to start caring for patients. Make them hire more nurses to care for the sick complex patients that are in the hospitals right now.

SB-1580

Submitted on: 2/11/2024 1:46:00 PM

Testimony for HHS on 2/12/2024 3:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Cory Teves	Individual	Support	Written Testimony Only

Comments:

Aloha to all,

My name is Cory Teves. I am a nurse at Kapi'olani Medical Center. I urge you to support SB 1580 for the wellbeing of our community.

I have been a labor and delivery nurse for almost 15 years. I absolutely love what I do. I care for my patients as if they are my family. As you know, we recently had a week-long strike against our employer regarding safe staffing. This is because the management of our hospital does not listen to nurses when we tell them that the way they staff the hospital is unsafe. It is only through legislation will we be able to force these millionaires to do the right thing before it is too late. When I go to work, my patient assignment is often 2 laboring women. That's 4 lives. There are many situations where their care becomes unstable (and of course these things are hard to predict) but due to the shortage of staff, when things DO happen, the care that these patients receive are negatively affected. I am affected. I feel devastated going home knowing that I did not provide my patients the safe quality care that they needed that they deserve, that maybe their outcome could have been different if I had more time and energy to dedicate to their situation. It kills me EVERY DAY. You can see (as per the strike) that this not only happens in my unit, but throughout Kapi'olani Medical Center. In the NICU (neonatal intensive care unit) where there are fragile tiny babies, in PICU (pediatric ICU) where kids are severely sick or injured, etc. This toxic work environment is what causes people, nurses like me, to leave, sometimes leave the medical profession all together. This problem is not new. Three years ago we did informational picketing for this same issue and have found no progress despite the formation of the labor committee, because at the end of the day, management has the final say whether or not to adequately staff their units. This problem does not only involve nurses. Respiratory technicians, laboratory techs, x-ray techs are over-stretched, over-worked, and are leaving too. This problem far reaches other hospitals and other islands as well. Every single person knows a healthcare worker, has sought medical attention, has had a family member seek medical attention, or will need to at some point. No one wants their care compromised because of unsafe staffing. I am but a little fish in this. The big wigs will tell you that by supporting this bill, it will lead to longer wait times, delay care, etc. But that is only if they choose to NOT staff safely and pocket the money for it. Hawaii Pacific Health clearly demonstrated during our strike week that they have the resources to not only safely staff their units but to OVER staff their units with expensive travel nurses.

I am pleading, urging, begging, you legislators. PLEASE support SB1580, for the little fish that want to do the right thing, for the community that needs safe care, and for the future of healthcare in Hawaii.

Thank you for your time,

Cory Teves, RN, BSN

SB-1580

Submitted on: 2/11/2024 1:39:31 PM

Testimony for HHS on 2/12/2024 3:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Darcie Aina	Individual	Support	Written Testimony Only

Comments:

Aloha,

My name is Darcie Aina. I've been a nurse at Kapiolani Medical Center for almost ten years. I'm in support of SB1580. Since I've started as a nurse our patients have become sicker and sicker and we as nurses are expected to care of more patients. I work in postpartum and the norm used to be 3 couplets (3 moms and 3 babies). I am now expected to care for 4 couplets (4 moms and 4 babies). A lot of times these moms and babies are sick and need extra care. I fear that I've missed something and I can't give patients the best care possible because I'm spread so thin. In order for me to be able to provide Hawaii's mamas and babies with the BEST possible care, we need laws to be in place to limit the number of patients I care for. The hospital doesn't care how many patients we have to care for. We need the help of you lawmakers to protect us nurses and the people of Hawaii. Please, please consider passing safe staffing ratios into law. The people of Hawaii are depending on you to protect them.

Mahalo for taking the time to read my testimony.

Darcie Aina

SB-1580

Submitted on: 2/11/2024 1:41:24 PM

Testimony for HHS on 2/12/2024 3:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Joan Craft	Individual	Support	Written Testimony Only

Comments:

Dear Legislators,

I am writing to express my strong **support for HB 1580.**

As a Critical Care Nurse with 32 years of experience, I cannot overstate the importance of safe staffing. It not only prevents burnout, thereby retaining nurses within the profession, but it also ensures that we can deliver compassionate and safe care to you, your loved ones, and all residents of Hawaii.

I urge you to vote in favor of this bill, as it is in your best interest and the interest of the public's health and safety.

Sincerely,

Joan Craft, RN

SB-1580

Submitted on: 2/11/2024 2:23:40 PM

Testimony for HHS on 2/12/2024 3:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Jacob Pembrook	Individual	Support	Written Testimony Only

Comments:

Aloha Chairs Aquino and San Buenaventura, Vice Chairs, and committee members,

I am a nurse and I work at Hawaii Pacific Health. I strongly support SB 1580 Relating to Labor Standards at Health Care Facilities.

Mandated staffing ratios are far more important for patients than nurses. A ratio of one nurse to four patients leaves the nurse with fifteen minutes per hour per patient, this is already not enough time to give complete care. Think about the times when your family members have told you, "the nurse barely listened to me, they were rushing", the problem is the ratio. The most valuable thing you can give someone is your time. When you give a patient your time, they know you care. Feeling cared for is a huge component in a patient's healing process, in many cases it is the most important one. The people of Hawaii deserve enough of their nurse's time to feel like they care, less than fifteen minutes per hour is not enough. The people of Hawaii deserve the time that is afforded to patients who live in states intelligent enough to mandate staffing ratios in hospital settings.

Mahalo for your support of SB1580. Please pass this bill!

Respectfully Submitted,

Jacob Pembrook

SB-1580

Submitted on: 2/11/2024 1:20:23 PM

Testimony for HHS on 2/12/2024 3:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Corri-Ann Ishibashi	Individual	Support	Written Testimony Only

Comments:

My name is Corri-Ann Ishibashi and I am a neonatal intensive care nurse. At the end of the year, I will have been a nurse at Kapiolani Medical Center for 20 years. I remember when I first started working there. I was excited and hopeful that I could make a difference in my patients' lives. Today, I am worried and scared...I go to work anxious about what will be thrown at me because we don't have enough staff (nurses, respiratory therapists, clinical assistants, etc) and resources. I leave work exhausted, but still thinking about if I did all the things I needed to do and if my patients are okay. I am writing to you in support of SB1580. Please help us provide safe quality care for our families.

SB-1580

Submitted on: 2/11/2024 2:34:21 PM

Testimony for HHS on 2/12/2024 3:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Billy Craft III	Individual	Support	Written Testimony Only

Comments:

I am in Sttong support of HB1580

I am a Registered Nurse born and raised in Hawaii. Safe staffing allows nurses to effectively address the wants and needs of the patient and their famiy members. Safe staffing also puts less stress on the nurses which results in better health outcomes for the nurse in the longrun.

Thank you,

Billy Craft RN

SB-1580

Submitted on: 2/11/2024 2:40:04 PM

Testimony for HHS on 2/12/2024 3:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Jennifer Oliveras	Individual	Support	Written Testimony Only

Comments:

Aloha Chairs Aquino and San Buenaventura, Vice Chairs, and committee members,

My name is Jennifer Oliveras. I am a Registered Nurse and I work at Kapiolani Medical Center for Women and Children. I strongly support SB 1580 Relating to Labor Standards at Health Care Facilities.

I have been a nurse for 15 years. I started my nursing career working on the Family Birth Center (Labor and Delivery unit). There are many incidences where I felt unsafe in this profession and that my patients were put at risk many times because of the amount of high risk patients to one nurse. Being on the unit put a toll on me mentally and physically that I experienced "burn out".

I remember receiving a new preterm admit and myself along with the medical team who were trying to keep the patient from going into labor. We finally got the patient stable. Then I get a call from the charge nurse to assume care of another patient because the primary nurse was in an emergency (crash) cesarean section. I went into the patient's room and she was screaming in pain requesting for an epidural. I had no information on this patient. The patient was on pitocin and nothing was charted on the patient for 30 minutes. The monitors weren't adjusted so nothing was being recorded on the fetal/uterine contraction monitors. I adjusted the monitors to get fetal heart tones and uterine contractions. I quickly looked up the patient's history in her chart and called the anesthesiologist for an epidural. This patient had multiple vaginal births and the last birth was a cesarean section. Immediately after receiving an epidural the patient was screaming in uncontrollable pain. I called out for more help and we rushed the patient to the operating room. The patient was placed under general anesthesia. The patient had a uterine rupture which just missed her artery. She could have died. Her baby went to the Neonatal Intensive Care Unit. I'm so thankful that the outcome wasn't death to the patient and her newborn. This is just one of many experiences with unsafe staffing. Please hear our stories and provide safe staffing for the people of Hawaii.

Mahalo for your support of SB1580. Please pass this bill!

Respectfully Submitted,

Jennifer Oliveras

SB-1580

Submitted on: 2/11/2024 2:41:51 PM

Testimony for HHS on 2/12/2024 3:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Meaghan Ababa	Individual	Support	Written Testimony Only

Comments:

I support SB1580.

SB-1580

Submitted on: 2/11/2024 2:43:55 PM

Testimony for HHS on 2/12/2024 3:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Charlene Pang	Individual	Support	Remotely Via Zoom

Comments:

Aloha Chairs Aquino and San Buenaventura, Vice Chairs, and committee members,

My name is Charlene Pang. I am a registered nurse and I work at Queens Medical Center. I strongly support SB 1580 Relating to Labor Standards at Health Care Facilities.

This bill is something that strongly affects the standards and safety of our nursing care throughout our hospital systems in Hawaii. Without adequate staffing your family and loved ones could die. There has to be something done to protect the people of our islands. When hospitals choose to not hire enough staff or staff the hospitals adequately the quality of care becomes jeopardized. Doctors, nurses, nurse aides, and therapist across the board are all being over worked and stretched to their limits. Its becoming evident when studies show that preventable errors could've been avoided. Hospitals are short handed across the nation. In order to keep nurses from leaving the profession because of burnout and/or unbearable workloads we need to support this bill. Please dont take the chance of losing a loved one because the state does not have laws to protect safe staffing.

Mahalo for your support of SB1580. Please pass this bill!
Respectfully Submitted,

Charlene Pang, RN

SB-1580

Submitted on: 2/11/2024 2:44:16 PM

Testimony for HHS on 2/12/2024 3:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Kazushi Haruyama	Individual	Support	In Person

Comments:

Aloha Chairs Aquino and San Buenaventura Vice chair and committee members,

My name is Kazushi Haruyama. I am a Respiratory Therapist and I work at Kapiolani Medical Center for Women and Children Hospital.

I strongly support SB 1580 Relating to Labor Standards at Health Care Facilities.

Thank you for support of SB1580. Please pass this bill.

Respectly submitted.

Mahalo

Kaxushi Haruyama

SB-1580

Submitted on: 2/11/2024 2:45:37 PM

Testimony for HHS on 2/12/2024 3:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Andi Jacobs	Individual	Support	Written Testimony Only

Comments:

Aloha Chairs Aquino and San Buenaventura, Vice Chairs, and committee members,

My name is Andi Jacobs. I am a Registered Nurse (RN) and I work at the Queen’s Medical Center. I strongly support SB 1580 Relating to Labor Standards at Health Care Facilities.

Working without adequate staffing is quite literally like the episode of “I Love Lucy,” where Lucy and Ethel are tasked with wrapping the candies on the conveyor belt. At first, the candy comes through at an easy pace, but then, the belt speeds up and the number of candies doubles in volume. Lucy starts to place the candies inside her haircap while also swallowing some of the chocolates. Eventually, the speed and quantity of candies on the conveyor-belt become overwhelming, and Lucy and Ethel eventually resort to stuffing the candies into their blouses because they simply cannot keep up.

The trouble with this scenario is that my career isn’t wrapping inanimate objects - it’s keeping patients SAFELY alive. And unlike in “I Love Lucy,” there is no room for short-cuts; nurses cannot simply throw the candies in their blouses and pretend everything is okay. Without adequate staffing, nurses are left to scramble to help their patients - drowning with the sheer amount of volume and demand, day after day. So I please ask for your support. It’s ultimately the patients who suffer. WE NEED MORE HELP!

Mahalo for your support of SB1580. Please pass this bill!

Respectfully Submitted,

Andi Jacobs

SB-1580

Submitted on: 2/11/2024 2:49:14 PM

Testimony for HHS on 2/12/2024 3:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Cynthia capili	Individual	Support	Written Testimony Only

Comments:

I agree and support all the testimonials my co nurses have submitted.

SB-1580

Submitted on: 2/11/2024 2:49:52 PM

Testimony for HHS on 2/12/2024 3:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Tracy Dawn Stanley	Individual	Support	Written Testimony Only

Comments:

Aloha!

My name is Tracy Dawn Stanley and I am a Registered Nurse in the Operating Room for Kapi'olani Medical Center for Women and Children Hospital.

I **strongly support** bill SB-1580 for the safety of Hawai'i's patients.

Mahalo,

Tracy Dawn Stanley, RN BSN

SB-1580

Submitted on: 2/11/2024 2:51:52 PM

Testimony for HHS on 2/12/2024 3:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Kristy Kanemura	Testifying for Testifying on behalf of HNA	Support	Written Testimony Only

Comments:

Hello, as a nurse, I have had the opportunity to work in different hospitals in different states and seen first hand what patient to nurse ratios can do for patient care and nursing as a whole. I started my nursing career right here in Hawai'i, left for the mainland to further my experience, and returned home with the hopes that I would stay for the rest of my career at the bedside. But since returning home, I have noticed how terrible things have gotten. We are now expected to take on more patients and still provide the same quality care that we are known for. This is an impossible ordeal. Many nurses have left the bedside due to burnout, which leaves units short staffed every shift, every day. Having ratios is not a fix all but it will help to prevent nurse burnout and turnovers, helping with the nursing shortage. And providing the quality care that the patients in Hawai'i deserve. Many studies have shown that ratios increase better patient outcomes and decrease morbidity and mortality rates. I fully support SB1580 and thank you for your time.

Kristy Kanemura, RN, BSN

SB-1580

Submitted on: 2/11/2024 2:52:28 PM

Testimony for HHS on 2/12/2024 3:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Bredito Gonzalez JR	Individual	Support	Written Testimony Only

Comments:

SB-1580

Submitted on: 2/11/2024 2:54:35 PM

Testimony for HHS on 2/12/2024 3:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Tavia Rosa	Testifying for HNA	Support	Written Testimony Only

Comments:

Aloha, my name is Tavia Rosa, and I am a Pediatric Nurse at Kapi'olani Hospital. I fully support SB1580, and think it is vital in relation, to the supporting measures it entails, to give more time at the bedside when our keiki, and their families need it the most.

I can personally attest to being apart of a direct healthcare team that had a child pass away, and die yesterday evening. Holding the mother in my arms, over the evening, consoling her, and her family, while simultaneously helping another precious patient in need, all while, helping to coordinate incoming grieving family coming into our unit.

I love being a nurse, and being there for our keiki and their families. I wish no parent would ever have to see their child take their last breath in our facility. No parent should have to go through this horrible, immeasurable pain.

Being a nurse, and apart of a dedicated health team, our number one goal always is to deliver the most safe, personal loving care, every minute, and moment we are there at the bedside.

During times like described above, our community, and keiki deserve every personal moment we can be at their bedside, to provide support, and help their family to navigate this new traumatic experience-no one would every want to be apart of their story or legacy.

We the nurses deserve, and need more time at the bedside with our families. We deserve to give every single child, every single parent, and every single loved one, the personal support that is needed to deliver optimal health outcomes, experiences, and memories. Our kakou (community) deserves this. Thank you for your time.

I also listed some evidence based information below that supports nurse-to-patient ratios.

Improved Quality of Care

Linda Aiken, Ph.D., RN, conducted a study examining the correlation between nurse-to-patient ratios and patient outcomes.

In this study, patients in "well nurse resourced hospitals" had better outcomes. With adequate nurse staffing, patients had:

- * Shorter hospital stays
- * Less hospital-acquired infections
- * Fewer ICU admissions
- * Fewer deaths

The study found that adequate staffing ratios led to a better quality of care.

<https://www.sciencedirect.com/science/article/pii/S0716864018300609>

<https://nursejournal.org/articles/most-common-mistakes-made-by-new-nurses/>

SB-1580

Submitted on: 2/11/2024 2:55:11 PM

Testimony for HHS on 2/12/2024 3:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Suzanna Aquino	Individual	Support	Written Testimony Only

Comments:

Aloha my name is Suzanna Aquino. I am a postpartum nurse at Kapiolani Medical Center for Women and Children who is concerned for the safety of my patients. I'm writing in support of SB1580.

I will be making a year in my nursing career at Kapiolani this coming March. Since I started my nursing journey, I have **not** experienced consistent safe staffing ratios on my floor until after completing the week- long unfair labor practice strike when the “stat” traveler nurses arrived. The floor was staffed in such a way I was finally able to provide the time and patient-centered care to each of my couplets. The safe staffing ratios we have all been begging for allowed us to be safe nurses.

Although this staffing is a dream right now, I remember being overloaded with four couplets for weeks, praying something bad doesn't happen. As a new grad I am constantly taking in new information and need the time to learn. However, learning from a colleague who is already overloaded with patients and has little to no time to teach (while also taking care of my own patients) allows gaps in care that can hurt someone.

I am writing this testimony to ask for safe staffing ratios to be implemented in every hospital. For the safety of our patients and for our nurses.

SB-1580

Submitted on: 2/11/2024 2:56:17 PM

Testimony for HHS on 2/12/2024 3:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Danielle Leong	Individual	Support	Written Testimony Only

Comments:

Aloha!

My name is Danielle Leong and I am a Registered Nurse in the Operating Room for Kapi'olani Medical Center for Women and Children Hospital.

I **strongly support** bill SB-1580 for the safety of Hawai'i's patients.

Mahalo,

Danielle Leong, RN BSN

SB-1580

Submitted on: 2/11/2024 2:57:22 PM

Testimony for HHS on 2/12/2024 3:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Frederick Asche	Individual	Support	Written Testimony Only

Comments:

I am an ER nurse at Kapiolani Medical Center. I have worked in other states including California and New Mexico. I have worked in pediatrics since 2015. And I have worked at some of the most highly reputed hospitals in the U.S. with and without ratios.

Let me start by declaring my full support for SB1580.

There are a multitude of studies that consistently indicate that nurse to patient ratios (referred to henceforth in this testimony as "ratios") provide benefits to patients and nurses including but not limited to:

- decreased patient mortality
- increased quality of care
- improved patient outcomes
- increased nurse retention
- decreased rate of burnout and turnover

It is personally not difficult to think of a time when quality of patient care was compromised because of the acuity (or severity of illness) of a patients health versus the number of patients a nurse was responsible for caring for. What is difficult is thinking of a specific case because it occurs so alarmingly frequently even on a daily basis. Very recently within the last several days of writing this, I bore witness to a nurse responsible for taking care of four patients when one patients condition became much more critical and I had to step in to assist. That specific patient was hemorrhaging and required 1:1 for the next 2 hours until they could be stabilized. Had we not incidentally had additional staff that day to attend to the other patients, her other patients would have received exactly zero minutes of care because it was unsafe to leave the bedside of the critical patient to care for the three sick respiratory children, or the adult in respiratory failure with alcohol withdrawal, plus one additional stable patient.

Under ordinary staffing circumstances, we would not have the extra staff to assist because the current standard is for a nurse to be assigned to four rooms regardless of the number of patients in those rooms. That means you can in this example have three patients in one room, and three other patients at least one of which may become critically ill. That's exactly why we fight for ratios. Ratios that recognize when a patient becomes sick, the ratios can change with the patient acuity. Ratios force hospitals to consider the patients, and provide an adequate supply of staff at all times in the event of an emergency. Resources like dedicated float nurses, trauma nurses, rapid response nurses, whom can provide relief so all patients can continue to be cared for.

The other side will make excuses like "it doesn't give hospitals flexibility" or argue that it somehow doesn't benefit patients. I would argue that all of these arguments are invalid and to go one step further state that's these arguments are all complete and utter bullshit.

The first argument that ratios somehow are inflexible is a fallacy. Ratios take into account severity of illness of patient. The COO of Kapiolani was recently quoted on the news as saying that ratios would prevent a sick patient from getting to a higher level of care because of a need for nurses. Factually, the hospitals are currently understaffed because they don't have to adhere to ratios. What hospital administrators actually mean when they talk about "flexibility", is the flexibility to assign an unsafe number of patients to a nurse not in the interest of patient care but in the interest of monetary gain.

It's as simple as this: anyone who has ever been in a Costco or Starbucks on a busy day will tell you that when there are way more customers than cashiers it become hectic and the wait times become longer. Now imagine instead of waiting for groceries or coffee you're waiting for your sick loved one to be cared for because their nurse has four, five, or even six other patients to take care of.

The main takeaway is this. The benefits of ratios have been found over and over and over again. Better staffing equates to happier nurses and healthier patients. If you literally take 10 seconds to Google "benefits of nurse to Patient ratios", you can confirm the same. Arguments against nurse to patient ratios are typically made by hospital administrators or persons whom have a financial interest in driving up profits for a hospital. Because let us not forget, hospitals are business and businesses are built to profit. This is a tremendous opportunity to put our community ahead of profit in Hawai'i. Let's make it clear to the nation that in Hawai'i, our hospitals put patients lives first.

SB-1580

Submitted on: 2/11/2024 2:58:24 PM

Testimony for HHS on 2/12/2024 3:00:00 PM

Submitted By	Organization	Testifier Position	Testify
dawn lyon	Testifying for HNA	Support	Written Testimony Only

Comments:

Dear Legislators,

In attempt to highlight why SB1580 is so important let me start by saying I am a seasoned nurse of 30 years at Kapiolani, and am a full time charge nurse of a 70 bed NICU. I have seen the demise of our working conditions over over the years as Kapiolani has gone from being a single entity that was connected to its patients and staff to a power house called HPH that is driven by numbers and statistics that don't represent the reality of bedside. The disconnect between upper management and the bedside is problematic and becoming not only tiresome but dangerous.

An example is of one particularly terrible day in the NICU when nurses were so spent on doing overtime that NICU managers were called in to take patients. One manager went home crying as she had to take an inappropriate assignment with a ratio of 1:4. During this shift I was paid a visit by our COO Gidget Ruscetta. She asked how things were going. My reply was a mix of panic (of the state of the unit) and disgust (that she actually thought I would tell her things were "fine") My reply was "not good, things are terrible!" She asked if she put in an order for coffee if I could go down to the coffee cart and get it. I emphatically said "NO! First of all I don't have time to go get coffee! Second of all, we don't need coffee, we need bodies!". This was infuriating! To think coffee would pacify the nurses and to be so clueless as to how desperate the situation was. And even though members of her own management team were having to do patient care, she obviously didn't understand what that means. Likely these managers don't speak up for themselves during these times of crisis, and they certainly don't advocate for the unit as a whole.

My point is that administration has lost sight of having a safely staffed hospital. And that is why ratios need to be implemented so that it takes it out of their control.

Thank you for your consideration,

Dawn Lyon

SB-1580

Submitted on: 2/11/2024 2:57:44 PM

Testimony for HHS on 2/12/2024 3:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Myleen Duldulao	Individual	Support	Remotely Via Zoom

Comments:

Hello, I am a nurse at Kapiolani Medical Center. I have been a neonatal intensive care unit nurse for almost 10 years now. The past several years, I have seen such a dramatic change on the way management have staff our hospital. They are staffing each shift with less nurses, but expects the nurses to continue to provide quality care with less staff and more patients. You will hear hospital executives continue to say that having a safe staffing ratio is not a solution to the problem and that this will lead to more issues in the future. They say these things, but yet has never implemented safe staffing ratio or even tried. Instead of executives listening to the healthcare workers and the patients who are directly affected by unsafe staffing ratio, they look at numbers; numbers that they look at to make sure they stay under budget for the fiscal year.

The implementation of safe staffing ratio in hospitals means that the healthcare workers are able to provide the high quality care that every single patient deserves. When nurses are given more patients than they should be caring for (based on national standards), that quality care is greatly affected. The only reason why this is not happening at Kapiolani hospital is because of the nurses who care about the patients and we care about the quality of care that we are providing.

having safe staffing ratio will also help retain the nurses in our hospitals because safe staffing ratios greatly affect the working environment. This will also help entice our own new nurses to start their nursing careers here at home.

Hospital executives continue to say that there is a nursing shortage. They've proven that this is not true. Last month, 96% of Kapiolani nurses voted to go on strike for a week. While we were on strike, the hospital was able to hire hundreds of nurses to cover for the week and over staffing for every single shift and every single unit hospital wide. There is no nursing shortage. The problem is people are leaving bedside nursing due to the environment that management in these hospitals are willing to put us through and the number one issue is unsafe staffing ratios. Our license is on the line every single time we go to work. Lives are on the line every single second. We want to protect our patients and we want to protect ourselves.

Please help protect your own nurses of Hawai'i and help pass mandatory staffing ratio in our hospitals. At the end of the day, it's the healthcare workers that will provide the care to you or to your ohana, not these hospital executives who know nothing about what it takes to provide high quality care.

thank you

SB-1580

Submitted on: 2/11/2024 2:58:36 PM

Testimony for HHS on 2/12/2024 3:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Leah Labuguen	Testifying for HNA	Support	Written Testimony Only

Comments:

Aloha Chairs Aquino and San Buenaventura, Vice Chairs, and committee members,

My name is Leah Labuguen. I am an Registered Nurse (RN) and I work at Straub Medical Center (SMC). I've been working as an RN for 14 years, and from before the start of my career (when I was in nursing school), I distinctly remember medical-surgical (med-surg) RN's verbalizing the burden of their workload when we (students) had clinicals in the hospital. At that time I believe the nurse to patient ratio was 1 RN to 5 med-surg patients.

While in nursing school, I had the opportunity to work as a nursing intern and worked the 12 hour shifts with my preceptors, attempting to care for their patient load. It was overwhelming, as expected, as I was still in nursing school. I continuously heard from experienced nurses that it takes at least 2 years to acclimate to med-surg nursing. Two years to acquire the necessary nursing and time management skills to become a competent, confident RN. It was during this experience that I knew med-surg nursing wasn't for me. I couldn't imagine feeling like I was drowning in my patient care load every shift for the first 2 years of my career. The thought of not being able to provide safe patient care was scary to me. This experience guided my career. It is what steered me to choose a nursing field requiring special training. First as a labor and delivery (L&D) RN at Kapiolani Medical Center for Women and Children (KMCWC), and now in my current position as an endoscopy RN at SMC.

Staffing at KMWC was not ideal. Although it was a long time ago, I still recall the consensus of all nurses was that staffing was not safe. It was not safe to have to care for 2 patients in active labor on pitocin (medication used to expedite labor), chart every 15 minutes, provide care for a mother in active labor and their baby in utero, then being called to be a "second" (2nd RN for a patient who was about to deliver). This load made it hard for the L&D RN to provide the best, safest patient care. Many of the nurses I used to work with eventually went to part-time, easing their work burden because the workload was too much. These nurses were essentially getting burnt out. I remember my L&D preceptor telling me the standard of care at another hospital she worked at in the mainland was 1 to 1 (one L&D RN to one patient in active labor). She felt that she could provide the best and safest care being 1 to 1. She felt that was safe. KMCWC was not safe, and to those standards, don't staff appropriately today as evidenced by the high turn-over of new grad/academy nurses.

Being in my current department for 13 years, I have seen the standard of care change. Our staffing is directly influenced by "numbers" we produce. Numbers set forth by administration

who deem what appropriate staffing is. Administrators who don't touch patients, who will never know how it feels to be at the bedside stretched thin, not being able to provide the best quality and safest patient care possible because our numbers don't allow us to have another RN in the count.

For these reasons and so much more, I strongly support SB 1580 Relating to Labor Standards at Health Care Facilities. The core of nursing is our patients. We want to provide the best and safest patient care possible. Unsafe (short) staffing doesn't allow us to do that.

Mahalo for your support of SB1580. Please pass this bill!

Respectfully Submitted,

Leah Labguen

SB-1580

Submitted on: 2/11/2024 2:59:13 PM

Testimony for HHS on 2/12/2024 3:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Clarissa Pak	Individual	Support	Written Testimony Only

Comments:

All bedside nurses agree nurse:patient ratios are desperately needed. I strongly support SB 1580. I have been a nurse for 8 years, and often do not have time to use the restroom until 1pm, up until 3pm when I worked in the medical-surgical unit, with a 7am start time. I, like most nurses, usually take a late lunch break, but do not claim penalty pay from the hospital. I do it to be there for my patients.

Upper management will determine how many nurses can be hired and staffed, though they are never bedside to witness our patient's needs. If they or a family member is ever hospitalized, that patient receives VIP status, so they do not know what the average resident experiences.

Since COVID we have been working with less nurses, sometimes for a 16.5 hour shift, and return to work the next day with little sleep. The hospital tells the news we only work 3 days a week, but does not say I am scheduled to work night, then day, then back to night shift since our hospital is staffed with mostly rotator positions. It takes over 10 years to get a day position in my unit.

Stress from bedside nursing contributes to decreased morale, fatigue, and burnout, leading many to leave for California where patient ratios are written in law. Research continually proves **understaffing is directly related to delay in care, medical errors, morbidity, and mortality.** We apologize to parents when we are busy in another room, for not tending to the alarms in a timely matter, and try to explain the many alarm sounds so parents don't become anxious. But in reality when any alarm sounds, a nurse should be able to tend to it.

The hospitals say Hawai'i has a nursing shortage. But we have many nursing graduates from UH Manoa, Kapi'olani Community College, Hawai'i Pacific University, Chaminade, Maui College, and UH Hilo who would love to be offered a job here. Many more would love to come back home to work, but remain on the mainland for job opportunities. Recent graduates have even shared mainland hospitals have gone to their school to recruit them, but no Hawai'i hospital. The amount of new graduate openings Hawai'i Hospitals offer is far less than the number of graduates Hawai'i produces, so these young nurses sadly leave for the mainland and never return.

By making this law, Hawai'i will retain its own nurses who grew up here, and have a plan to prevent a nursing shortage in Hawai'i. Mahalo for your support ❤️

SB-1580

Submitted on: 2/11/2024 2:59:21 PM

Testimony for HHS on 2/12/2024 3:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Kikahaka'iwa Ma'ele	Individual	Support	Written Testimony Only

Comments:

Aloha Chairs Aquino and San Buenaventura, Vice Chairs, and committee members,

My name is Kikahaka'iwa L. Ma'ele. I am a registered nurse and I work at Kapi'olani Medical Center for Women and Children. I strongly support SB 1580 Relating to Labor Standards at Health Care Facilities.

I am proud to say that I've been a nurse at Kapi'olani Medical Center for Women and Children for over 15 years. I absolutely love what I do and care for each and everyone of my patients as if they are my own. I often work shifts where we are short staffed. Due to this, I feel the need to spread myself thin to provide the best care I can for my patients. At the end of a 12-hour shift I am physically, mentally and emotionally exhausted and look forward to getting home safe to my family. However, the mandatory overtime that is required of us puts myself and my patients safety at risk. After working a demanding 12-hours and then mandated overtime, I am required to leave the premises extremely exhausted. I struggle to drive home safely, get less rest than usual and am required to make it back to work the next day in under 10-hours to then again provide quality care for patients. I am humbly asking for your support to help us hard working nurses to be well staffed for our safety and patients safety.

Mahalo for your support of SB1580. Please pass this bill!

Respectfully Submitted,

Kikahaka'iwa L. Ma'ele

SB-1580

Submitted on: 2/11/2024 2:59:56 PM

Testimony for HHS on 2/12/2024 3:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Amy Sirivattha	Individual	Support	Written Testimony Only

Comments:

Aloha! My name is Amy Sirivattha and I have been a NICU nurse for 19 years at Kapiolani Medical Center for Women and Children. I am writing in support of SB1580. Research and studies have shown that each additional patient assigned to a nurse beyond optimum ratio significantly increases the risk of preventable death, longer institutional stays, readmissions, and unfavorable patient satisfaction. This ultimately leads to less effective care, poorer patient outcomes, and higher costs of care. Nursing is my passion and it is a very rewarding profession. The reason I became a nurse is to be able to give back to our community and give quality care for all my patients. This is difficult to accomplish with lack of staff and increased patient-nurse ratios. I believe that SB1580 will lead to quality care, better patient outcomes, decreased burnouts, retention of nurses in Hawaii, and overall decrease in healthcare costs. Mahalo.

LATE

SB-1580

Submitted on: 2/11/2024 3:21:06 PM

Testimony for HHS on 2/12/2024 3:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Stephanie Carlini	Testifying for Hawai'i Nurses' Association, OPEIU Local 50	Support	Written Testimony Only

Comments:

Dear Legislators,

Thank you for allowing me to speak in support of SB150. My name is Stephanie Carlini and I am a registered nurse at Kapiolani Medical Center. I have been a registered nurse for 15 years, and I am new to working at Kapiolani. I have worked a wide variety of specialties including PICU, pediatric and adult PACU, GI, Sedation, Outpatient Surgery, Plastics, and Infusion. I left a safe working environment at Seattle Children's Hospital to join Kapiolani and it is very concerning what is happening with Hawai'i healthcare.

I have worked in states that offer state mandated ratios (CA) and other states (WA, CO) where the facilities have ratios that they follow, because this is what is BEST and SAFEST for nurses and patients. Nurses are the backbone of any hospital system and we should be able to provide high quality care, instead we are physically and mentally drained and exhausted. We are drowning in these current conditions and we are suffering, the patients are suffering. Why are we BEGGING for safe conditions? Peoples lives are at stake, this should be a no brainer! Wouldn't you as a patient want the best possible and safest care? Wouldn't you expect the safest and highest standards possible when you're in your time of need?

Ask yourself, why are there one million active RN licenses in this country that are not practicing as nurses. There is no nursing shortage, there is a shortage of nurses willing to work in unsafe conditions, willing to continue to put their physical and mental health at risk and willing to put their licenses on the line on a daily basis by the unnecessary demands of the healthcare system. Please help us provide what we all nurses deserve and what all patients deserve. Safe working conditions and being able to provide high quality care.

Thank you

Stephanie Carlini



LATE

DATE: February 12, 2024

TO: The Honorable Joy San Buenaventura, Chair
The Honorable Henry Aquino, Vice Chair
Members, Senate Committee on Health & Human Services

The Honorable Henry Aquino, Chair
The Honorable Sharon Y. Moriwaki, Vice Chair
Members, Senate Committee on Labor and Technology

FROM: Jill Hoggard Green, PhD, RN, President and CEO, QHS
Darlena Chadwick, MBA, MSN, FACHE, EVP and COO, QHS
Linda Poo, Senior Vice President and Chief Nursing Officer, QHS

CC: Rowena Buffett Timms, EVP and Chief Administrative Officer, QHS
Jacce Mikulanec, Director, Government Relations, QHS

SUBJECT: Testimony opposed to SB1580: Relating to Labor Standards at
Health Care Facilities

The Queen's Health System (Queen's) is a nonprofit corporation that provides expanded health care capabilities to the people of Hawai'i and the Pacific Basin. Since the founding of the first Queen's hospital in 1859 by Queen Emma and King Kamehameha IV, it has been our mission to provide quality health care services in perpetuity for Native Hawaiians and all of the people of Hawai'i. Over the years, the organization has grown to four hospitals, and more than 10,000 affiliated physicians, caregivers, and dedicated medical staff statewide. As the preeminent health care system in Hawai'i, Queen's strives to provide superior patient care that is constantly advancing through education and research.

Queen's appreciates the opportunity to provide testimony in opposition to SB1580, which would among other things establish certain minimum staff-to-patient ratios for hospitals, care homes, and dialysis facilities and require hospitals to create hospital staffing committees and staffing plan as well as establishes certain meal break, rest break, and overtime provisions applicable to health care personnel at hospitals, care homes, and dialysis facilities.

COVID19 has helped illustrate the ongoing challenges and strains that our healthcare workforce is under. Queen's is no different than many other systems in our state that have had to adjust to the unprecedented strain the pandemic placed on our hospital with regard to caring for higher acuity patients for a longer period of time; it underscored existing strains but, also forced us to evaluate, adjust and improve existing staffing processes. It also required us to strengthen nurse staffing review committees and broader hospital safety committees to ensure that various lines of service were aware of needs, and we could respond appropriately and safely. Our new command center, The Aukahi Center, is one outgrowth of these experiences and combines real-time technology to improve patient and staff experience to ensure care provided in our hospitals is coordinated and we are able to pivot and adapt to changing demands throughout our health system.



Queen's continues to invest our local nursing workforce. We continue to support programs in our high schools and universities to develop the next generation of nursing professionals by providing internships and residency programs. Queen's has committed to funding a new nursing professorship at the University of Hawai'i and supports the additional funds being asked for by the University of Hawai'i system (as part of the U.H. Health Workforce Initiative) to further address the nursing workforce disparity facing Hawai'i. As a result, Queen's has been able to add an additional two hundred nurses to its workforce.

Addressing the shortage requires all healthcare sectors, governmental partners (state, local, and federal), labor, and the business community to collectively lean-in. As the only Magnet hospital in the state of Hawaii, Queen's is required to have a shared governance committee which reviews and monitors staffing levels in partnership with our nurses. Furthermore, Hawai'i unlike many other states, has a strong and successful tradition of collective bargaining. This bill, if enacted, could interfere with bargaining rights for both employees and employers.

Further, this bill would hinder our hospital's ability in making management decisions and adjusting quickly based on patient needs and safety. Mandating nursing ratios will further exacerbate the existing staffing challenges facing our hospital without getting at the root cause of the problem: growing the nursing workforce.

The nurses, physicians, medical professionals, and facility staff demonstrated nothing short of heroism during the height of the COVID19 pandemic - for many, this experience illustrated how much we depend on a strong, professional, committed healthcare team. It is also why Queen's has invested in expanded employee wellness programming to ensure our staff are able to receive the care and resources needed to tackle the unique and challenging acute care work environment. We know that having a safe and healthy workplace is critical which is why Queen's also recently deployed a new personal safety system, called Strongline; allowing each caregiver and staff to have a duress alarm on their employee badge which, when activated, will allow security to immediately respond to the exact location where the incident is occurring.

Ultimately, we all share a common goal of creating and sustaining a healthy and sustainable workplace that provides the best possible care for our patients and workforce; however, we do not see this measure as the best mechanism for achieving that. Thank you for allowing Queen's to provide testimony on SB1580; we respectfully request you to defer this measure.



LATE

Written Testimony Presented Before the Senate
Committees on Health and Human Services
and
Labor and Technology
Monday, February 12, 2024, at 3:00 P.M.
Conference Room 224 and via Videoconference
by
American Organization of Nurse Leaders – Hawai'i Chapter
Opposition on S.B. 1580

The American Organization of Nurse Leaders (AONL), founded in 1967, is a national organization of nurses that designs, facilitates, and manages care with its more than 11,500 members nationally. AONL provides leadership, professional development, advocacy, and research to advance the nursing profession and patient care, promotes nursing leadership excellence, and shapes healthcare public policy. The AONL Hawaii Chapter is a local constituent of AONL, with nearly 100 nursing members from across the state of Hawaii.

Chairs Aquino and San Buenaventura, Vice Chairs Moriwaki and Aquino, members of the Senate Committees: thank you for the opportunity to testify on S.B. 1580. This measure aims to establish nursing and nurse aide to patient ratios in a variety of healthcare settings in the state. **American Organization of Nurse Leaders (AONL) – Hawai'i Chapter opposes this measure.**

This measure would reduce nurse leader engagement with bedside nurses and healthcare administration and fails to recognize the incredible effort healthcare facilities and nurse leaders have engaged in since far before the pandemic to ensure that nurses are safely staffed.

During the pandemic, the leaders of AONL regularly met to discuss safe staffing strategies, share local nurse retention efforts, and define and launch staffing initiatives, including expanding residency programs, launching specialty nurse training programs, and engaging in workforce development for critical team members (including nurse aides, phlebotomists, respiratory therapists, radiological technologists, and more).

Our work to increase the employment of nurses in long-term positions, offer meaningful professional development opportunities, secure retention bonuses, and manage workload through iterative conversations with staff are yielding results. Some facilities across the state are already showing downward trends in turnover rates and far fewer needs for agency nurses. We are making progress towards returning to a stable workforce.

Requiring fixed ratios would be a detractor to improved work conditions. Instead, we must enable organizations to work with nursing shared governance committees, launch nursing innovation efforts, and collaborate with healthcare administrations to address the organizational challenges exacerbated during the pandemic.

As nurse leaders, our greatest commitment is to the wellbeing of the nurses we lead. Thank you for the opportunity to write testimony in opposition of this measure.



HAWAII WORKERS CENTER

Defending and Respecting the workers of
Hawaii'i

LATE

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February 11, 2024

Hawaii'i State Senate
Committee on Labor and Technology
Senator Henry J.C. Aquino, Chair
Senator Sharon Y. Moriwaki, Vice Chair

**Executive Board
Committee**

Rev. Sam Domingo
Board Chair

Mary Ochs
Vice Chair

Dr. Arcelita Imasa
Secretary

John Witeck
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Board Members

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Innocenta
Sound-Kikku

Ray Catania

Justin Jansen

Leyton Torda

Committee on Health and Human Services
Senator Joy A. San Buenaventura, Chair
Senator Henry J.C. Aquino, Vice Chair

RE: STRONG SUPPORT for S.B. 1580 RELATING TO LABOR STANDARDS AT HEALTH CARE FACILITIES.

Dear Chairs Sen. Aquino and Sen. San Buenaventura, Vice-Chair Sen. Moriwaki, and Members of the Committees on Labor and Technology and Health and Human Services:

The Hawaii'i Workers Center (HWC) envisions a Hawaii'i in which all workers are empowered to exercise their right to organize for their social, economic and political well-being. It is a resource of information, education, training and organizing for Hawaii's workers.

The HWC stands in strong support of S.B. 1580 which establishes certain minimum staff-to-patient ratios for hospitals, care homes, and dialysis facilities. Requires hospitals to create hospital staffing committees and staffing plans. Establishes certain meal break, rest break, and overtime provisions applicable to health care personnel at hospitals, care homes, and dialysis facilities.

Patient safety and in turn, the health and safety of the public is at the core of this bill. As the recent weeklong strike of nurses at Kapiolani Medical Center for Women & Children has shown, we cannot rely on the private sector to act in the best interests of the public. When hospitals are driven by corporate interests and profit motives, the best interests of patients and the staff that care for them become competing factors. Despite best faith efforts and pleas from health care professionals that these requirements are sorely needed, it continues to be ignored and is instead used as a bargaining chip in labor negotiations. It is clear that this Legislature has a responsibility to ensure that the health and safety of the public is not simply a bargaining chip used by corporate interest.

We ask that you pass S.B. 1580 and allow our health care professionals to be able to fully uphold the oaths they undertake in caring for our sick and loved ones.

Sincerely,

Sergio Alcubilla
Executive Director

Executive Director
Sergio Alcubilla III, Esq.



IATSE Local 665
HAWAII'S TECHNICIANS

LATE



for
FILM, TELEVISION, STAGE AND PROJECTION
Since 1937

**INTERNATIONAL ALLIANCE OF THEATRICAL STAGE EMPLOYEES, MOVING PICTURE TECHNICIANS, ARTISTS AND ALLIED CRAFTS
OF THE UNITED STATES, ITS TERRITORIES AND CANADA, AFL-CIO, CLC**

The Thirty-Third Legislature, State of Hawai'i
Hawai'i State Senate
Committees on Labor and Technology and Health and Human Services

HEARING DATE, TIME AND ROOM: Monday, 02/12/24 at 3:00pm in Room 224 and Via Zoom

RE: SB1580 – RELATING TO LABOR STANDARDS AT HEALTH CARE FACILITIES

Aloha, Chairs Aquino and San Buenaventura, Vice Chair Moriwaki and Members of the Committees –

MAHALO for the opportunity to testify in **SUPPORT of SB1580**. The IATSE is the largest entertainment union in the world, and Local 665 is its Hawai'i Chapter with nearly 800 members and 700 future members who reside across all Hawaiian Islands. We work behind the scenes on film, television, live events and tradeshows.

In 2021, nearly 60,000 IATSE members authorized a national strike due to our demands for more rest during meal periods and between shifts. After COVID-19, the demand for streaming, online content soared as networks and studios competed for more subscribers, viewers and profit. Our workers were pushed to the brink of exhaustion while still under the threat of contracting the coronavirus.

We can only imagine what it is like for Hawai'i Nurses to have to work with little or no sleep while caring for our loved ones. If our nurses are pushed to the brink of exhaustion, it is a matter of life or death.

We support the creation of minimum staff-to-patient ratios for hospitals, the establishment of meal breaks, rest periods and overtime provisions that will allow Hawai'i Nurses proper rest for their health and safety and the health and safety of the patients they care for.

Please **PASS SB1580**.

Respectfully,


Irish Barber

Business Representative

Mobile: (808) 479-1770

LATE

SB-1580

Submitted on: 2/11/2024 3:00:32 PM
Testimony for HHS on 2/12/2024 3:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Naomi Souza	Individual	Support	Written Testimony Only

Comments:

Aloha Chairs Aquino and San Buenaventura, Vice Chairs, and committee members,

My name is Naomi Ke'ala Souza. I am a registered nurse and I work at Kapi'olani Medical Center for Women and Children. **I strongly support SB 1580 Relating to Labor Standards at Health Care Facilities.**

I was born at Kapi'olani, had mine twins there, and have been working there for the past 27 years. After one of my twins had to stay in the Neonatal Intensive Care Unit for his first 2 months of life, it was then that I decided that I wanted to become a nurse and hopefully work there. The nurses in the NICU were awesome. They took such great care of my son as I couldn't be with him 24/7, since I was at home taking care of his twin. Those nurses inspired me to follow my dream.

I too would like to be able to care for my patients like they cared for my son. Adequate staffing is necessary in order to provide safe, efficient care that these mothers and babies deserve. Since the pandemic, we have lost a lot of staff and haven't replaced them all. We need to be able to build up our staff and work with safe ratios so that nurses don't get burned out. Our community deserves quality care.

Mahalo for your support of SB 1580. Please pass this bill.

Respectfully Submitted,

Naomi Ke'ala Souza

LATE

SB-1580

Submitted on: 2/11/2024 5:57:42 PM

Testimony for HHS on 2/12/2024 3:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Reiko Silva	Individual	Support	Written Testimony Only

Comments:

I support this bill

LATE

SB-1580

Submitted on: 2/11/2024 6:43:20 PM

Testimony for HHS on 2/12/2024 3:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Mary K Ochs	Individual	Support	Written Testimony Only

Comments:

Aloha,

I strongly support SB1580 which establishes minimum patient-health care provider standards. Our health care workers are overworked and our hospitals and care facilities are understaffed. This is dangerous to patients and unfair and uncaring to health care workers. Most are doing their best to cope but many are leaving the profession as they are burning out.

Please act to correct this dangerous and untenable situation.

Mahalo, Mary Ochs

LATE

SB-1580

Submitted on: 2/11/2024 7:50:10 PM

Testimony for HHS on 2/12/2024 3:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Desirae McBarnet	Individual	Support	Written Testimony Only

Comments:

Thank you for supporting our healthcare workers. As a Registered Nurse for the last 20 years here in Hawaii, the shortage of nurses has increased significantly over my career while patients we care for are sicker. Both leading to nurses being required to work overtime and caring for an unrealistic number of patients. Being mandated to work overtime leads to exhaustion, stress, and also burn out as there is no end in sight to number of hours hospital administrators can required nurses to work.

Hospital administrators are not hearing nurses when we express how unsafe it feels to be forced to work without enough rest and how helpless it feels to care for an unrealistic number of patients while knowing that we are not providing the proper safe care that our patients deserve.

Working exhausted can lead to increase in errors that can lead to harm and even death to our patients and knowing this causes significant moral distress for nurses. Nurses fear retribution and face disciplinary action if they do not fulfill the mandatory overtime requirements that hospital administrators impose due to lack of staffing.

Federal laws protect the public by putting reasonable limits on the working hours of truck drivers, pilots, locomotive operators and air-traffic controllers. As nurses are responsible for human lives, it would seem reasonable working limits for nurses are also appropriate and necessary to ensure public safety.

S.B. 1580 will increase patient safety leading to positive outcomes by ensuring Hawaii residents in need of healthcare get high-quality, safe healthcare while providing safety measures for our nurses and other healthcare professionals.

As hospital administrators are unwilling to ensure the safety of patients and staff, we need our Hawaii legislators to help us achieve this. I strongly am in SUPPORT of SB 1580. Thank you for your time.

LATE

SB-1580

Submitted on: 2/11/2024 7:08:00 PM

Testimony for HHS on 2/12/2024 3:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Daniza Duquez	Individual	Support	Written Testimony Only

Comments:

Aloha Chairs Aquino and San Buenaventura, Vice Chairs, and committee members,

My name is Daniza Duquez. I am a nurse and I work at Kapiolani Medical Center for women and children. I strongly support SB 1580 Relating to Labor Standards at Health Care Facilities.

I have been working as a nurse at Kapiolani Medical Center for almost 10 years. I started as a clinical assistant, became a nurse in the Resource Team and now currently work in the PICU. I have had the privilege of working on several floor and all of them are impacted by safe staffing. My co workers and I are used to working short and taking on too many patients, while still striving to provide the best patient care. At times we sacrifice our breaks and sometime even forget to use the bathroom. We stay over and work more than 16 hour shifts and are back the next day to do it all again.

Nurses play a critical role in providing quality care to patients. However, when nurses are overwhelmed with excessive patient loads, it jeopardizes patient outcomes and puts both patients and healthcare professionals at risk. Safe staffing ratios are essential to ensure that patients receive the attention and care they deserve.

Here are some key points to consider:

- **Patient Safety:** Research has consistently shown that adequate nurse staffing directly correlates with better patient outcomes. When nurses are spread too thin, medical errors, infections, and complications increase. By implementing safe ratios, we can reduce these risks and enhance patient safety.
- **Quality of Care:** Every patient deserves a single standard of high-quality care. Safe staffing ratios allow nurses to provide individualized attention, monitor patients effectively, and address their unique needs. This, in turn, leads to improved patient satisfaction and overall healthcare quality.
- **Nurse Well-Being:** Overworked nurses experience burnout, fatigue, and stress. By ensuring appropriate staffing levels, we not only protect patients but also support the well-being of our dedicated nursing workforce. Happy and healthy nurses lead to better patient care.

- California's Success: California has been a pioneer in implementing nurse-to-patient ratios. Since the passage of A.B. 394, which established specific numerical staffing ratios, the state has seen improved patient outcomes and staff retention¹. We can learn valuable lessons from their experience.

As our elected representative, I urge you to support legislation that sets minimum, mandated nurse-to-patient ratios. By doing so, you will champion patient safety, empower nurses, and contribute to a healthier healthcare system. I trust that you will consider the well-being of patients and nurses as you make decisions that impact our community's health.

Mahalo for your support of SB1580. Please pass this bill!
Respectfully Submitted,
Daniza Duquez

LATE

SB-1580

Submitted on: 2/12/2024 8:50:40 AM

Testimony for HHS on 2/12/2024 3:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Craig Day	Individual	Support	Written Testimony Only

Comments:

Aloha chairs Aquino and San Buenaventura, Vice Chairs and committee members

My name is Craig Day. I am Respiratory Practitioner and I work at Kapiolani Hospital for Women and Children. I strongly support SB 1580 Relating to Labor standards at Health Care Facilities.

I come before you today to testify on the importance of safe staffing in our hospitals. As a Respiratory practitioner with over 34 years of experience, I have witnessed firsthand the impact that inadequate staffing can have on patient care, nurse well-being, and overall hospital performance. I am here to emphasize the critical need for safe staffing levels in our healthcare facilities to ensure the best possible care for our patients and the well-being of our healthcare professionals.

Safe staffing is essential for several reasons. First and foremost, it ensures that patients receive the highest quality of care. When hospitals are adequately staffed, nurses have the time and resources to provide individualized care to each patient, monitor their conditions closely, and respond promptly to any changes in their health. This level of attention can lead to better patient outcomes, shorter hospital stays, and reduced readmission rates.

Secondly, safe staffing levels are crucial for nurse well-being and job satisfaction. Nurses who are constantly overwhelmed by patient workloads, high acuity, and inadequate support are at a higher risk for burnout, stress, and physical injuries. This, in turn, can lead to increased turnover rates, which can be detrimental to the overall quality of care provided by the hospital.

Moreover, safe staffing levels are directly linked to patient safety. When hospitals are understaffed, nurses are forced to prioritize tasks and patients, which can result in errors, miscommunications, and even preventable complications. Adequate staffing ensures that nurses have the necessary time and resources to provide safe and effective care, reducing the risk of medical errors and improving patient satisfaction.

Furthermore, safe staffing is a critical component of healthcare cost containment. While it may seem counterintuitive, studies have shown that investing in safe staffing levels can actually reduce overall healthcare costs. This is because adequate staffing can lead to shorter hospital stays, reduced readmission rates, and lower rates of complications, all of which contribute to cost savings for both patients and hospitals.

Lastly, safe staffing is a matter of social justice. Patients from diverse backgrounds and with varying levels of income should have equal access to quality healthcare. By ensuring that hospitals are adequately staffed, we can help close the gap in healthcare disparities and provide equitable care for all patients.

In conclusion, safe staffing is not a luxury but a necessity in our hospitals. It is crucial for providing high-quality care, promoting nurse well-being, ensuring patient safety, containing healthcare costs, and promoting social justice. As a respiratory practitioner, I urge you to prioritize safe staffing levels in our healthcare facilities, as it is the foundation upon which the delivery of quality care is built. Thank you for your time and consideration.

Mahalo for your support of SB 1580. Please pass this bill

LATE

SB-1580

Submitted on: 2/12/2024 12:08:27 AM

Testimony for HHS on 2/12/2024 3:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Rachel Tjoeng	Individual	Support	In Person

Comments:

Aloha–

My name is Rachel Tjoeng, and I am a former bedside nurse. I am here today to testify in support of Hawai'i's bedside nurses. We do not have a nursing shortage. We have a shortage of nurses willing to work under the conditions imposed by the administrators at healthcare organizations. You have heard and will continue to hear from these administrators that instituting safe nurse patient ratios will limit their flexibility in attending to a surge of patients. However, by refusing to institute safe nurse patient ratios, they are causing an increase in the moral distress of their nurses. Moral distress can best be described as, "the psychological and emotional anguish resulting from acting in a way inconsistent with an individual's own moral and ethical principles due to external constraints or requirements" (Boulton & Farquharson 2024). Nurses cannot physically do the amount of work piled on top of them by the hospital and regulatory agencies even though they know the level of care that will keep patients safe from things such as hospital acquired infections and falls. Without safe nurse patient ratios, nurses are forced to choose what care to skip in order to keep up with their ever-increasing work loads. For example, research shows that brushing a patient's teeth can reduce ventilator assisted pneumonias, but when nurses have too many patients, they cannot brush their patients' teeth. Moral distress comes from the discrepancy between what nurses know to be the right ways of caring for patients and what is humanly possible for them to do without safe nurse patient ratios in place. Moral distress has been associated with post traumatic stress syndrome, burnout, and nurses leaving the bedside.

At the same time, it is the nurses, and only the nurses who are liable for the care they were either unable to complete or unable to complete without errors. The healthcare organizations get to absolve themselves of any guilt and lay it squarely on the nurses' shoulders. Hospital administrators need to be held accountable to maintain safe nurse patient ratios. Patients and their families cannot hold hospital administrators accountable because they never encounter them. Nurses cannot hold them accountable because administrators have more power. Senators, you must hold them accountable.

Healthcare organizations should absolutely be able to accommodate unexpected influxes of patients, but they can best do this by safe staffing that keeps their nurses rested, alert, and able to provide excellent care without threat of burnout or moral distress. Healthcare organization administrators are causing a nursing shortage by fueling moral distress in their staff which causes them to leave the nursing profession. Then, they say that they cannot hire nurses because there is a shortage. Nurses deserve the right to care for their patients in ways that do not morally distress them and make them walk away from the bedside. At some point, we all need nurses. All of our lives depend on nurses. Please support these nurses, and support SB1580.

LATE

SB-1580

Submitted on: 2/11/2024 9:03:39 PM

Testimony for HHS on 2/12/2024 3:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Teresa Nguyen	Individual	Support	Written Testimony Only

Comments:

I am an emergency nurse at Kapiolani Medical center for Women and Children, and I am writing to support this bill because we need better and safer working conditions for nurses in the emergency department. After one week of preceptorship, I had a couple of shifts where I was left to manage the emergency department for 1-2 hours with 2 new travel nurses because the other nurses had to tend to patients in the trauma room. When we have a critical case in the trauma room, 3-4 of our nurses get pulled into that case, and there will be 1-3 nurses left on the floor to care for the rest of the other 20+ patients. We may have a PICU patient we're holding in the ED, and that patient's nurse may still have 3 other patients. This is absolutely unsafe because one nurse cannot be in 2 different places at the same time. A PICU patient requires close monitoring and management. We do not have enough staff to allow us to provide the safe and quality care. When we tend to a critical case, our other patients will be neglected. We need to learn and utilize the safe staffing ratio that California has been able to practice under to ensure better patient outcome, reduce re-hospitalization for patients and burn-out for nurses.