

**NEVADA'S LEGISLATIVE
COMMITTEE ON HEALTH CARE SUBCOMMITTEE TO STUDY STAFFING
OF THE SYSTEM FOR DELIVERY OF HEALTH CARE IN NEVADA**

(Assembly Bill 313, Chapter 410, *Statutes of Nevada 2003*)

SUMMARY MINUTES AND ACTION REPORT

The third meeting of Nevada's Legislative Committee on Health Care Subcommittee to Study Staffing of the System for Delivery of Health Care in Nevada was held on Tuesday, April 13, 2004, at 9:30 a.m. in Room 4401 of the Grant Sawyer State Office Building, 555 East Washington Avenue, Las Vegas, Nevada. The meeting was videoconferenced to Room 3138 of the Legislative Building, 401 South Carson Street, Carson City, Nevada. A copy of this set of "Summary Minutes and Action Report," including the "Meeting Notice and Agenda" ([Exhibit A](#)) and other substantive exhibits, is available on the Nevada Legislature's Web site at www.leg.state.nv.us/Session/72nd2003/Interim. In addition, copies of the audio record may be purchased through the Publications Office, Legislative Counsel Bureau (LCB) (e-mail: publications@lcb.state.nv.us; telephone: 775/684-6835).

SUBCOMMITTEE MEMBER PRESENT IN CARSON CITY:

Senator Bernice Mathews

SUBCOMMITTEE MEMBERS PRESENT IN LAS VEGAS:

Assemblywoman Ellen M. Koivisto, Chairwoman
Assemblyman Joe Hardy

LEGISLATIVE COUNSEL BUREAU STAFF PRESENT:

Marla L. McDade Williams, Senior Research Analyst, Research Division, LCB
Leslie K. Hamner, Principal Deputy Legislative Counsel, Legal Division, LCB
Kennedy, Senior Research Secretary, Research Division, LCB

OPENING REMARKS

Chairwoman Koivisto welcomed members and the public to the final meeting of the A.B. 313 Subcommittee.

APPROVAL OF MINUTES OF THE MEETING HELD ON FEBRUARY 19, 2004, IN LAS VEGAS

- The Subcommittee **APPROVED THE FOLLOWING ACTION:**

ASSEMBLYMAN HARDY MOVED TO APPROVE THE MINUTES OF THE MEETING HELD ON FEBRUARY 19, 2004, IN LAS VEGAS. THE MOTION WAS SECONDED BY SENATOR MATHEWS AND CARRIED.

PRESENTATION OF FINDINGS AND RECOMMENDATIONS PUBLISHED IN *KEEPING PATIENTS SAFE: TRANSFORMING THE WORK ENVIRONMENT OF NURSES* (INSTITUTE OF MEDICINE REPORT, NOVEMBER 4, 2003)

There was no presenter available for this agenda item.

PRESENTATION AND DISCUSSION CONCERNING HEALTH CARE QUALITY REPORTING INITIATIVES FOR HOSPITALS BEING UNDERTAKEN BY THE CENTERS FOR MEDICARE AND MEDICAID SERVICES, UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES

- Kristen Boucher, Communications Coordinator, HealthInsight, Las Vegas, explained to members that the Centers for Medicare and Medicaid Services (CMS), United States Department of Health and Human Services, launched the Quality Initiative in 2002 as the Nursing Home Quality Initiative and expanded it in 2003 with the Home Health Quality Initiative and the Hospital Quality Initiative. She said the purpose was to publish consumer information to ensure quality health care.
- Ms. Boucher provided an update on the background, objective, and challenges of the Hospital Quality Initiative. Further, CMS plans to collect public input in spring 2004 to identify a more complete set of hospital quality measures for the creation of a robust prioritized measure data set. Collected data will be analyzed to study the impacts of the initiatives and to make recommendations for further implementation of a voluntary public reporting system on hospital performance.

A copy of an overview of the Hospital Quality Initiative provided by Ms. Boucher is available as [Exhibit B](#).

PRESENTATION CONCERNING TURNOVER RATES AT VALLEY HOSPITAL MEDICAL CENTER AND DISCUSSION OF THE HOSPITAL'S EFFORTS TO ADDRESS THE NURSING SHORTAGE

- Michele Nichols, Chief Nurse Executive, Valley Hospital Medical Center (VHMC), Las Vegas, discussed the differences in nurse turnover rates data between the VHMC and data that was provided by representatives of the Service Employees International Union (SEIU) at previous meetings of the A.B. 313 Subcommittee and Advisory Committee. She also discussed education efforts, retention issues, and updated Subcommittee members on activities incorporated by VHMC to retain its nursing staff.
- Ms. Nichols recommended that the Subcommittee focus on improving health workforce environments.

A copy of Ms. Nichols' remarks is available as [Exhibit C](#).

There was a discussion regarding the existence of a nursing shortage in Nevada. Ms. Nichols stated Nevada has a shortage of nurses. Assemblyman Hardy requested a copy of surveys conducted by the hospital industry and organizations representing nurses that would validate issues such as a shortage of nurses, other workplace issues, and issues affecting employees and employers.

- Chairwoman Koivisto commented on the lack of data regarding hospital bed-to-population ratios. She indicated a need to have regional data concerning this issue.

PRESENTATION OF EFFORTS OF HOSPITALS CONCERNING STAFFING AND A PRESENTATION OF RECOMMENDATIONS RELATED TO STAFFING OF NEVADA'S HEALTH CARE DELIVERY SYSTEM FOR THE SUBCOMMITTEE'S CONSIDERATION

- Michele Nichols, Chief Nurse Executive, VHMC, and President, Nevada Organization of Nurse Leaders (NONL), Las Vegas, discussed NONL's position on staffing ratios, efforts to recruit and retain healthcare professionals, and staffing processes in place. She stated that NONL is opposed to nurse staffing ratios.
- Ms. Nichols made the following recommendations:
 1. Encourage the Subcommittee to return to the original language of A.B. 313, which requests a study to be done of staffing (all health care professions) of the system for delivery of health care in Nevada;
 2. Perform a cost/benefit analysis on the financial and ethical impact on the community of any legislation put into place;
 3. Conduct research to identify the components of appropriate levels of health care professional's staffing;
 4. Consider the entire ethical spectrum of the ratio debate and the potential growing nursing shortage and the inability to meet or maintain mandated staffing levels; and

5. Develop a Governor-appointed committee to continue research and recommendations to improve health workforce issues, inclusive of the staffing of the system for delivery of health care in Nevada over the long-term.

A copy of Ms. Nichols' remarks is available as [Exhibit D](#).

- Pam Turner, Nurse Manager, Emergency Department, VHMC, Las Vegas, discussed her responsibilities and challenges at VHMC. She commented on VHMC's lack of patient beds, over-crowding, and other concerns related to the emergency department if nurse staffing ratios were mandated. She also referred to California's nurse staffing legislation and noted the potential for loss of jobs in Nevada, particularly non-licensed hospital workforce personnel, if nurse staffing ratios were instituted.
- Ms. Turner recommended that more research be done to determine all the aspects of what A.B. 313 means to residents in Nevada.

A copy of Ms. Turner's remarks is available as [Exhibit E](#).

There was a discussion regarding a "team approach" to the delivery of health care services in Nevada. Also, recruitment efforts should include younger people who have medical backgrounds because Nevada's increasing population is missing that segment of society.

PRESENTATION OF SELECTED RESULTS OF A STATEWIDE HOSPITAL EMPLOYMENT SURVEY CONDUCTED BY THE NEVADA HOSPITAL ASSOCIATION AND DISCUSSION OF: (1) THE POTENTIAL FISCAL IMPACT OF STAFFING RATIOS ON NEVADA HOSPITALS; (2) DATA CONCERNING NEVADA'S NURSING SHORTAGE; AND (3) THE POTENTIAL IMPACT OF MANDATED NURSE-TO-PATIENT RATIOS ON THE QUALITY OF CARE PROVIDED TO PATIENTS

- Bill Welch, President and CEO, Nevada Hospital Association (NHA), Reno, distributed results ([Exhibit F](#)) from a statewide hospital employment survey conducted by NHA. He commented on previous testimony and said NHA supports restoring the original language in A.B. 313 and committing more time to thoroughly study all of Nevada's health care workforce issues. Mr. Welch's testimony included a discussion of:
 1. The potential fiscal impact of staffing ratios on Nevada hospitals, noting it could, in a worst case scenario, cost Nevada's hospital industry nearly \$48 million and \$325 million in hospital ancillary job salaries and benefits.
 2. Data concerning the nursing shortage in Nevada, and the inability to collect accurate data at this time. Mr. Welch said there is no one source to gather data and methodologies vary greatly between hospitals, licensing agencies, and other organizations. He further noted that Nevada's hospital community uses over 500 nurse registries and since nurses work for multiple registries, one nurse could be counted numerous times in the data, creating skewed figures. He said it is a challenge to get balanced data that can be substantiated through a scientific process.
 3. The potential impact of mandated nurse-to-patient ratios on the quality of care, noting that the impact cannot be anticipated by citing California's demographics because that state is too different in terms of population and growth trends, hospital bed availability, admissions, inpatient/outpatient surgeries, emergency room (ER) visits, et cetera. Mandatory numerical staffing caused California hospitals to experience a 39 percent reduction in hospital beds and a 44 percent increase in ER diversions. Nevada has experienced more rapid growth in every category than California, and California is second to Nevada in health care professional shortages, particularly in nursing. If Nevada is to institute mandatory nurse staffing ratios with the state's rapid growth and with fewer nurses than California, then the quality of care could be adversely affected.
 4. Data regarding nurse recruitment and retention, projections of hospital bed availabilities, nurse migration figures, and previous testimony of presenters regarding the unknown impacts of California's mandatory nurse staffing ratios.

A copy of Mr. Welch's remarks is available as [Exhibit F](#).

There was a discussion about studies on nurse-to-bed ratios. Mr. Welch said Nevada has considered this data, but it is difficult to apply such a ratio because of the different responsibilities of hospital units and because every patient is different. Further, there is no national data to compare to, which makes analysis of the information difficult.

REPORT CONCERNING DATA RECEIVED BY CERTAIN HEALTH CARE PROVIDER LICENSING BOARDS IN NEVADA

- Marla McDade Williams, Senior Research Analyst, Research Division, LCB, Carson City, reviewed responses to a survey of certain health care provider licensing boards in Nevada. The poll examined numbers of current licensees, Nevada licensees, out-of-state licensees, retired licensees, updates of records, and problems within each discipline ([Exhibit G](#)). She also reviewed responses concerning the issues of recruitment, retention, regulatory environments, practice environments, and training issues within each discipline ([Exhibit H](#)). She also included each entity's actual response ([Exhibit I](#)) and said a more complete report will be available as more responses are collected.

There was a discussion regarding motivational factors driving each board to collect this type of data and what are the practical applications of it to recruitment and retention. Ms. McDade Williams commented that licensing boards are a good source of data collection, and she noted that Nevada does not currently have a system for data analysis.

There was also a discussion regarding the number of pharmacists licensed in Nevada who live out-of-state.

REPORT OF THE LEGISLATIVE COMMITTEE ON HEALTH CARE SUBCOMMITTEE TO STUDY STAFFING OF THE SYSTEM FOR DELIVERY OF HEALTH CARE IN NEVADA ADVISORY COMMITTEE (A.B. 313, CHAPTER 410, *STATUTES OF NEVADA 2003*)

- Nancy Bridges, R.N., Nurse Executive, Nevada Hospital Association, and Chairwoman, Advisory Committee to the Subcommittee to Study Staffing of the System for Delivery of Health Care in Nevada (A.B. 313), gave a report ([Exhibit J](#)) summarizing three policy statements, four presentations, and four recommendations that were adopted by the members. The policy statements include the following:
 1. There is a nursing shortage and evidence of the shortage is evidenced by the academic and scholarly research literature;
 2. Based on information presented to the two meetings of the Subcommittee, staffing of medical facilities is more than numbers and is highly complex, dynamic, and the factors are unique to each individual organization; and
 3. The Advisory Committee supports ongoing funding for the program to double the number of nurses who are trained at the University and Community College System of Nevada.
- The Advisory Committee suggested the Subcommittee hear the following four presentations at its last meeting:
 1. A formal presentation from representatives of California's hospital, nursing, and regulatory industry concerning that state's experience with implementing nurse staffing ratios;
 2. A presentation by the chairman of the Institute of Medicine report titled *Keeping Patients Safe – Transforming the Work Environment of Nurses*, which was published in January 2004;
 3. A presentation concerning the Pennsylvania Health Care Cost Containment Council and its program for reporting hospital quality data; and
 4. In coordination with the information concerning Pennsylvania, a presentation from representatives of HealthInsight and CMS, as it relates to health care information systems that currently, or are projected to,

collect and distribute public information.

- The four recommendations of the Advisory Committee include the following:
 1. Request information from the state's licensing boards concerning their comments and opinions related to recruitment, retention, and staffing issues of their professions in the state, including an overview of the professional work setting in which those professions provide services.
 2. Consider adopting a recommendation to establish a standing committee on health workforce. The committee should be comprised of legislators, regulators, individuals involved with education and training of health professionals in the state, and other stakeholders. The recommendation from the Subcommittee should leave the responsibility of further defining the composition and responsibilities for the committee up to the members of the Legislative Committee on Health Care.
 3. Undertake an analysis of the issue of delegating tasks performed by registered nurses to unlicensed assistive personnel.
 4. Include the following statement in the minutes for the February 19, 2004, meeting, and attribute the data to Joanne Spetz, Ph.D., Associate Director, Center for California Health Workforce Studies:

As related to the cost of nurse staffing, hospitals in California have approximately 3 million discharges per year. The statewide aggregated cost to implement California's nurse staffing ratios is \$266 million. Therefore, the approximate cost to hospitals in that state for implementing nurse staffing ratios is less than \$100 per discharge.

PRESENTATION AND DISCUSSION OF A DOCUMENT TITLED "BACKGROUND REPORT AND DISCUSSION OF RECOMMENDATIONS INCLUDED IN THE WORK SESSION DOCUMENT"

- Marla McDade Williams, previously identified in these minutes, guided members through the background information ([Exhibit K](#)) on each recommendation listed in the "Work Session Document" ([Exhibit L](#)). This information included presentations, testimony, Advisory Committee discussions, and Subcommittee discussions on objectives identified at the beginning of the interim.

There was a discussion and request for more information on Work Session Recommendation No. 15, which removes the language "supervise other personnel" from the Nurse Practice Act at Nevada Administrative Code (NAC) 632.222(1) and NAC 632.230(3).

- Debra Scott, R.N., M.S., A.P.N., Executive Director, State Board of Nursing, explained that NAC 632.222, titled "Delegation and Supervision of Nursing Care," gives RNs guidelines for delegation of nursing tasks and supervision of unlicensed assistive personnel. She said RNs do not want to be held accountable for the actions of unlicensed assistive personnel and "have fears" about delegating nursing tasks to these personnel. She said it is the desire of the State Board of Nursing to be supportive to RNs and allow the safe delegation of nursing tasks to unlicensed assistive personnel but not hold the RNs accountable for "everything those unlicensed personnel do."

PUBLIC TESTIMONY CONCERNING RECOMMENDATIONS UNDER CONSIDERATION BY THE SUBCOMMITTEE, INCLUDING RECOMMENDATIONS IDENTIFIED IN THE ATTACHED "[WORK SESSION DOCUMENT](#)," RECOMMENDATIONS RELATED TO THE STAFFING OF NEVADA'S HEALTH CARE DELIVERY SYSTEM THAT ARE MADE DURING THE MEETING, AND ANY OTHER RECOMMENDATIONS THAT ARE RELATED TO THE STAFFING OF NEVADA'S HEALTH CARE DELIVERY SYSTEM

- Bill Welch, previously identified, said most of the recommendations in the "Work Session Document" could cause a significant impact on Nevadan's access to quality health care. He opined that the recommendations were "created from limited testimony and research and are lacking in scientific backing." He noted that California's hospitals experienced "severe problems" after three and one-half months of mandating numerical

staffing ratios. He said the NHA “absolutely opposes any aspect of mandatory numerical staffing ratios.”

- Sandra Cromwell, Chief Nurse Executive, St. Rose Dominican Hospitals, St. Rose de Lima Campus, Henderson, Nevada, listed health workforce issues and efforts to recruit and retain employees at St. Rose de Lima. She noted that Nevada’s nursing shortage adds stress to St. Rose’s employees, but management has “enthusiastically devoted a large share” of its resources to retain, reward, recruit, and recognize its best caregivers.

A copy of Ms. Cromwell’s presentation is available as [Exhibit M](#).

- Debbie Smith, representing nurses at Washoe Medical Center, Reno, and Northeastern Nevada Regional Hospital, Elko, said her efforts as a former legislator to craft A.B. 313 were “more about the patient and the nurse, and less about the bottom line and the unions.” She said that more testimony from and consideration of bedside nurses is necessary to fully understand the issue of staffing. Finally, Ms. Smith said that action is needed and something must be done, whether it is setting established ratios or a mandatory staffing committee that deals with the “individuality and current situations within a hospital or a new, creative idea that will bring nurses and administration together.”

A copy of Ms. Smith’s remarks is available as [Exhibit N](#).

There was a discussion regarding the creation of a “staffing committee” and the need for nurses and management to resolve their differences.

- Laird Nobel Sanders, member, Southern Nevada Medical Industry Coalition (SNMIC), Las Vegas, said the membership of SNMIC includes businesses and health care leaders in southern Nevada. He expressed SNMIC’s position statement on mandatory staffing ratios.

Mr. Sanders made the following three recommendations for the Nevada State Legislature:

1. Pass a “directed funding bill that enables the college and university system to be funded for key shortage areas in our state prior to any other budgetary considerations”;
2. Study the financial implications of A.B. 313; and
3. Study outcomes in California prior to implementing staffing ratios in Nevada.

A copy of Mr. Sanders’ remarks is available as [Exhibit O](#).

There was a discussion regarding the membership of SNMIC and whether the organization considered the pharmaceutical aspect of health care.

- Chris Salm, Research Director, SEIU Local 1107 Nurse Alliance, Las Vegas, disputed testimony given earlier in the meeting regarding the nurse turnover rate in 2003 at VHMC. He said representatives from SEIU and VHMC plan to “sit down and discuss these issues” in the near future. He provided members with a visual display discussing recruitment and retention efforts at VHMC ([Exhibit P](#)). He said more data is needed from hospitals to provide consumers choices in health care.
- Joan Wells, R.N., Medical Intensive Care Unit, VHMC, and member, SEIU Local 1107 Nurse Alliance, discussed the implications of high turnover rates, including: (1) the creation of more work for nurses who choose to stay at the facility; (2) higher patient mortality rates and longer length of stays; and (3) the accommodation of for-profit hospital standards at the expense of the nursing profession’s ability to provide quality care.

Ms. Wells recommended minimum nurse to patient ratios. She said that studies have shown and real life examples have proven that staffing ratios save lives, money, and nurses.

A copy of Ms. Wells’ remarks is available as [Exhibit Q](#).

- Dee Hicks, R.N., Chief Nursing Officer, Sunrise Hospital and Medical Center, Las Vegas, stated her opposition to mandatory numerical staffing ratios because it could close even more hospital beds than the current nurse shortage is causing. She said “The Workplace Strategy Map from the American Hospital Association” is used at Sunrise Hospital as a guide in addressing workforce shortages. She also listed Sunrise Hospital’s efforts to retain nurses and suggested that more efforts should be directed at retention strategies.

A copy of Ms. Hicks’ remarks is available as [Exhibit R](#).

- Sandra K. Rush, R.N., Chief Nursing Officer, St. Rose Dominican Hospitals, Siena Campus, Henderson, Nevada, updated Subcommittee members on efforts by St. Rose to retain nurses by offering educational opportunities. She stated that St. Rose does not endorse any recommendations before the Subcommittee because the recommendations are not representative of the work of the Advisory Committee.

A copy of Ms. Rush’s presentation, a portion of which was addressed in previous testimony, is available as [Exhibit M](#).

- Ms. McDade Williams, previously identified in these minutes, provided statistics on the number of hospital beds in Clark County. She said there are approximately 220 beds per 100,000 people.

COMMITTEE DISCUSSION AND ADOPTION OF CERTAIN RECOMMENDATIONS, INCLUDING RECOMMENDATIONS IDENTIFIED IN THE ATTACHED “WORK SESSION DOCUMENT,” RECOMMENDATIONS RELATED TO THE STAFFING OF NEVADA’S HEALTH CARE DELIVERY SYSTEM THAT ARE MADE DURING THE MEETING, AND ANY OTHER RECOMMENDATIONS THAT ARE RELATED TO THE STAFFING OF NEVADA’S HEALTH CARE DELIVERY SYSTEM

Ms. McDade Williams, previously identified, noted that recommendations adopted by the Subcommittee would be forwarded to members of the Legislative Committee on Health Care for their consideration as legislation for the 2005 Legislative Session. The recommendations contained in the “Work Session Document” ([Exhibit L](#)) are listed below in bolded italics and precede the actions of the Subcommittee.

WORK SESSION DOCUMENT

Recommendation No. 1: Consider a recommendation to establish a standing committee on health workforce. The committee should be comprised of legislators, regulators, individuals involved with education and training of health professionals in the state, and other stakeholders. The recommendation from the Subcommittee should leave the responsibility of further defining the composition and responsibilities for the committee up to the members of the Legislative Committee on Health Care.

There was a discussion where Assemblyman Hardy expressed his support for the recommendation, but Senator Mathews and Chairwoman Koivisto expressed their opposition based on the number of existing standing healthcare-related committees, subcommittees, task forces, et cetera.

- The Subcommittee **APPROVED THE FOLLOWING ACTION:**

THE SUBCOMMITTEE MOVED RECOMMENDATION NO. 1 FORWARD TO THE MEMBERS OF THE LEGISLATIVE COMMITTEE ON HEALTH CARE (LHC) FOR THEIR CONSIDERATION OF THE ISSUE AS A BILL DRAFT REQUEST (BDR).

Recommendation No. 2: Require the Health Division, Department of Human Resources, to develop a standardized staffing system for all medical facilities in the state and provide adequate financial resources to the division for enforcement of the standards.

The Subcommittee disregarded this recommendation from further consideration because opposition was

unanimous amongst its members.

Recommendation No. 3: Require hospitals to report data concerning hospital-specific information about patients admitted for common medical procedures and treatments. Such information should include risk-adjusted measures of mortality, average lengths of hospitalization, length of stay outlier rates and ratings, readmission rates for any reason and for complication/infection, and regionally adjusted average hospital charges.

There was a discussion regarding enhancing the responsibilities of the Division of Health Care Financing and Policy, Department of Human Resources (DHR), and adding funding for those responsibilities. Assemblyman Hardy raised an issue concerning the potential for data collection duplication. Senator Mathews opposed the recommendation. Chairwoman Koivisto wanted to hear a presentation from the Pennsylvania Health Care Cost Containment Council as it relates to health care information systems that currently, or are projected to, collect and distribute public information.

- The Subcommittee **APPROVED THE FOLLOWING ACTION:**

THE SUBCOMMITTEE MOVED RECOMMENDATION NO. 3 FORWARD TO THE MEMBERS OF THE LCHC FOR THEIR CONSIDERATION OF THE ISSUE AS A BDR.

Recommendation No. 4: Prohibit employers of traveling nurses from requiring or otherwise authorizing traveling nurses to be responsible for staffing assignments.

Assemblyman Hardy said he supported the recommendation in concept, but in reality there are agency nurses on contract for 8 to 12 weeks that can make staff assignments. He disagreed with the recommendation's "blanket provision." Senator Mathews also expressed opposition for the recommendation.

The Subcommittee disregarded this recommendation from further consideration because no consensus was reached amongst its members.

Recommendation No. 5: Implement a law that protects the jobs of nurses when they object to an assignment. The law should prevent an employer from retaliating against or terminating a nurse who objects to or refuses an assignment because the nurse is unable to perform the tasks required for care or because the nurse is unable to adequately care for a patient because of other patients for whom the nurse is responsible during a shift.

There was a discussion regarding the legality of expanding Nevada's "whistle-blower" protections. Because consensus was not obtained, the Subcommittee disregarded this recommendation but asked that the issue of an expanded version of the whistle-blower protections be given to the members of the LCHC for their consideration of the issue as a BDR.

Leslie Hamner, Principal Deputy Legislative Counsel, Legal Division, LCB, commented that a proposal could be developed for consideration as legislation.

Recommendation No. 6: Establish a system of penalties and adequately fund activities to enforce current acuity standards in Nevada's medical facilities.

Assemblyman Hardy and Senator Mathews opposed the recommendation. Chairwoman Koivisto commented "current acuity standards are not enforced or even met." She said she supported a system of penalties.

The Subcommittee disregarded this recommendation from further consideration because no consensus was reached amongst its members.

Recommendation No. 7: Mandate nurse staffing ratios in medical facilities in Nevada.

The Subcommittee disregarded this recommendation from further consideration because opposition was unanimous amongst its members.

Recommendation No. 8: Exempt disaster and emergency situations from recommended staffing levels.

The Subcommittee disregarded this recommendation from further consideration because opposition was unanimous amongst its members.

Recommendation No. 9: Require the Health Division in establishing staffing levels to evaluate the actual acuity and patient care requirements during a disaster or emergency with mass casualties not just the number of patients alone.

The Subcommittee disregarded this recommendation from further consideration because opposition was unanimous amongst its members.

Recommendation No. 10: Waive licensing requirements, various scopes of practices, and the use of nontraditional care centers during any large-scale, catastrophic event. (NOTE: NRS 632.340(3) allows for nursing assistance in the case of an emergency.)

The Subcommittee disregarded this recommendation from further consideration because opposition was unanimous amongst its members.

Recommendation No. 11: Prohibit hospitals from “loading” patients on staff nurses.

Subcommittee members disregarded this recommendation from further discussion, and Chairwoman Koivisto requested additional research on the issue for a formal presentation at the May 12, 2004, meeting of the LCHC.

Recommendation No. 12: Require hospitals in Nevada to offer flexible shifts for nursing staff.

The Subcommittee disregarded this recommendation from further consideration because opposition was unanimous amongst its members.

Recommendation No. 13: Require hospitals to have formal orientation and mentoring programs for new employees, new graduates, and recruits from other countries.

Subcommittee members disregarded this recommendation from further discussion, and Chairwoman Koivisto requested additional research on the issue for a formal presentation at the May 12, 2004, meeting of the LCHC.

Ms. Scott, previously identified in these minutes, suggested that “require” could be replaced with the concept of mandated residencies in the recommendation.

Recommendation No. 14: Prohibit mandatory overtime and make it optional for nurses in Nevada’s medical facilities.

Senator Mathews and Assemblyman Hardy opposed the recommendation, while Chairwoman Koivisto supported the elimination of mandatory overtime for nurses.

The Subcommittee disregarded this recommendation from further consideration because no consensus was reached amongst its members.

Recommendation No. 15: Remove the language “supervise other personnel” from the Nurse Practice Act at Nevada Administrative Code (NAC) 632.222(1) and NAC 632.230(3).

The Subcommittee disregarded this recommendation from further consideration because opposition was unanimous amongst its members.

Ms. Scott, previously identified in these minutes, stated that Nevada’s State Board of Nursing does not agree with this recommendation because Nevada is one of the only states where RNs cannot delegate tasks to unlicensed personnel, and this concept parallels the role of an RN to oversee and supervise. She said there is a difference between “supervision” and “delegation.”

Additional discussion on recommendations to the LCHC included:

- The Subcommittee **APPROVED THE FOLLOWING ACTION:**

THE SUBCOMMITTEE MOVED A RECOMMENDATION FORWARD TO MEMBERS OF THE LCHC TO ESTABLISH A “STATE DATA AGENCY” WITHIN THE PROPOSED STANDING COMMITTEE IN RECOMMENDATION NO. 1.

PUBLIC TESTIMONY

- Caroline Ford, Assistant Dean/Director, University of Nevada, Reno, School of Medicine, Center for Education and Health Services Outreach, Nevada Area Health Education Center, expressed support for Work Session Recommendation No. 1 and encouraged the Subcommittee to build a data collection system into the proposed standing committee’s function.

ADJOURNMENT

There being no further business to come before the Subcommittee, the meeting was adjourned at 1:28 p.m.

Respectfully submitted,

Kennedy
Senior Research Secretary

Marla L. McDade Williams
Senior Research Analyst

APPROVED BY:

Ellen M. Koivisto, Chairwoman

Date: _____

LIST OF EXHIBITS

[Exhibit A](#) is the Meeting Notice and Agenda provided by Marla L. McDade Williams, Senior Research Analyst, Research Division, Legislative Counsel Bureau (LCB), Carson City, Nevada.

[Exhibit B](#) is a six-page document dated March 2004 and titled “Hospital Quality Initiative Overview,” presented by Kristen Boucher, Communications Coordinator, HealthInsight, Las Vegas, Nevada.

[Exhibit C](#) is a three-page document dated April 13, 2004, and titled “Report on Valley Health System Hospitals’ Turnover, Recruitment and Retention Efforts,” furnished by Michele Nichols, Chief Nurse Executive, Valley Hospital Medical Center (VHMC), Las Vegas.

[Exhibit D](#) is an eight-page document dated April 13, 2004, and titled “Nevada Organization of Nurse Leaders (NONL) Position Statement on Staffing Ratios,” provided by Michele Nichols, Chief Nurse Executive, VHMC, and President, Nevada Organization of Nurse Leaders, Las Vegas.

[Exhibit E](#) is a two-page copy of testimony given by Pam Turner, Nurse Manager, Emergency Department, VHMC, Las Vegas.

[Exhibit F](#) is an eight-page copy of testimony given by Bill Welch, President/CEO, Nevada Hospital Association, Reno, Nevada.

[Exhibit G](#) is a seven-page document titled “Part I of the Survey of Certain Health Care Provider Licensing Boards in Nevada Conducted on Behalf of the Legislative Committee on Health Care Subcommittee to Study Staffing of the System for Delivery of Health Care in Nevada,” prepared and provided by Marla McDade Williams, Senior Research Analyst, Research Division, LCB, Carson City.

[Exhibit H](#) is ten-page document titled “Part II of the Survey of Certain Health Care Provider Licensing Boards in Nevada Conducted on Behalf of the Legislative Committee on Health Care Subcommittee to Study Staffing of the System for Delivery of Health Care in Nevada,” prepared and provided by Marla McDade Williams, Senior Research Analyst, Research Division, LCB, Carson City.

[Exhibit I](#) is a 34-page packet of survey responses from certain health care provider licensing boards in Nevada compiled by Marla McDade Williams, Senior Research Analyst, Research Division, LCB, Carson City.

[Exhibit J](#) is a four-page document dated April 13, 2004, and titled “Policy Statements and Recommendations of the Advisory Committee to the Legislative Committee on Health Care Subcommittee to Study Staffing of the System for Delivery of Health Care in Nevada,” given by Nancy Bridges, R.N., Nurse Executive, Nevada Hospital Association, and Chairwoman, Advisory Committee to the Subcommittee to Study Staffing of the System for Delivery of Health Care in Nevada (A.B. 313), Carson City.

[Exhibit K](#) is a 29-page document dated April 13, 2004, and titled “Background Report and Discussion of Recommendations Included in the Work Session Document,” prepared and provided by Marla McDade Williams, Senior Research Analyst, Research Division, LCB, Carson City.

[Exhibit L](#) is a two-page document dated April 13, 2004, and titled “Work Session Document,” prepared by Marla McDade Williams, Senior Research Analyst, Research Division, LCB, Carson City.

[Exhibit M](#) is 16-page document titled “St. Rose Dominican Hospitals Healthcare Provider Staffing Data,” furnished by Sandra Cromwell, Chief Nurse Executive, Rose de Lima Campus, and Sandra K. Rush, R.N., C.N.O., Siena Campus, St. Rose Dominican Hospitals, Henderson, Nevada.

[Exhibit N](#) is a three-page copy of testimony given by Debbie Smith, Reno, representing nurses at Washoe Medical Center, Reno, and Northeastern Nevada Regional Hospital, Elko.

[Exhibit O](#) is a two-page document titled “Southern Nevada Medical Industry Coalition (SNMIC) Position Statement on Staffing Ratios,” presented by Laird Nobel Sanders, member, Las Vegas.

[Exhibit P](#) is one-page document titled “Recruitment and Retention Efforts At Valley Hospital,” given by Chris Salm, Research Director, Service Employees International Union (SEIU), Las Vegas.

[Exhibit Q](#) is a one-page copy of testimony given by Joan Wells, R.N., employee of VHMC, and member SEIU Local 1107, Las Vegas.

[Exhibit R](#) is a two-page copy of testimony dated April 12, 2004, given by Dee Hicks, R.N., Chief Nursing Officer, Sunrise Hospital and Medical Center, Las Vegas.

This set of “Summary Minutes and Action Report” is supplied as an informational service. Exhibits in electronic format may not be complete. Copies of the complete exhibits, other materials distributed at the meeting, and the audio record are on file in the Research Library of the Legislative Counsel Bureau, Carson City, Nevada. You may contact the Library online at www.leg.state.nv.us/lcb/research/library/feedbackmail.cfm or telephone: 775/684-6827.

