

Hi my name is Jerri Strasser, I am a Registered Nurse at UMC and a member of the Service Employees International Union, Local 1107 Nurse Alliance. I've practiced nursing for more than 20 years.

Everyday, I give direct care to infants in need of intensive care – I am the eyes and ears for my patients, who often cannot speak for themselves. Everyday, I stand up for my patients to ensure they receive the highest level of quality care. And, my role as advocate doesn't end when my shift is over – I am here today in my natural role as patient advocate. I am here because there is work to be done to improve upon the quality of care our patients are receiving.

During the 2003 session of the Nevada Legislature, my nurse colleagues and I advocated for a bill to implement staffing ratios and a system for staffing for Nevada Hospitals. Driving this process from the very beginning was a desire to improve the quality of patient care we are able to give to our patients, and create a work environment that encouraged the retention of nurses.

Study after study shows that patient care suffers when there aren't enough nurses to care for patients.

- Linda Aiken reported in 2002 in the Journal of the American Medical Association that for each additional patient over four in a registered nurse's care, the risk of death increases by 7 percent for surgical patients. In hospitals with eight patients

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Meeting Date 10-29-03		

per nurse, patients have a 31 percent greater risk of dying than those in hospitals with four patients per nurse.

- JCAHO reported in 2002 that understaffing was a contributing factor in 24 percent of sentinel events, events that are unexpected and lead to patient death or injury in the hospital.
- According to a study by Dr Jack Needleman of the Harvard School of Public Health, in hospitals with fewer registered nurses, patients are 2 to 9 percent more likely to suffer complications like urinary infections and pneumonia, 3 to 5 percent more likely to have to stay in the hospital longer and 2.5 percent more likely to die

There is substantial research on patient outcomes showing a direct relationship between adverse outcomes (like urinary tract infections, bedsores, nosocomial infections and patient mortality and nurse to patient staffing ratios). And, there is a growing recognition among healthcare experts, policy makers, the media and the public about the impact of nurse staffing on patient care. The recent series in the widely read Reader's Digest is evidence of this.

As we begin the process of setting the agenda for the Interim Subcommittee whose charge is to study staffing -- we should focus our efforts to examine nurse staffing in hospital settings. Our study should examine RN, LPN and CNA staffing levels and their

impact on patient care. We believe that the bulk of this committee's time should be spent reviewing the existing literature on nurse staffing and patient outcomes. Included in this analysis should be a study of the existing literature on minimums for nurse staffing to assure safe patient care

We need to understand current laws and regulations that give hospitals guidance and direction in staffing hospitals. We must also understand the weaknesses with current laws and regulation - this requires a critical analysis and a willingness to consider what other states have done.

The bulk of this committee's work should be devoted to analyzing staffing systems and current and recent efforts to improve staffing systems. In places like California, New York, New Jersey and Pennsylvania, efforts are underway to improve upon staffing systems currently in place. We can learn from these efforts and examine their potential effectiveness for Nevada.

In closing, we look forward to this process and believe we share some very basic interests with the other members of the committee. We all want to deliver the highest quality of patient care, and we want to ensure access to care for the broadest number of people.

We hope that we can reach some common ground and develop recommendations that are good for our patients, our community and our nursing profession.