

Good afternoon madam chair and members of the sub-committee. My name is Pat Walthour; I am a Registered Nurse and a member of the SEIU Nurse Alliance. I have been a registered nurse for 22 years and have practiced in the state of Nevada for 19 of those years. I am currently employed at two hospitals in the Las Vegas Valley and work at the bedside in both settings giving direct patient care.

You've heard the State Board of Nursing's presentation on refusing assignment – I want to take a minute to put the issue of refusing assignment in proper perspective. The issue of refusing assignment is directly related to the retention crisis – both are rooted in the problem of inadequate and dangerous short staffing.

My colleague, Jerri Strasser will elaborate on the issue of short staffing and its impact on retention – but its impact on my day to day work experience is real. When a hospital floor is short staffed, I am faced with the dilemma of refusing an assignment.

The reality is that while the state board of nursing is applauding a nurse for refusing assignments that may ultimately endanger patient care, and the fact that our employers fire us when we refuse an assignment. It is not an easy decision to refuse a patient care – but it is not fair that hospitals put us in a position in which refusing an assignment is better for our patients than accepting an assignment.

The dilemma is clear, and it is a lose, lose proposition. Lose my job, lose my license, compromise my morals, put patients at risk; these are pretty tough decisions to make on a daily basis. As Debra Scott illustrated, we are told it is our professional obligation to refuse an assignment if it is unsafe. However, the reality for a bedside nurse, is we have no support from hospital administration or the Board of Nursing when we refuse an assignment. More often than not, nurses

take an unsafe assignment, praying nothing bad happens and when they cannot deal with this anymore they leave the profession – this drives the exodus of nurses from the nursing profession.

As a nurse there are two things I consider in practice constantly - my ethical and legal responsibilities as a nurse to my patients, my profession, and myself.

Ethically nurses live by “the code of ethics for nurses” established by American Nurses Association (ANA) and legally we are bound by the Nurse Practice Act, under the guidance of the Nevada State Board of Nursing.

Provision two of the code of ethics for nurses states “The nurse’s primary commitment is to the patient, whether an individual, family, group, or community.” We as Nurses are frequently put in situations of conflict arising from competing loyalties in the workplace, including situations of conflicting expectations from patients, families, physicians, colleagues, and in many cases, health care organizations and health plans. Refusing an assignment is a form of conflict between expectations of health care organizations, expectations of the nurse, and expectations of the patient. Health care organizations expect nurses to accept assignments without dispute, nurses expect to be given assignments that allow for safe and adequate patient care and patients expect to get safe, adequate care. On a day to day basis, I strive to resolve such conflicts in ways that ensure my patient’s best interests while preserving my professional integrity.

We also have our legal responsibilities to the Nevada State Board of Nursing. The board grants licenses and has the ability to revoke them through the nurse practice act. As Debra Scott explained, the state board of nursing directs nurses to refuse an assignment if they deem it unsafe – that means if something happens to a patient

while I'm giving care, I can not defend my actions based on the claim that an assignment was unsafe, no matter how unsafe the assignment.

Problem is, we are often making those decisions blindly. Hospitals may be required to staff by acuity based on Nevada Administrative Code 449, they aren't required to make acuity assessments known to nurses before that nurse takes an assignment. In fact, many nurses practicing at the bedside, do not know what acuity system is used for staffing at their hospital or in the unit in which they work. This creates a problem for nurses when receiving a patient assignment. We are assigned patient room numbers and have no indication of the acuity of the patients in those rooms until after they have received verbal report. Nurses receive patient assignments then get report on the patients that have been entrusted into their care. Once a nurse has received report on patients, technically they have accepted the assignment. If at this point the nurse determines the assignment is unsafe and they refuse the assignment, they would be charged with patient abandonment, by the board and by the hospital.

The fact is that nurses are spread too thin and they are making life and death decisions that affect patient outcomes. We must choose between nursing interventions as it is; do I start an IV, do I pass medications, do I feed a patient, do I chart, do I give a bath, or do I teach the patient and family about their disease and how to care for it. These are the decisions being made on a daily basis by nurses practicing at the bedside. On top of this, nurses have the added stress of making the final decision on staffing. What happens when a nurse does refuse an assignment? The state board of the nursing and ANA pat them on the back and say "good for you" you stood up for patient's rights today. I'm sorry you lost your job. It's too bad you can't work day shift anymore and get the days off you needed for

childcare. I'm sorry you lost all your retirement and 401 k match because you weren't vested.

Hopefully, you realize that the current approach is not adequate. It is this current approach that is driving nurses away from the profession. It is the reason why there is a nursing shortage. And this is the reason why legislation is needed to mandate minimum staffing ratios. I'm all for staffing by acuity, but we have legislation that calls for staffing by acuity and it isn't being done. Let's staff with minimum ratios and then look at acuity, at least then patients would be guaranteed some type of minimal care. Staffing ratios will eliminate nursing intervention tradeoffs which compromise the quality of patient care; they will eliminate situational decision-making; it will ensure the best level of care for our patients and will prevent harm.