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Rigid hospital staffing standards threatens access to timely health care across Olympic Peninsula

OLYMPIA — Rigid hospital staffing legislation currently under consideration by the Washington State Senate will make permanent the pandemic care delays in hospitals across Clallam, Jefferson, and Grays Harbor Counties.

If House Bill 1868 becomes law, hospitals including Forks Community Hospital, Harbor Regional Health, Jefferson Healthcare, Olympic Medical Center, and Summit Pacific Medical Center, will be forced to decrease or delay services if they are unable to hire enough nurses to meet the inflexible staffing ratio requirements. There is already a national health care staff shortage. The Washington State Hospital Association estimates a current shortage of more than 6,000 nurses in Washington state. If House Bill 1868 becomes law, an additional 10-15,000 nurses would be needed.

“This legislation will make it harder for us to retain our current workforce and does nothing to increase the number of nurses available.” said Tom Jensen, CEO of Harbor Regional Health. “We’ve already closed critical services and had to send ambulances away from our Emergency Department for days during the pandemic due to lack of staffing. We are a rural community hospital competing for staff in a national market. This bill will only make the competition for staff worse in Washington, pulling what staff are available to the wealthier urban hospitals who can afford to pay significantly more.”

The bill also includes limits to scheduled on-call time, a tool many rural hospitals use to staff critical, but unpredictable health care needs like emergency surgeries and births. Often rural hospitals do not have enough patients who need these services to staff them 24-hours a day, seven days a week, but they need staff on call so the services are available when the community needs them. One service that is unlikely to survive in rural hospitals is obstetrics. For laboring parents in the communities served by Forks Community Hospital that would mean more than an hour drive to the next hospital with the ability to deliver a baby if those hospitals were able to accept additional patients under the new law.

“People in our community don’t have the option of going somewhere else for care. If we close services, the next hospital is more than 60 miles away – people will be harmed by this policy” said Kelly Thompson, chief nursing officer at Forks Community Hospital. “This community needs this hospital, we are in an underserved area that includes large Native American tribes, Hispanic, and Guatemalan populations. Under this one-size-fits all approach we all lose.”

Larger hospitals provide critical and specialty care for the many rural communities across the peninsula. They are also predicting House Bill 1868 will result in bed closures because they will not be able to hire enough nurses to meet the ratio requirements.

During times of high census – which has been a near constant during the pandemic – Olympic Medical Center would regularly need to reduce emergency beds by 30 to 90%. OMC’s emergency room has 20

beds, and such severe reductions leads to long waits in emergency department waiting rooms, patients waiting in ambulances and significant delay getting care they need locally or elsewhere.

“Lack of emergency beds is made worse by closure of beds in larger hospitals in the Seattle area,” says Vickie Swanson, MSN, BSN, RN, chief nursing officer at Olympic Medical Center. “What we need are more training programs and increase in access to nursing education so we can fill our nursing positions in Washington State, not staffing ratios that only harm access to care and do nothing to bring nurses to the workforce.”

Each bed lost represents service to hundreds of patients over the course of a year. Washington state already has among the lowest number of hospital beds per capita. Any reduction in the number of urban hospital beds will reduce the hospitals’ ability to take patients from surrounding rural hospitals.

“We rely on larger partner hospitals to quickly take transfers of critically-ill patients from our rural hospital when they need a higher level of care,” said Dr. Joe Mattern, chief medical officer at Jefferson Healthcare in Port Townsend. “Our care teams are very concerned that this legislation will make permanent the delays and longer transfer times we’ve experienced with bed shortages during the most recent COVID surge.”

Summit Pacific Medical Center in Elma will be forced to close ED and inpatient beds if there are no additional nurses available to hire.

“We could be closed to new patients in the Emergency Department almost 50 percent of the time, and our inpatient capacity will also be cut in half.” said Summit Pacific Chief Nursing Officer Teri Bernier “When you start adding up the impacts to hospitals in our region, there are going to be very few options for our communities to access emergency and critical care services. This bill would restrict our ability to take care of our community and that is not going to lead to improved satisfaction for anyone working in health care.”

Hospitals are asking lawmakers to consider alternative solutions that will ensure that hospitals and care teams are able to recover from the pandemic and continue to fulfill their mission of providing access to health care. At the top of the list is an investment in Washington’s chronically underfunded nurse education programs. Hundreds of qualified applicants are turned away from programs in Washington state each year. To develop a long-term sustainable workforce, the state needs comprehensive investment in health workforce education, including funding additional slots, loan forgiveness programs, increases in instructor pay and financial support for people in nursing school. It takes two to four years to train a nurse and Washington state is not currently graduating enough nurses to meet the increased needs included in HB 1868.

If there are not enough nurses to hire, hospitals will be forced to reduce the number of patients they can care for. At best, this legislation will result in care delays if it becomes law. At worst, services will be eliminated in some areas of the region.

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