CONNECTICUT HOSPITAL ASSOCIATION

**TESTIMONY OF**
**LIZ BEAUDIN, DIRECTOR, NURSING AND WORKFORCE INIIATIVES**
**CONNECTICUT HOSPITAL ASSOCIATION**
**BEFORE THE LABOR AND PUBLIC EMPLOYEES COMMITTEE**
**Tuesday, February 17, 2004**

**SB 56, An Act Concerning Mandatory Overtime In Health Care Facilities**

My name is Liz Beaudin and I am the Director of Nursing and Workforce Initiatives at the Connecticut Hospital Association. I appreciate this opportunity to present testimony on **SB 56, An Act Concerning Mandatory Overtime In Health Care Facilities**.

This bill would prohibit a hospital from requiring an hourly employee who is involved in direct patient care from working in excess of a predetermined, scheduled work shift, provided such work shift is determined and promulgated not less than forty-eight hours prior to the commencement of such scheduled work shift. The bill provides four exceptions to the prohibition. The prohibition does not apply: (1) to any employee participating in a surgical procedure until such procedure is completed, (2) to any employee working in a critical care unit until such employee is relieved by another employee who is commencing a scheduled work shift, (3) in the case of a public health emergency; or (4) in the case of an institutional emergency, including, but not limited to, adverse weather conditions, catastrophe or widespread illness, that in the opinion of the hospital administrator will significantly reduce the number of employees available for a scheduled work shift, provided the hospital administrator has made a good faith effort to mitigate the impact of such institutional emergency on the availability of employees. While we appreciate the inclusion of certain exceptions, CHA opposes this bill.

Few Connecticut hospitals currently use mandatory overtime at all, and then only as a last resort to ensure the care and safety of patients.

Hospitals avoid using mandatory overtime by:

- asking for volunteers,
- calling in staff who elect to be called or accept an “on call” incentive to be available for overtime,
- asking part-timers or per diem staff to pick up extra hours or shifts,
- drawing staff from a float pool or staffing pool,
- using traveler or agency staff, and
- requiring managers to work as direct caregivers.

Today mandatory overtime is used only in very limited circumstances where all other staffing alternatives have been exhausted.

Connecticut healthcare employers continue to face a critical and worsening workforce shortage. Professions most significantly affected include nursing, diagnostic imaging, pharmacy, and medical record coders among many others. At the same time, hospitals are busier than ever. Patient census numbers are up, emergency department visits are up, and keeping hospital departments consistently staffed at appropriate levels is a constant and critical priority for hospital patient care managers.

Managing the complex staffing needs of a hospital - the 24/7 healthcare safety net for Connecticut's healthcare consumers - must continue to be the responsibility and right of the hospital. A prohibition of mandatory overtime, even with broad exceptions, will add a layer of unnecessary complexity and stress to an already demanding, challenging, and intense workplace.

While this bill recognizes the impossibility of an across-the-board prohibition of mandatory overtime in Connecticut hospitals by specifying certain exceptions, there are still patient care implications.

**It does not address the "on call" issue of our operating rooms**. While the bill includes an exception for surgical staff who must finish a surgical case, it does not address the fact that hospital operating rooms are routinely staffed during evenings, holidays and weekends by employees who are "on call." These are nurses and others who have typically worked a normal workweek, who are paid an additional amount to be "on call" during evenings, holidays and weekends so that sufficient staff is available to respond to trauma or patient emergency. If requiring an "on call" staff person to fulfill their on call obligation is considered mandatory overtime, this bill would adversely impact the staffing of ORs and, consequently, the ability of hospitals to provide emergency surgery. The same applies for staff in the Post-Anesthesia Care Unit (PACU).

**What is the definition of critical care unit and why is it different from other critical patient care areas?** There is an exception for employees working in a critical care unit, but in today's hospitals, virtually all patients are critically in need of care, whether or not they are assigned to designated critical care units.

**How might this bill hamper creativity or incentive in avoiding overtime?** We already know that the biggest users of mandatory overtime today are the hospitals with union contracts allowing mandatory overtime and specifying a mechanism for using it. Some of the best methods hospitals have found to avoid the use of mandatory overtime have been through hospitals and their employees working through staffing issues. A statute prohibiting the use of mandatory overtime may place a chilling effect on such creativity.

Connecticut hospitals know how damaging mandatory overtime can be to a workforce. It is a last resort measure and it is not even used at all by most hospitals. Managing the complex staffing needs of a 24x7 hospital must be the responsibility and right of the hospital. Staffing is an employment issue and must be left to employers to work out with their respective employees, so that variations in patient needs, staff needs and operational needs can be addressed appropriately. In the healthcare environment it is difficult to

make overtime requirements predictable, but hospitals work hard to give as much notice of overtime as possible and to give employees a say in how it's assigned. Given the extremely competitive labor market, the employer who is most successful at minimizing disruptive and mandatory overtime will become the employer of choice. But adding legislation prohibiting mandatory overtime, even with the broad exceptions included in this bill, will add a layer of unnecessary complexity and the risk that many precious resources will be drained by making a process that is already successful at most hospitals subject to constant challenge and complaint.

Thank you.

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