



Here are the facts on House Bill 2501 to Limit Mandatory Overtime

February 16, 2012

Myth: This bill undermines patient safety.

Fact: Patient safety depends on nurses staying alert and focused. Nurses intercept 86% of medical errors before there is harm to patients. Prohibiting mandatory overtime will enhance patient safety and reduce the 98,000 hospital patient deaths every year due to medical error.

Myth: This bill removes the hospitals' flexibility needed to provide quality patient care.

Fact: The bill still allows prescheduled on-call. It simply limits the use of call for immediate and unanticipated patient care emergencies only instead of chronic or foreseeable staffing shortages.

Myth: This bill is unnecessary and not workable.

Fact: The spread of prescheduled on-call in units that have not traditionally had call to fill chronic staff shortages is alarming. This bill brings prescheduled on-call back to its original purpose—for patient care emergencies, not an excuse for unsafe staffing.

Myth: This bill strips away the hospitals' flexibility to schedule procedures.

Fact: Hospitals lack the incentive to staff units with permanent staff when it could see that non-emergency procedures are routinely scheduled towards the end of the nurse's regularly scheduled shift forcing the nurse to stay overtime. Scheduling of procedures is the responsibility of the hospital and they should be held accountable to not schedule nonemergency procedures that would require overtime.

Myth: This bill will lead to patient harm by forcing hospitals to "bump" patients at the end of the day.

Fact: Patient safety is jeopardized when nurses are required to work overtime in addition to their regular shift. Research confirms the link between an increase in errors and an increase in length of a nurse's shift. This bill enhances patient safety by preventing hospitals from scheduling nonemergency procedures towards the end of a nurse's shift thus requiring nurses to work overtime.

Myth: This issue is best addressed in collective bargaining.

Fact: This issue is one of patient and nurse safety, and a consistent standard needs to be set across the State regardless of collective bargaining contracts. Every patient deserves quality and safe care no matter which hospital they go to.

Myth: This bill is too expensive for hospitals to implement.

Fact: We know that working conditions is a primary reason that many nurses leave bedside nursing. Every percentage point increase in nurse turnover costs the average hospital \$300,000 per year and hospitals that have high nurse turnover spend about \$3.6 million more than hospitals that have a high retention of nurses. The cost for a hospital to replace a single nurse is \$60,000-\$100,000. New graduate nurse turnover rate is estimated to range from 55% to 61%.