

## Staffing Committee Bill-Senate Bill 411 and House Bill HB 624

### Garrett Regional Medical Center Testimony

Garrett Regional Medical Center respectfully submits this letter of opposition to Senate Bill SB 411 and House Bill HB 624.

Garrett Regional Medical Center (GRMC) is a small community hospital located in Western Maryland. GRMC consistently provides safe, effective levels of staffing by taking a proactive approach to our staffing model and using a matrix each shift to adjust personnel based on workload and patient needs. We have robust frontline self-governance and unit-based committees that meet regularly to address work force needs or concerns. Staff members have traditionally been encouraged to provide suggestions and input on improving the process of delivering safe, high quality patient care.

The legislation under consideration would place untenable challenges on small community hospitals, and the administrative burden in carrying out the suggested regulations would lead to unintended consequences. Failure to meet pre-determined staffing levels could force hospitals to transfer patients unnecessarily, or even delay patient care. This is especially true in rural communities like Garrett County, where recruiting health care providers is an ongoing challenge.

This legislation would also put additional strain on the hospital's frontline staff, given the amount of updates that would be needed to comply with the proposed regulations. At GRMC, our staffing model and ratio changes multiple times throughout the day to meet patient acuity levels as they develop. We also have administrative oversight 24/7 through supervisors and leaders who receive training to make sure staffing ratios are safe and appropriate. In addition, staffing solutions are in place to address patient surges in real time. These solutions include cross training staff for multiple units, integration of supervisors and/or managers into staffing patterns, and adding additional support staff to allow nurses to function at the highest scope of practice. GRMC has one of the lowest turnover rates for bedside RNs in our health system (West Virginia University Health System); this is directly related to the actions put in place that are listed above.

To facilitate the participation of staff in addressing patient care and other issues, GRMC has a well established system that allows for and encourage employees at all levels to suggest improvements to hospital protocols:

- **Front line staff councils:** any staff member can bring up topics related to safety, workplace concerns, etc. All concerns are examined by administrative staff, and responses are provided. Examples of changes stemming from council meetings include staff huddles at the start and end of each shift to allow real time adjustments to staffing and patient assignments, and cross-

training staff to float to other departments as needed to address patient volumes (this includes a pay incentive for staff willing to be trained).

- **Leadership rounding:** each day managers and senior admin round in all clinical areas to discuss safety concerns or issues in the moment.
- **Facility wide safety huddles:** daily conference calls with key clinical personnel to address concerns such as staff call-offs or FMLA situations. This allows other units to assist with certain tasks as needed.
- **Nursing shared governance councils:** all inpatient units have a council run by the nursing staff through which they develop and recommend changes to improve staffing and patient care.
- **Administrator on call:** a senior administrative staffer is on call 24/7 to allow staff to reach out with a safety concern or issue.

We actively engage with our staff regarding staffing needs and any concerns they may have, and we consistently have over 90% participation in our staff engagement survey scores. GRMC respectfully asks that this legislation be withdrawn or defeated, as many hospitals already have processes in place to ensure safe staffing levels. The extra work this legislation requires would burden hospitals and could negatively impact the care provided.

Sincerely,



Mak Boucot, MBA, FACHE  
President & CEO  
mark.boucot@wvumedicine.org