



**TESTIMONY  
OF  
CONNECTICUT HOSPITAL ASSOCIATION  
LABOR AND PUBLIC EMPLOYEES COMMITTEE  
Thursday, February 20, 2003**

**SB 845, An Act Eliminating Mandatory Overtime In Health Care Facilities**

The Connecticut Hospital Association (CHA) appreciates this opportunity to submit testimony on **SB 845, An Act Eliminating Mandatory Overtime In Health Care Facilities**.

This bill would prohibit a healthcare facility from requiring an hourly employee who is involved in direct patient care or clerical services from working in excess of a predetermined, scheduled work shift of eight, ten or twelve hours per day and totaling in the aggregate not more than forty hours per week. The Connecticut Hospital Association opposes this bill.

Prohibiting the use of mandatory overtime in Connecticut's hospitals would jeopardize patient safety and threaten the viability of patient services. Connecticut healthcare employers continue to face a critical and worsening workforce shortage. Professions most significantly affected include nursing, radiology and 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 increasingly difficult.

Hospitals are using an array of both short and long term outreach and incentive strategies to recruit and retain staff. These run the gamut from job shadowing and mentoring programs... to middle and high school outreach... to foreign recruitment... to employee referral bonuses... to alternative work schedules... to educational support... to incremental wage adjustments... to sign on bonuses. But the reality of the current workforce shortage is that many of these jobs will go unfilled despite the ads, the salary increases, the enhanced benefits, the flexible scheduling and the bonuses. The result is that in order to maintain beds and services, Connecticut hospitals are using per diem staffing pools, floating staff from other units, using on-call staff, using traveler or agency nurses, using supervisory staff, and using overtime. Whenever possible that overtime is voluntary overtime. When absolutely necessary, that overtime is mandatory.

Most of Connecticut's hospitals - over two-thirds - have avoided the use of mandatory overtime. But while hospitals are not routinely using mandatory overtime to staff patient beds, it must remain a staffing option so that patients do have a nurse (and other hourly healthcare workers) to provide patient care. An explicit prohibition could result in the closing of beds or the inability to provide essential care if healthcare workers are unavailable.

There are other major patient care implications. Legislation that restricts the use of mandatory overtime would have a significant impact on staffing in our operating rooms. Operating Room (OR) nurses are generally expected to finish a surgical case if a change of shift occurs before the completion of the surgery. This could potentially be mandatory overtime. More importantly, a prohibition against the use of mandatory overtime would have a significant impact on how hospital operating rooms are routinely staffed during evenings, holidays and weekends. ORs are staffed by employees who are “on call”. These are nurses and physicians 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. The legislation would adversely impact the staffing of ORs if employees could not be required to work more than a 40-hour workweek. The same applies for staff in the Post-Anesthesia Care Unit (PACU). An insufficient number of volunteers may mean the difference between access to emergency surgery and no access to emergency surgery.

Our hospitals are using various incentives to encourage staff to volunteer for overtime. Overtime volunteers are often eligible for bonuses or for additional premium pay or even both. In most cases, volunteers will suffice, but when they do not, it is imperative that hospitals have the option to implement mandatory overtime. Emergency situations can arise at any time involving crisis patient care situations, or unanticipated staff vacancies, absences and lateness, or unavailability of per diem staff, agency staff and volunteers, or weather-related situations. Hospitals are also the frontline of our homeland security defense – an emergency could be a disaster or the activation of an alert status as a result of a threat or incident. It is neither safe nor practical to prohibit mandatory overtime in a patient care environment.

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 eliminating hospitals’ limited use of mandatory overtime during this serious and worsening staffing shortage would be inappropriate and dangerous.

Thank you for your consideration of our position.