

March 12, 2025

Rochelle Nguyen,
Senator
Nevada State Senate
401 South Carson Street
Carson City, NV 89701-4747

RE: SB182

To Whom it May Concern:

On behalf of 3,000 registered nurses (RNs) who provide direct care to patients throughout the state of Nevada, National Nurses Organizing Committee (NNOC) offers this information to provide additional context to the records of the legislative hearing regarding SB 182 held on March 6, 2025, at the request of the Speaker. NNOC is an affiliate of National Nurses United (NNU), the largest union and professional association of direct care RNs in the US.

Modifications to the minimum, mandated RN-to-patient ratio that were outlined in the initial bill text were made to provide clarity and to ensure that staffing minimums reflect the current minimum standards that are necessary to ensure the delivery of safe, competent, therapeutic, and effective nursing care to all patients who are receiving care in acute care hospitals. The current bill text now reflects RN staffing levels that NNOC/NNU currently advocates based on decades of research and our organizational expertise in Nevada and throughout the US.

The table below outlines the changes from the original draft with additional explanation below.

NNOC/NNU RN Staffing Recommendations (See Below)

<u>Unit</u>	<u>NNOC/NNU RN-to-Patient Limit</u>	<u>Original SB182 Patient limits</u>	<u>Rationale for change</u>
Emergency Department (ED) Triage	A minimum of 1 RN dedicated to triage patients in the ED	Not specified	This staffing category was not included in the original bill text. ED's require a dedicated RN to safely triage patients.
Emergency Department	1 RN: 3 patients	1RN: 5 patients at one time	The American Academy of Emergency Medicine

		1 RN to 4 patients on average	recommends that RNs are assigned no more than 3 patients.
Critical care or intensive care patients, including, but not limited to, coronary care, acute respiratory care, medical, burn, pediatric, or neonatal intensive care patients	1 RN: 1 patient	1 RN: 1 patient for critical care; 1 RN: 2 patients for burn unit & ICU	Changed to provide clarity and consistency.
Post anesthesia Care Unit	1 RN: 1 patient	1 RN: 2 patients	Nursing standards require one to one monitoring of patients after anesthesia is necessary.
Antepartum	1 RN: 3 patients 1 RN: 2 patients when there is continuous fetal monitoring	1 RN: 6 patients	Monitoring of more than 3 patients in antepartum is not safe according to national professional standards.
Postpartum/GYN post-surgical	1:2 parent/baby couplets (1:4 for postpartum patient only unit)	6 for “postpartum unit” or “nursery for well babies”. 8 for “mother-baby unit”.	Risks in the postpartum period are high – for both parents and babies. RN monitoring of a maximum 2 mother/baby couplets is necessary.
Acute rehabilitation	4	5	Patients receiving care in acute rehabilitation units have complex needs following injury, surgery, or a medical incident such as stroke requiring frequent RN assessment and intervention.

Triage

The original bill text omitted the important staffing standard of a dedicated RN to provide triage to patients who present in the ED. In Emergency Departments, triage nurses assess patients upon arrival and, using their professional judgement and assessments, determine the severity of the injury and/or illness to make determinations about how quickly they need to be treated.

Additionally, RNs continue to assess patients who are waiting to be seen to ensure that they are

stable. Repeated assessments are necessary to ensure that patients who may experience a change in condition get care in a timely manner. Additionally, the American Academy of Emergency Medicine calls for a dedicated registered nurse be assigned to the role of patient triage at all times.¹

Emergency Department

Safe patient care in the Emergency Department requires a minimum emergency nurse-to-patient staffing ratio of 1 RN to no more than 3 patients. A higher ratio is inconsistent with the position of the American Academy of Emergency Medicine and not supported by published evidence. Patients who present to the ED are often presenting life threatening conditions that must be treated within a short window of time such as acute stroke, acute myocardial infarction and many other life-threatening complications.

Critical care or intensive care units (ICU)

The initial bill text did not reflect that patients who receive critical care are often provided nursing care in different types of patient care units. Intensive nursing care, sometimes called critical care or intensive care, is provided by RNs in units that are sometimes called Critical Care Units or Intensive Care Units. In addition, there are other types of care areas where patients require critical or intensive care such as medical intensive care units (MICU), surgical intensive care units (SICU), neonatal intensive care units (NICU), coronary care units (CCU), and burn units. Changes were made to reflect that patients requiring critical or intensive care receive the care that they need regardless of the unit's name. Patients receiving critical or intensive care require a minimum of one-to-one registered nursing care due to their complex and rapidly changing needs, necessitating constant monitoring, rapid interventions, and individualized attention to optimize their chances of survival with maximum recovery of organ/system function.

Post anesthesia Care Units

Safe care of patients who have received anesthesia requires intensive surveillance and monitoring. Patients who are recovering from surgery with anesthesia are at risk for complications from surgery and anesthetic agents such as bleeding and changes to breathing. Often, patients require vital sign measurements and assessment by an RN at least every fifteen

¹ American Academy of Emergency Medicine. (2001). Position Statement on Emergency Nurse-to-Patient ED Staffing ratios. Retrieved from <https://www.aaem.org/statements/position-statement-on-emergency-nurse-to-patient-ed-staffing-ratios/>

minutes.² Assessment of post-anesthesia patients require constant vigilance, a standard which cannot be met if the nurse is caring for two or more patients.³

Antepartum Care

Antepartum care refers to care provided to pregnant patients who are not actively giving birth (labor) as well as the fetus. Patients who are receiving antepartum care in hospitals are often experiencing complications of pregnancy such as premature labor, gestational diabetes, hypertension, and other conditions that have the potential to cause complications that can have serious consequences to both mother and fetus. An important, but often overlooked, consideration in the care of pregnant people is that there are two patients – mother and fetus. assessment and monitoring of antepartum patients is complex and subject to rapid change. The Association of Women's Health Obstetric and Neonatal Nurses (AWHONN) standard for antepartum patients ranges from one to three for stable patients to one to one for unstable patients.⁴

Postpartum/GYN post-surgical

Postpartum patients and newborn infants are at high risk of serious adverse events. Frequent assessments of these patients by an RN are required. Additionally, these patients are often discharged to home within 24-48 hours leaving little time to provide newborn care and breastfeeding education which is vital to a successful transition to the home environment.

Acute Rehabilitation

Patients in acute care rehabilitation have acute medical surgical care needs and require frequent registered nurse attention and monitoring. The level of nursing care that patients need in this care unit is like that of those who receive care in Medical Surgical Units. There is a large body of literature that has found that patient mortality and adverse events rise significantly for every

² American Society of PeriAnesthesia Nurses. (2024). What is ASPAN's standard for vital sign frequency in Phase 1 and Phase 11 and Extended Care. Retrieved from https://www.aspan.org/Portals/88/Clinical%20Practice/FAQs/FAQ%20Vital%20Signs.pdf?ver=D58MtPrg1_L4xLCZYftd6g%3d%3d

³ American Society of PeriAnesthesia Nurses. What are the staffing recommendations for Phase 1 level of care? Retrieved from <https://www.aspan.org/Portals/88/Clinical%20Practice/FAQs/FAQ%20Staffing%20Phase%20I.pdf?ver=K04HoN2BEjLvflnbggtG8A%3d%3d>

⁴ Association of Women's Health Obstetric and Neonatal Nurses (AWHONN). (2022). Standards for Professional Registered Nurse Staffing for Perinatal Units. *Nurs Womens Health*, 26(4), e1-e94. doi:10.1016/j.nwh.2022.02.001

patient over four that an RN cares for at one time.⁵ These patients must be assessed frequently for changes in their status and, if inadequately monitored, may experience serious complications.

Thank you for the opportunity to discuss this legislation, which if enacted, has the potential to save many lives and maintain a secure RN workforce. For all the above reasons, NNOC/NNU believes that the changes to the minimum RN staffing levels proposed in this legislation were necessary for the bill to achieve its intended purpose of making patient care safer for all Nevadans. If you have any follow up questions or would like more information, please contact our lobbyist of record, Renee Ruiz.

Sincerely,



Michelle Mahon, RN

Director of Nursing Practice

National Nurses Organizing Committee/National Nurses United

⁵ Lasater, K. B., McHugh, M. D., Rosenbaum, P. R., Aiken, L. H., Smith, H. L., Reiter, J. G., Niknam, B. A., Hill, A. S., Hochman, L. L., Jain, S., & Silber, J. H. (2021). Evaluating the Costs and Outcomes of Hospital Nursing Resources: a Matched Cohort Study of Patients with Common Medical Conditions. *J Gen Intern Med*, 36(1), 84-91. <https://doi.org/10.1007/s11606-020-06151-z>