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On Behalf Of:

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As a healthcare professional and as a patient, I've experienced the negative consequences of short staffing. From the standpoint of a healthcare professional in an ambulatory setting. I see patients who cannot get in to see a provider in an office (or even virtual) visit. They 'get by' on a few advice visits where signs and sx are missed, until they finally arrive at an urgent care or ED with a condition that now requires significantly more intervention. This results in a worse result for them, lost time at work, financial struggles, strain on their family, increased strain and cost on the medical system. The lack of investment up front to provide sufficient staffing to care for patients is the cause. We know that lack of investment to prevent or manage medical conditions results in worse outcomes. This is not new information.

As a patient and family member and friend to people who require care, there is a similar trajectory. Inability to get dental cleanings that result in the need for fillings and/or additional visits to manage gum disease. And very heartbreaking, I cannot count the number of times friends and family have come to me seeking advice about a way to speed up intervention for themselves or worse, their adolescent children, to receive mental health support.

As an improvement advisor supporting healthcare teams across the continuum, I see patients who cannot discharge from the hospital since there are no beds at SNF and no access to home health. As they stay in the hospital longer, with fewer nurses and rehab professionals to care for them, they are in bed vs sitting, standing, walking, and they are more deconditioned upon discharge, requiring greater interventions on the other end. In addition, the longer they are in the hospital, the more likely they incur and iatrogenic event.

Patients and family members can't get hospice support they need, resulting in significant trauma for the family, and often for providers who are trying to help them.

My final comments focus on the care systems themselves. I've heard many a healthcare admin, or their lawyer HR reps, state this is a problem created by covid. That is objectively false. In my company, travelers were common before the pandemic as a way to provide "lean staffing that could respond quickly to demand". Nice buzz words but inaccurate. It resulted in a constant turnover of people providing care, which again we know results in poorer outcomes. We were significantly short staffed prior to covid, which resulted in an impaired ability to respond to demand. Across my healthcare system, and in others, decision makers have remained short sighted by trying to plug holes in staffing with a constantly rotating array of travelers. They've lost longer term providers due to awful working conditions and lack of respect show to us by administrators, and sadly a lack of respect from our patients (who've lost patience) and have become increasingly aggressive toward us. The

healthcare systems will point to bottom lines in the red, "we can't do anything" while they continue to hire travelers at a premium and incur higher costs from the delayed care and extended hospital visits noted above. Their solutions have been nonsensical.

I've been a healthcare professional for more than 25 years. I love what I do. I want to continue this work. But the current staffing crisis has taken such a toll, I'm not sure how much longer I can. Sadly, a normal question among colleagues is "how much longer do you think you can keep going?" The answers should scare us all.