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On Behalf Of:

Committee: House Committee On Behavioral Health and Health Care

Measure: HB2697

Hello, I work full time as a physical therapist in a hospital setting. I hold a doctorate in physical therapy and a masters of science in healthcare management. I want to tell you one specific story among countless others about how systemic poor staffing practices have impacted the ability for me to perform my job effectively as well as how such practices results in poor quality patient care.

The story I will tell you involved a patient who had undergone a total knee replacement. Upon entering the room I noticed many things wrong.

The first was that the sequential compression devices were attached to their legs but not plugged into the machine. The machine was not even in the room. These devices when actually plugged in are meant to reduce blood clot risk.

This patient had the sleeve for their ice water pump attached to their new knee but the machine wasn't turned on. You don't need to work in healthcare to understand that the benefits of ice which include swelling preventing and pain control don't work when the ice isn't applied.

The patient had their knee in a fixed bent position because the bed had not been properly adjusted. Having a new knee that is stuck in passive flexion for long periods of time is bad for recovery which is why it is against our hospital policy.

The patient had been sitting in a pool of their own urine and likely for some time. I say this because the edges of the sheet stains had already dried in places. The patients compression bandages covering her new knee were completely saturated which compromises skin integrity and wound healing.

I spent 98 minutes face to face time with this patient which is 45- 60 minutes longer than such an assessment would normally take me. The extra time was spent helping them to the commode, helping to clean them, dress them, strip the bed, sanitize the mattress, and make the bed. I called multiple people for assistance but as it had happened many times before, no help came. They were busy with other patients and I was on my own.

Now don't get me wrong, I'm not above doing the type of work I described because I like to be a team player and it's what's best for the patient. But to be clear – what I did was not physical therapy. The result was at least 45 minutes of lost time. Time that on paper cannot legally be called physical therapy because it simply isn't. Time

that I could have spent seeing an additional patient but couldn't. In other words, I could not perform my role as a physical therapist that day because I was doing the work of another person who was not available.

The story I just told you involved a short-staffed hospital and almost an entire unit of new travel nurses. I have met amazing travel nurses but new faces every 3-6 months will never compete with the continuity of a well invested in core staff. Also, a nurse is only helpful when they are available and when they are caring for a half dozen or more patients at a time, they are rarely available. And to be clear, this is not a Covid thing. Short staffing practices and a reliance on travelers has been occurring since long before the pandemic.

It truly a gut punch to be a healthcare provider who understands when a patient deserved better. For such times we are trained by our employers to perform a "service recovery". A service recovery involves an unfortunate healthcare provider taking accountability for a grievance and making it right. The issue with this of course is that the front-line provider is taking responsibility for manufactured organizational failures. I'm tired of apologizing. Patients and healthcare workers deserve more and no longer will we be silent on poor staffing practices.

As a lone healthcare worker, I don't have the power to create a safer workplace, to improve patient care on a large scale, or hold healthcare organizations accountable. I don't have these powers but as legislators, you do. Please remember this power while contemplating this bill. Thank you for your time