

Submitter: Karen Steward Morrison

On Behalf Of:

Committee: House Committee On Behavioral Health and Health Care

Measure: HB2697

Staffing on our unit has not been up to standards for safe practice. We have repeatedly gone without CNA help, and have been placed on a "buddy system" now where; to be able to have a lunch break, let alone any break, we are either a: just going on our break hoping that we will not have it interrupted by a patient calling or PT, OT, ST, the doctor... To actually go on a lunch break, we are expected to receive report for our "buddies" patients, which places us over ratio either by 3 or 4 patients. The one going on break as well as the person taking report, just has to hope and pray that there are no significant events happening while they are also trying to take care of their own full patient load. Prior to that, it was almost worse. We had groups of 3 RN's and we were expected to be able to divvy them out for our break, based on how many patients the other RN has vs patient load acuity. Either way, if all 3 RN's had a full patient load, then once again, we were expected to go over ratio of up to 6 patients per RN for break coverage of one RN. And that depended on whether or not you could get buy in from both RN's, or found out that one was too busy, to cover, but the other one could so now that RN is taking on 4 extra patients which puts us back to the scenario we currently have. And/or, one could just take a chance and step off the floor for a bit hoping that Vocera doesn't interrupt you as it has so many times before.

My personal experience on one shift, was just that. I did not have someone to take report or cover me. I was starving and feeling "hangry". I was called and told I would be taking a new patient at 1500, then left a message on Vocera that it instead would be coming at 1345. At the time I received that message, I would have had 15 minutes to cram something to eat. Instead, I got 3 bites into my food, before the floor sending said pt was calling to give me report. I put my food away, and grabbed a food bar hoping to get at least that in to tide me over. I got half of that food bar; and was then so busy, that I was unable to make time to eat till 1730 when once again, the other RN was forced to go out of ratio, so I could give her report; even though she was busy with her own patients, she took on the responsibility of mine; because she knew of my situation. Even after all of that, I only managed a half hour food break in a 13 hour day. I also ended up staying overtime that day due to the inability to chart related to patient care load.

I hope you listen to my story, and not only understand but realize the level of danger our patients are being placed in every day because the appropriate number staff are not there for break coverage. There is barely enough staff to be responsible for the numbers and acuity that our floor has, let alone take "good care" of them, without fear of missing something important... A blood sugar, an O2 desaturating, a low or high

blood pressure with mentation changes: All secondary because there is too much demand for their attention elsewhere; taking it away from the patient, and placing it instead on other matters. We need adequate staffing! We need it now. Our patients need us to be adequately staffed for their safety and proper care! And lastly, we need adequate staffing for the well being of everyone on the units. Because, it is guaranteed that burn out IS happening, and people are leaving because of it.

Sincerely,

Karen "Caeli" Stewart-Morrison, RN BSN