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Committee: House Committee On Behavioral Health and Health Care  
Measure: HB2697

Every day — every single day — we have a schedule including elective surgeries that there are no beds for in the house. Often, this is true even when the ER is boarding new patients because there are no beds for them.

Daily, the house supervisor rounds to figure out how many new patients we can take back and hold, post-op, hoping something will open up or they will magically be able to find another staff person to come in so they can use more beds.

Our late shift is often stuck way over time because they can't abandon these patients but there is nowhere for them to go. (They have been threatened with patient abandonment for even telling the nurse supervisor that she needed to do something because the nurse needed to go home.) We have late-shift staff quitting because they never know when they will get to go home.

When surgeries are (rarely) cancelled because the lack of beds is just too obvious, it is often after the patient has already been brought into short stay and the pre-op done. These patients are often angry, hungry, frustrated and very verbal. The short stay nurse then is stuck explaining the lack of planning by management. I realize surgeries are a steady source of money for hospitals but they seem to forget that they are making this money on the backs of people!