

Submitter: Mary Coffelt  
On Behalf Of: Self  
Committee: House Committee On Behavioral Health and Health Care  
Measure: HB2697

To who it may concern, my name is Mary Coffelt. I am a registered nurse at Kaiser Sunnyside Medical Center Labor and Delivery/Postpartum units. I have been a nurse for over 31 years. I am also the Hospital Nurse Staffing Committee labor Co-Chair. This means that I not only get first hand knowledge of short staffing on my unit but I also hear the voices from the nurses throughout the hospital on various units. I have been asked to tell you the impact of short staffing and how it affects me and my colleagues. I had a discussion with our chief nurse one day. I wanted to hear from her what she felt her role in our Hospital Nurse Staffing Committee was and if she would support the managers to write plans for the units. We have not passed a staffing plan since February 2022. We spoke about minimum nurses needed for a specific unit. I told her I didn't believe those numbers were safe for the RNs or the care that is required for those patients. Her reply to me was infuriating. She said. "There is a difference from being unsafe and uncomfortable and we need to be a bit better at being uncomfortable". I'm going to let that sink in for a minute. This is my nursing leader stating we need to get better at being uncomfortable. These are the people who are advising finance to approve or not approve FTE's for units. On my unit, Labor and Delivery, it takes minutes from being a comfortable situation of a new mother cuddling her newborn to moving her to the operating room because she is hemorrhaging. It is a very short period of time from being uncomfortable to unsafe because we don't have the available staff to help during an emergency situation. On a daily basis our charge nurses not being able to take a break because they are asked to break everyone else on the unit because we don't have anyone to break people.

Our professional organization, Association of Women's Health, Obstetrics and Neonatal Nurses, just changed the Staffing Guidelines to Staffing Standards. These are the staffing standards of care set to decrease morbidity and mortality of the antepartum, intrapartum and postpartum patient. These are being challenged daily by the management team. The charge nurses are pushed harder and harder to give nurses larger assignments to "tighten the budget". We continue to speak up and push back but that is weakening with every request. Being uncomfortable is becoming our new normal.

Disasters are waiting to happen without oversight. We are screaming from the rooftops that staffing is unsafe!! The nurses and other team members are the ones who leave work day after day with the moral injury that is inflicted by not being able to deliver the care wanted because they didn't have time, resources, or support. Who pays the price for not being able to adhere to the standards of care because of short staffing? The Chief Nurse? The Chief Operating Officer? NO, the bedside nurses. Without laws regulating staffing ratios we will find ourselves in a worse staffing crisis.

Who would want to enter a profession that they know they will be asked, on a daily basis, to do the impossible, no breaks, or to take 6-8 patients without support staff to help.