

Submitter: Sow Saefong

On Behalf Of:

Committee: House Committee On Behavioral Health and Health Care

Measure: HB2697

I support the legislation for nurse to patient staffing ratio. After high school, I worked as a caregiver where I found my calling to help others. I was a caregiver for six years before I became a nurse in 2009. I have worked in many different healthcare settings since. I love what I do. Sadly, no matter what setting I find myself, the greed is evident in the coordinated short staffing that persists in light the years of mounting concerns raised from healthcare workers. I never forgot what my professor said in nursing school, if you want to know what the problem is in healthcare, follow the money. The truth is irrefutable, no matter how many research studies have been paid to propagate the lies that infect our healthcare systems like cancer.

In my experience, patients suffer from delayed care, preventable infections and injuries including the tragedy of some preventable deaths. Many times, there are too few staff on duty for the changes in acuity of our patients needs. The crisis in our healthcare system nationwide is not due to the lies of staffing shortages. There are more healthcare workers now than ever. Many problems in our healthcare is due to the heartless greed of the few profiting from the suffering of our patients and our vulnerable population groups. When you hear short staffing, think of corporate profits over patient care. Many healthcare workers have retired early, or simply left healthcare because of the years of intentional short staffing that has caused many preventable staff injuries and burnouts. Healthcare workers get blamed for what is out of their control, cursed at, spit on, bitten, punched and kicked. The visible and invisible injures incurred by healthcare workers are rarely acknowledged, even fewer support is provided for those struggling to overcome the negative effects of providing care.

Even now, those in power are incentivized to refrain from providing real staffing and the support needed in fear of losing their position and bonuses. Instead, we are lulled with endless bargaining and contracts that drag on for needlessly months to years in light of the crisis that is staffing. Legislations is one part, without oversight or enforcement with real and immediate consequences, not much will change for the better.

I will never forget the night I was traumatized. It was a very busy night at work, lots of patients being admitted back to back. Many call lights were going off non-stop. I took my lunch break late around 4:00 AM. I came back and went straight into one of my six patients who was still having a difficult time peeing to catheterize my patient. In the middle draining my patient's bladder, the only nurse aid on duty called to inform me that she found our patient slumped over a counter, dead. I was shocked, because

I checked on him right before my lunch break and he was asleep in bed. Some may say it was his time, and others like myself still think that more could have been done.

Honestly, I felt like my patient and I was a victim.

At the time our unit charge nurses was covering for me for my break which they had to for as least two of the nurses on duty. The charge nurse had to take four patient assignments of their own on top of their charge nurse role. The rest of the staff nurse on our units had to buddy break each other which means that one nurse could be caring for twelve patients which is dangerous. Unfortunately, our one nurse aid to nineteen patients ratio at night only made matters worse. I and many others on that unit have since left either for early retirement or moved.