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On Behalf Of:

Committee: House Committee On Behavioral Health and Health Care

Measure: HB2697

I have been a member of the Hospital staffing committee for Kaiser Permanente since 2015, when Senate Bill 469 was passed. It took years for the committee to agree upon a staffing plan for our unit that would meet the requirements for such plans. The biggest contention was that we needed more staff in order to safely cover patients when RNs are off of the unit and away from them for meal/rest breaks. We went through the process to get the staff (mid-shift RNs), have them in our mandated staffing plan and provide uninterrupted and safe patient care during meal/rest breaks. This has worked well for the last 4 years! Kaiser has since decided that this is no longer in their budget and have removed those staff members from the mid-shift position with no plan of how-to safely provide meal/rest breaks for the nurses on our unit. We have turned in HUNDREDS of complaints to OHA and were abruptly told to stop sending the complaints as "they are aware that there are problems". Although there is a bill in place that mandates safe staffing for patients in hospitals, there is absolutely no teeth in the bill and no one to successfully enforce it. The Bill also states that budget should not be a deciding factor for a safe staffing plan, but sadly corporate healthcare companies only care about the budget aspect. We clearly met the requirements and had a safe staffing plan that was then dismantled (years later) in the name of budget. I work on the Women and Newborn Care unit where we take care of 6 stable patients in our assignment. This means that when one of us wants to take a meal/rest break, we need to have another nurse cover our patients while we are away from them. This would then put that nurse covering 12 patients total. Our professional guidelines state that we are to care for no more than 6 stable patients at any given time. This doubles our assignments during those meal/rest breaks. This is know as "break-buddying" which has been deemed unacceptable by OHA in relation to getting meal/rest periods.

While I am a nurse and work at the bedside, I have also been a patient in this broken system. I had to come to our ER for a cardioversion procedure (stop and restart my heart) recently. While preparing for this very scary procedure I could hear my care team discussing in the hallway how they didn't have enough staff to run the cardioversion but had no other option because I had to have it done. The didn't have anyone to be in charge of the code cart in case they needed to shock me with the paddles. They were able to "piece together" enough staff that they felt confident to go forward. I was scared for my life, literally! As a nurse, I knew that it was urgent to have the procedure done but I also knew that the circumstances were not ideal. I had no choice to go forward with care that I was hearing was not safe. This is the position we are putting our patient in when we don't safely staff hospitals! Think of yourself or a family member needing care from a hospital. We are at our most

vulnerable when we need help/care! Is this the kind of care you want to have to depend on? I don't!