Submitter: Katherine Lattimer

On Behalf Of:

Committee: House Committee On Behavioral Health and Health Care

Measure: HB2697

Chair Nosse, Vice Chairs Goodwin and Nelson, Members of this critical House Committee.

Hello, my name is Katherine Lattimer. I can't say anything that has not been said in-person or via remote testimony supporting this bill. I could talk for a long time about the increasing violence (physical, sexual, and verbal), or the vicarious trauma I have witnessed or experienced long before the pandemic. You have already heard about this in detail at the bill's hearing. I, too, have lost friends, patients, and loved ones due to staff shortages. I can tell you that the first time I submitted a staffing shortage form, I was reprimanded by my nurse manager; this was the first time I had seen her on the ward floor, and it wasn't to know if she could help move patients out of our hallways to inpatient units where it is safer.

High patient-to-staff ratios make urban and rural communities suffer from substandard care. This safe staffing bill is not about taking anything away from rural areas but about the fundamental support of patients' and nurses' lives. I see the money that goes into hospitals and the pockets of people that manage them. But, in my six years working at our state's teaching hospital, I never saw these same people step foot in the emergency department (ED). Even the CNO, with her open-door policy, only came to the ED once, to my knowledge, while I worked there.

Nurses are leaving vacancies everywhere (not just in hospitals) because of filling too many beds without appropriate staff levels. They are from treating non-union nurses inequitably, such as paying mental & behavioral health nurses or nursing instructors less than other nurses when their job is just as important and challenging. They are from treating nurses like disposable when we can clearly see they are not. We call nurses heroes as long as they take on the suffering others don't want to see. If hospitals close because of safe staffing so that patient and nurse mortality does not rise, they need to look closer at their budgets and where the money is going. Nurses, CNAs, Techs, etc., do not get paid the same amount as those that handle the money and budgeting. Nurses do literal back-breaking labor, and they are dying from suicide at a higher rate. How can we let this continue

I left the ER and went back to school due to the physical and emotional burden of my work. I could not care for another team of ICU patients boarding the ED. I could not take another day of transferring lower acuity patients away from their medical homes because no beds were available. We could not accept anything less than a life-threatening trauma or illness. I'm now taking a job in community psych, which is even

more understaffed and pays less for some of the same crisis work. I will take a pay cut to be part of the solution instead of the bandaid that is bursting. I have 100K in loans to pay off, and I know I cannot help people as I should because we undervalue community work. That is why we have record numbers of psychiatric nurse practitioners fleeing to private practice and away from the bedside and the community. At the same time, there is a mental health crisis happening. Please listen to our testimony and do whatever needs to be done to pass this so urban and rural nurses can benefit. The time to intervene was decades ago. Please don't let this go on any longer.

Thank you for your time. And thank you to everyone that stayed late to continue validating our experiences caring for your constituents.