

## Testimony in Opposition to

### Senate Bill 557, House Bill 1008, House Bill 3843

Submitted to the Joint Committee on Health Care Financing by

Amy Hildreth RN

March 24 2014

I have been a nurse for eighteen years. I was a Licensed Practical Nurse for fourteen years and have been a Registered Nurse for four years. I am employed at Emerson Hospital as a Clinical Leader and Associate Manager. I am a nurse on a twenty one bed acute care combined medical surgical, telemetry, and pediatric unit. The goal of my testimony in opposition to **Senate Bill 557, House Bill 1008, and House Bill 3843**, is to share my experience and enlighten this committee to the true complexity of nursing from my bedside viewpoint.

My role as an Associate Nurse Manager shifts from day to day between bedside nursing and leadership. I do not have an office. The unit is my office. I will directly care for five patients one day and complete staff scheduling and payroll another day. I cannot discount that there are true challenges we must face. The profession of nursing will need dedication and significant solutions to meet the multifaceted state and federal healthcare reform legislation. I am excited that we are together talking about the challenges ahead of us and respect the organized ideas for patient outcome improvement, but I am not able to see the actuality of the ratio based solution.

The *right* number is the focus of the nurse ratio proposal. Each day, at every moment, the *right* decision is the cornerstone for my nursing practice. Skill and proactivity steer moment to moment judgments and critical thinking. Each time I enter a patient's room it is all about connecting with that patient and that family. It is not about the quantity of people I see, it is about the quality, knowledge, and skill I am able to provide. Critical thinking is an imperative part of the nursing practice that cannot be limited to a number equation. The uniqueness of every nurse and every patient on the unit requires an acute mind to organize a high quality, safe and compassionate care plan approach.

We all go into this profession to *make a difference*. Our profession is unique. Being a nurse is the art of caring. To quantify this trusted role would be a mistake. The challenges of healthcare reform today raise our awareness to quality and performance measures. This is then linked to real positive outcomes for our patients. This is where our focus must remain. Transparency, efficiency, and pay for performance initiatives have been a step in the right direction towards hospital accountability. As nurses, we must be at the table when decisions for safe care are made. Surely, skilled and knowledgeable nurses at the bedside must be our paramount agenda.

The unit I work on everyday is a moving sliding scale of patient care needs. One particular day processing payroll in the morning and attendance to improvement initiative meetings in the afternoon was the plan. The morning census was eighteen patients. Four bedside registered nurses, a resource registered nurse, two patient care technicians, and a unit coordinator was the day shift staffing. The plan for the day included five post operative patients

and one medical day care patient to arrive throughout the day. There were four planned discharges. Included in this group, on this day, a seven year old with a diagnosis of asthma required oxygen, frequent nebulizer therapy and magnesium infusion. Another patient diagnosed with diabetes and necrotic foot wounds developed a fever therefore surgery had been cancelled. Every one of the other sixteen patients had their own unique healthcare story. On paper and looking at the proposed ratio based thought process each nurse is caring for the *right* number at that snap shot in time. The next hour the moving picture changed. One nurse was assigned to both of the patients mentioned. She was involved with the seven year old; she was providing dedicated care to the family, administering medication and acute respiratory monitoring. The other unit nurses were working with their assigned patients. The gentleman with foot wounds that had been set on alarms for variations in oximetry and heart rhythm, started to show signs of distress. I walked swiftly to his side. I stopped all the administrative duties of the time. I remember looking at him and knowing he was starting to struggle. Quickly the team for rapid response is called to assist with assessing, gathering imperative data, providing oxygen and medications to aide with breathing and heart rate control. The medical team including the doctor, respiratory therapist, critical care nurse, and myself stabilized and focused only on him. Investigation reveals a complex pneumonia and acidosis. It did not end here. Social services and care coordination were involved in the afternoon to assist his family in making informed life decisions. He was later changed to comfort measures. His assigned nurse and I worked together to develop a meaningful approach to his comfort. As the day's clock moved forward the post operative patients still needed to come to the unit, the discharged patients were still getting their teaching and heading home or to a different level of care. The resource nurse and others shifted their day to taking the post operative bariatric patients as I shifted to assure patient needs and staff breaks were met. The afternoon snap shot may have swayed from the ratios being proposed. I did not think of the *right* number, I thought of the *right* thing.

Later that evening, with tears in her eyes, the wife of the man I had assisted earlier in the day reached out to hug me. She whispered, "*thank you, thank you for your team and you for making a difference. I know you cared so very much for my one and only love*". In the weeks that followed a skipping, pig tailed, seven year old girl came up to our nurse's station holding a package of books and trinkets. She asked in a quiet voice "*Here you go, can you give these to other sick kids? I am all better now just because of you guys.*" I knelt down to take her gift. She gently she put her gifts down and surprisingly hugged me. The wide smile of her mother warmed my heart. I remembered the day her bedside nurse had helped her find her breath. That same day we helped a woman let go of her *one any only love* with respect and calm. This is what we do; Nursing.

The complex moving parts of the health and well being of our patients can never be quantified in a number grid. It is quantified by smiles, hugs and gestures of thanks. The decisions of that particular day, that particular moment, were not captured by any ratio number. We make a difference regardless. As a team we move through the day to establish individualized care plans, implement measures to assure positive outcomes, and strive for the safest care delivery. Nurses must be resilient and adaptable to meet ever changing needs. This does not happen without steadfast dedication and leadership. The debate we are faced with is whether a government mandates for patient to Registered Nurse ratio will make our care delivery higher in quality and safer. Evidence based research has not shown true clinical data to prove this point.

Limiting and mandating the right number is not the doing the right thing. The focus must remain on educational growth and skill. Our Massachusetts nurses need to stay on track to finding solutions to healthcare responsibility. The next best step for patient and nursing success is to work with our government to offer nursing growth initiatives and investment. Hospitals and nurses must continue to work together to find the best balance when we are dealing with all the unexpected. The right thing is to have patients well served. The right thing is assuring patients are not prolonged and sitting in a waiting room. The right thing is making sure the skills and resources of nurses are consistently considered. The right thing is to judge each patient's acuity and provide the right level of care. The right thing is making sure each hospital is accountable to assuring positive patient outcomes. The right thing is for hospitals to provide nursing units the tools and resources needed to meet healthcare reform demands. This must be our continued focus. Ratio setting and mandates do not address the ever changing acuity or experience of a diverse staff and medical team.

Leading the way for enhancements and competence to our profession is the key to current and future healthcare accountability. We must remain steadfast partners with hospital administration and providers to find the *right* solutions. Respectfully, government mandates for ratios will limit our universal nursing mission which is to provide the highest quality of care to all of our community. We must come together as nurse leaders and work in collaboration with hospital administration, healthcare providers, and our government to invest in The Future of Nursing. Help the Organization of Nurse Leaders invest in growth and plans that will actually be meaningful to our nurses and the patients we a dedicated to serving.

Thank you for the opportunity to share part of my nursing experience related to this proposed legislation. I respectfully ask this committee to oppose to **Senate Bill 557; House Bill 1008; House Bill 3843**. I look forward to working together towards shared goals for The Future of Nursing. Uniting together as legislators and nurses to discuss meaningful improvements for our resilient and caring profession will lead the way to enhanced healthcare delivery commonwealth wide.