

Submitter: Stacy Stevenson

On Behalf Of:

Committee: House Committee On Behavioral Health and Health Care

Measure: HB2697

I am a Respiratory Therapist. I primarily work in the Neonatal Intensive Care Unit, but am expected to be able to perform in critical care everywhere in our hospital. In the last couple of years our department has been reduced by nearly half mostly in part to burnout from high acuity and even higher expectations to perform under immense pressure and time constraints. I love my job and the babies and families I get to work with. What I don't love is the fear that because of short staffing and lack of support in the unit I might unintentionally cause harm to one of my patients. We are responsible for the little ones' breathing and critical illness in adults and elderly. We intubate, resuscitate, and maintain all support so they can SURVIVE. Picture yourself or you pregnant daughter or son who is so excited to be a dad. You are about to be blessed with a grandchild. A baby is on the way and is born needing help to breathe, but everyone capable of helping them is already in another emergent situation. Care is delayed and outcomes could have been better...if we had better staffing. Picture your mom or dad or grandparent. Imagine they are having a heart attack or a stroke and staffing is so sparse that we cannot get there to help them fast enough. Time is critical, care is delayed and again the outcome is poor maybe even deadly? Safe staffing is an issue simply for one reason. We WANT to be strong enough, fast enough and sharp enough to buy you another hour, day or many years with your loved ones. By keeping our staffing acuities reasonable, by fighting for us, we fight for you. We are able to keep your loved ones SAFE.