

Submitter: Rhonda Fuller

On Behalf Of: OFNHP

Committee: House Committee On Behavioral Health and Health Care

Measure: HB2697

Safe staffing is a big key to preventing poor patient outcomes. Evidence based practice shows that there is a direct correlation regarding excellent patient outcomes and staffing ratios as opposed to more sentinel events and poor patient outcomes when understaffed. While travel nursing has a role in staffing, it should never be long term to avoid hiring good adequate staff. While performing my duties as charge in the operating room, it was rare we were ever at full staffing. The algorithms that management used were based on the Lean Model and only considered what was beneficial for financial gain and did not take into consideration optimal patient outcomes. There way more days than not when as charge nurse I would not have enough staff to start cases in the morning, would have to wait until the mid-shift staff arrived in order to even open up our urgent/emergent room. This would also short our break staff, causing late lunches and rooms to run over time. There were many days, almost weekly where as the RN in the room I wouldn't have anyone to relieve me and not told I would be staying until after the end of my shift. This is why there is a nursing shortage crisis.it's not that there is a shortage of trained nurses, but that good qualified nurses are leaving due to stress, burnout and putting patients lives and our nursing license at risk by management and the attitude that profits are more important than people's lives.