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To: Members of the House Committee on Behavioral Health and Health Care

Re: HB 2967

As staffing is cut thinner, there are more falls, more delays in medical care, longer stays due to deconditioning, and no one managing the patient's care. Think about your mother requiring hospitalization for complications post-operatively. It is very realistic she will have to wait at least 20 minutes after pushing her call button. But what if she had a sudden severe increase in bleeding? What if she was in uncontrolled pain? What if she was there with COVID and couldn't breathe? Do you want your mother to wait 20 minutes before someone lays eyes on her? In some circumstances, that's the difference between a smooth, safe hospital experience and a code and a stay in the ICU, if she makes it that far.

Oftentimes, we are piecing together care so that one patient may have 3 to 4 nurses in a 24-hr period, and crucial issues get missed (like a worsening clinical status), no one is owning the care, and the patient doesn't progress. At my hospital, RN's are having to take on tasks, therefore working below their licensure with 5 patients on day shift, so they are unable to keep track of labs, procedures, read notes, and monitor clinical status in the same way they once were. For example, noticing a trend in vital signs, or a lab that is out of range and causing adverse events like a new irregular heartbeat, or increasing bleeding, or signs of infection. As you can imagine, this leads to delays in care, missing clinical changes and declines in status, and an increase in adverse events. The team dynamic has eroded due to a reliance on travelers and non-core staff that are there to meet minimum expectations only. This makes us all feel overwhelmed and leads to a devaluing in the job and the team, and the patients suffer.

Hospital administrators want you to think the existing structure is great, while they short the floor and line their own pockets. Throughout the pandemic, I have heard hospitals saying nurses are bankrupting the hospitals, with no mention to the fact that at many hospitals, administrators still got their bonuses. At my hospital, they are paying for two CEO's right now, one of who's salary is just shy of \$1 million a year. How many nurses and CNA's would that pay for? You need your nurses. Remember your mother being the one waiting, afraid, in pain, for a nurse that is so overwhelmed, she cannot get to her to see what is going on. If you want quality care, you need nurses.

Please support HB 2697.

Leah Croft, RN