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On Behalf Of:

Committee: House Committee On Behavioral Health and Health Care

Measure: HB2665

There is a history of when financial budget cuts are made, staff is the first area reduced to save money. This results in remaining staff becoming burnt out and quitting. I have worked in 3 states as both facility staff and agency staff. The pattern is the same as is the outcome. I have seen staff who quit or were terminated still listed on the schedule so an outsider such as an OSBN inspector or other outsider will perceive the facility as fully staffed for all shifts.

Medical staff who are chronically in short supply, are now jaded and bitter; since the beginning of Covid and the reluctance of many staff to risk exposure.

Initially there was hazardous pay compensation, but that was quickly trimmed as qualifications for receiving the "bonus pay" became an ever lengthening list. Nurses are known for putting their needs second to patient care. Missing meals, frantic bathroom breaks, and endless pressure of performance often with insufficient staff. Partly this is due to the resistance for using agency staff to match the census ratio to mandated staff per shift. The dollar cost to the patient/resident's in these facilities never lessens regardless of the drop in quality of care. Healthcare provided is on a downward spiral. It's a sad but true fact that maximizing profits had taken precedence over patient care.