

I am a hospital RN. I oppose this measure as a one size fits all staffing plan would be detrimental for small, specialty units such inpatient rehabilitation. I am a long tenured rehab RN. It has been a constant struggle to get administration to understand how more significantly we are impacted by across the table by policies written and implemented for the most common size and scope of unit. For example: The hospital, for years, would look at staffing simply as how many nurses short each was for a given a shift. The view, naively was that it is equal if every unit is down one RN. Many units had 10 nurses to begin with so 9/10 is not too bad. Our unit would have only 3 scheduled. Staffing would force one of our nurses to float to "make it even." We would then be 2/3. Losing one-third of your staff is most certainly not equal to losing one-tenth. I fear what HB 4074 would destroy small, but essential units.