

Submitter: Alexcia Johnson
On Behalf Of:
Committee: House Committee On Health Care
Measure, Appointment or Topic: HB4074

I hope this letter finds you in comfort and peace of your position, knowing you have the full support you will always need to provide safe care for your community. For the record, my name is Alexcia Johnson. I've been an in-patient Registered Nurse at Kaiser Permanente Sunnyside Hospital for the last 7 years. I am a Union Steward for OFNHP, and Unit Based Teams co-lead; I prioritize and honor being a voice for labor. I work on a medical surgical unit that specializes in peritoneal dialysis, Diabetic Ketoacidosis, eating disorders, and many other specialties that require frequent monitoring and escalation when needed. I am writing in strong opposition to HB 4074. I know that you are aware that if HB 4074 gets passed it would not put me in a place of comfort, support or security; it does not protect us nurses for a 1:4 MedSurg ratio and without a staffing plan in place on our unit, we are at risk as nurses and patients to extreme conditions for even just a 1:5 ratio; taking risk not only as a registered nurse but as a patient. For example, you would be anticipating extreme wait times, especially pertinent interventions in acute illness, such as antibiotic time when they get started- delay of start time would result in infections not getting cured correctly, longer hospitalizations, sicker patients and higher nurse burnout turnover, who would care for your patients then? These are already hard to fill positions; this bill would directly affect the number of unfilled positions instead of strengthening the system as a whole. Should we mention patient death rates? WHO would be responsible for monitoring and PUBLICIZING this data after HB 4074 implementation??? Where will our protections be when there's a delay in care? Are we adjusting our patient medication administration window to an hour and a half now instead of 1 hour? Every 3 hour patient turns instead of 2 hour turns? Twice a day patient ambulation instead of 3 times a day? Every 2 hour patient rounding instead of 1 hour? What will our adjustments be? We do not have an approved staffing plan in place, therefore no protection for us in Med Surg. If no adjustments to our expectations in care, you will see nurses dropping out of the profession like flies or moving to a state with appropriate protected ratios because at the end of the day we worked so hard for our education and licensing. You will now need an adjustment to the education system and nclex because NOW real-life med surg nursing would be incomparable WITH NCLEX WORLD which is ridiculous to be preparing students for something that will be NOTHING like what is taught. Please take this time to put yourself in the worn out and broken shoes of myself and fellow burnt out nurses and interpret how this implementation may affect the future care delivery models, safety and the remaining unfilled med surg nursing positions. And lastly, please analyze how care would be provided to yourself with a med surg nurse who also has 4 other patients to care for; you may for the first time experience incontinence while waiting for assistance which is an unfortunate real-life experience for patient population even

with 1:4 ratios. In conclusion to this letter, I appreciate correspondences with interpreters that would truly consider becoming a patient of ours if HB 4074 was passed.

Thank you for your time to read this opposition.

Respectfully,

Alexcia Johnson, RN, BSN