

Human Services Committee
Testimony of Heather Stimson
Re: Senate Bill 1128
Tuesday, February 27, 2007

Hello Senator Harris, Representative Villano, and members of the Human Services Committee.

My name is Heather Stimson. I am a psychiatric visiting nurse with 10 years of experience in the home care setting. I am here to ask you to reject SB 1128 section 6, the Governor's recommendation requiring certification of unlicensed personnel for the purpose of medication administration in residential care and boarding homes on behalf of all residents in these facilities and their nurses.

This proposal perpetuates the belief that medications, particularly powerful psychiatric medications, can be administered without the need for actual medical care. Nothing could be further from the truth. In fact, all medications require the need to manage the patient's entire medical and psychiatric conditions.

Psychotropic drugs have significant side effects creating co-morbid conditions that require constant professional medical attention. It is not uncommon for a patient to suffer multiple medical diagnoses in addition to their existing mental illness. The decompensation of these patients is most often due to medication non-compliance and poor management of their entire care needs. Managing their diseases, treatments and side-effects is not something that can or should be done, by personnel who have merely obtained certification for the "administration of medication."

Throughout the years I have practiced nursing, I have routinely provided care to patients who live in residential care and boarding homes. The majority of patients in these facilities are individuals who require not only psychiatric care, but extensive medical care as well. In my experience, many of these patients are among the most medically and psychologically fragile patients I see. They require some of the most intensive care that can be delivered in the community. I would argue that it is not safe for the patients, or, in all honesty, the community, to alter the existing routine of providing nursing care in favor of unskilled "certified" people to do this job.

To describe these visits as simply "administering medication" is troubling. I would love nothing more than to have the source of this proposal spend a day with me, observing how medically and psychologically compromised most of my patients are, regardless of where they live or where their care is delivered.

During every visit I am required to meet all nursing requirements set forth by the Department of Public Health. I perform comprehensive medical and psychiatric assessments, evaluate the plan of care, and administer complex medications and co-ordinate services with all physicians involved with the patients' cases.

An example of a patient I care for in a residential home might be a person who suffers from diabetes, schizophrenia and hypertension. Each of these diagnoses and treatments impacts the other. The professional nursing assessment, co-ordination between multiple physicians and the ability to implement competent care allows these clients's to remain in a community setting safely.

Physicians routinely ask for a nurse to provide medication management because staffs in the residential homes fail to implement changes in medications and/or report changes in a patient's status promptly and accurately, resulting in a negative impact on the client's health status. This is not because they wish to inflict harm, merely that they don't understand the significance of the medication regimes or the patient's disease process. Again, it comes down to the need for a skilled nurse to understand the implications of medications and disease process.

Some questions you may want to ask yourself are: Would a person certified as a "medication technician" know that a mistake has been made when a patient is taking Thorazine when really it was Thioridazine the doctor ordered? Would a medication technician understand that a paranoid schizophrenic, with COPD, is acting bizarre because they have an infection affecting their mentation? Would a medication technician understand that a diabetic patient, newly diagnosed with depression, is commonly prescribed Trazadone which has side effects that mimic hypoglycemia?

The answer is "No". Ten years of licensed nursing experience and training gives me the knowledge and authority to assess these issues, implement changes ordered by the physician and provide safe care to these patients. These patients are living in residential or boarding care because they are medically and psychiatrically fragile. This is most often their only option in order to remain out of the nursing homes. A medication technician does not have the skill or knowledge to care for them safely in these settings.

As a tax payer, I understand the desire to save scarce state funding. The re-imburement for psychiatric home care services has been cut dramatically over the past few years. I ask only that additional cuts not be made at the expense of these patients' and the well-being of the community. The perceived financial benefit does not, and will not, outweigh the human cost and the financial impact this change will make on an already fragile system.

Thank you for your time and attention to this matter.

Heather Stimson RN