

## **HB 5902- Disclosure of Staffing Levels in Hospitals.**

Thank you Senator Handley, Representative Sayers and members of the Public Health Committee. I am providing written testimony on HB 5902- Disclosure of Staffing Levels in Hospitals.

My name is Christina Chapman. I presently work at Lawrence and Memorial Hospital in New London and I have been working at Lawrence and Memorial Hospital since 1985. My experience is 19 years of medical- surgical nursing in the areas of cardiac, 8 yrs of pediatrics nursing and 2 years of rehabilitation nursing.

I am in support of a hospital committee to develop a plan to staff our hospital units safely and adequately. A plan that reflects the acuity, nursing interventions of each of our patients. I do not believe a nurse to patient ratio model can meet those criteria. Though the State of California offers that model, too many variables exist when caring for a hospitalized patient.

With the safety mandates the Public Health Department issued this year, it is becoming more challenging for nurses to fulfill these requirements mainly due to the lack of adequate staff. Approximately twenty five percent of our licensed nurses are not working in the field of nursing and the average nurse is approximately forty-seven years old. The contributing factors are the physical demands of bedside nursing including short staffing with much more accountability, increase documentation demands as well.

Nurses have been doing a phenomenal job collaborating to meet the needs of patients on a given shift.

Two years ago while I was working on 5.4, a cardiac/ pediatric ward, my Local AFT Union 5049 addressed the issue of unsafe short staffing.

We arbitrated and lost. But we gained some valuable information. Due to the lack of pertinent documentation to prove unsafe staffing, AFT Local 5049 developed a short staffing form listing many important nursing interventions and tasks that might be performed in a given shift to guide the nurses while filling out the form. This form can be used in assisting the hospital committee at Lawrence and Memorial to consider key areas when developing a staffing plan. Also, it was satisfying to our union when the arbitrator wrote her decision concerning unsafe staffing. She affirmed by stating that the nurses on the unit have been going thru many red lights without getting hit. Many days' nurses feel this way and it is time for our state to safeguard not only our patients but the healthcare team as well as the health facilities with a law that reflects the current realities in caring for hospitalized patients. We must change the outdated guidelines of 1 nurse to 12 patients set by past legislation in Connecticut.

Eventually, I would like a standard staffing plan that all hospitals in the state can follow. A nurse patient ratio is too simplistic and "one size fits all "approach to a situation that is much too vital and too many variables to consider when caring for our hospitalized patients.