

Testimony of Mark Kaschube, RN, BSN  
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In Support of Raised Bill 968  
An Act Concerning Reports of Nurse Staffing Levels  
March 15, 2013

I want to thank the Public Health Committee for accepting my testimony in support of Raised Bill 968, An Act Concerning Reports of Nurse Staffing Levels.

I have been a nurse for 2 years; I currently work at Danbury Hospital. As an RN at a busy acute care hospital, it seems logical to me that safe staffing would be at the heart of many if not most patient safety and standards-of-care issues. That is why I feel staffing levels should be reported.

If staffing is inadequate, then you will see an increase in falls/safety issues. RN's & patient Care Technicians, can only be in 1 place at one time. If you have several confused patients on the floor, which is common these days, and you don't have enough staff to get to them before they make it out of bed, patients are going to fall. Period. Bed/chair alarms help, but if you don't have the resources to respond to the alerts they provide in a timely fashion, they are merely announcing that a patient just hit the floor. A common administrative response is to "well, just move the patient into the hall, where everyone can help keep an eye on them", especially on night shift. Well and good, you move your patient into the hall. Then the patient is incontinent (or needs a dressing change, or needs medication, and the list goes on), and needs care. Now, you have to either perform the required care in the hallway (so much for dignity & privacy), or you have to take the patient back to his room, perform the care required, and then bring the patient back out into the hallway (and please remember, you already don't have enough staff for the "routine" work at hand, so adding additional time to the tasks these patients require is taking away time from other patients). And what if you have three or four patients requiring this level of care?

Additionally, if the staff is barely able to keep the patients safe, other tasks the hospital would like us to do, I.E. like maintaining an uncluttered environment, keeping equipment from blocking fire doors, and maintaining infection control protocols, are either going to be short-changed or just not done at all. If I hear a bed alarm going off in another room than the one I am in, should I stop what I am doing, wash my hands, and then tend to the patient whose bed alarm is ringing? Fifteen to thirty seconds might not seem like much time, but I have caught numerous patients who were in the process of falling when I got to them, and a fifteen second delay would have seen these patients on the floor.

Staffing levels should be known because inadequate staffing will lead to standard of care issues/violations. Pressure ulcers are currently a hot topic, since reporting rules have recently changed. Without sufficient staff, the occurrence of pressure ulcers will rise. There are numerous new products that help in the treatment of pressure ulcers of whatever stage; the ONLY measures that will PREVENT pressure ulcers is timely continence care & frequent turning & positioning. This can only be done with proper staffing levels. Without enough personnel, patients are going to go longer between being checked for continence, and go longer between turnings. Not because anyone thinks it's Okay, but because again, one person, may only be in one place, at one time.

Documentation that is required, will be delayed or forgotten, because most care givers (at least, the ones I want taking care of me and mine) will place doing as much patient care as is possible first. This will often cause gaps in the information being transmitted, with sometimes disastrous results.

If you are overloaded, and you have two patients go critical at this same time, what do you do? Well, you go handle one, and ask one of your co-workers to go deal with the other problem. This is assuming, of course, that your co-worker isn't already in the middle of their own critical patient, because it is likely that if you are overloaded, they are, too. In the recent past, I began a shift with three patients whose heart rates were dangerously elevated simultaneously, and it is relevant to note that there were only four RN's on the floor at the time, leaving 1 RN & 1 PCT to watch 20 patients. Does this really sound safe?

It seems to me that it doesn't take a lot of critical thinking skills to see that under-staffing will lead to more money being spent on treating the consequences of "negative outcomes" (and what a nicely sanitized way of referring to unnecessary pain, suffering, and death). Falls, pressure ulcers, & other events will certainly cost more money in the sense of additional tests, procedures, & treatments they will incur. More difficult to calculate would be the lost revenues that hospitals will start incurring regarding decreased reimbursements from Medicare & other insurances in response to negative outcomes, not to mention the cost of litigation that will often occur in response to these negative outcomes.

I was taught, one of the most basic functions of a good nurse, is to apply critical thinking to all facets of patient care, the goal being to anticipate problems and deal with them before they have a chance to impact the patient.

Reporting adequate staffing levels will set hospitals apart. Nurses will want to work at the hospital with good staffing levels and patients will want to be cared for at those same hospitals. Having safe staffing levels will ultimately save patients, hospitals, and taxpayers money while increasing the quality of care.

Thank you for taking the time to hear and read my testimony on what it is like to work in an acute care hospital in Connecticut. I hope you will support Raised Bill 968.

Sincerely,

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