

Testimony of Danielle Zykoff
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 the opportunity to submit testimony in support of Raised Bill 968. I have been a registered nurse at Danbury Hospital for the last 8 years and I work on a busy 31-bed Medical/Surgical unit- primarily focusing on post-operative patients.

Let me paint a picture for you...Think about if you, or your loved one is in the hospital, and you just had a major surgical procedure, and you are scared and have many questions, and your blood count drops, and you require blood products, but before we can administer the blood product you have to use the bathroom because this is your first time out of bed and you are weak and have 2 IV poles, and it takes 2 people to assist you out of bed, and you become faint, the 2 people bringing you into the bathroom catch you before you fall, and they call for extra assistance to carry you back to the bed (now there are 4 or 5 staff members in the room assisting you), your spouse is scared and crying in the chair, you are carried back to bed, vital signs need to be checked, and your blood pressure is dangerously low and your temperature is very high. The nurse is now contacting the MD, accessing another IV site, rechecking vital signs, providing emotional support to your spouse and to you as the patient who is now terrified, we are calling for STAT lab work and radiology testing... Currently you are a high acuity patient that requires your nurse's undivided attention. You do not want your nurse to have 5 other patients to take care of at this time, 5 other patients that also require a lot of attention. This is not being dramatic; this is a very real scenario that we have to deal with on a frequent basis.

Currently Danbury Hospital does not staff by acuity, they just say that each nurse can take care of "x" number of patients, no matter what is going on with the patients according to a staffing grid, they have determined, based on budget.

It is imperative that we staff our unit and our hospital according to the ACUITY of the patient, not according to a grid that states each nurse can handle up to 6 patients at any given time. There are many factors that need to be considered when doing staffing assignments and caring for patients. The safety and well being of each individual patient in the hospital needs to be assessed and the proper care needs to be provided to them. This can only be done adequately by assessing the patient's acuity. Especially on a post-surgical unit, we need to closely monitor patients for complications after surgical procedures. This requires frequent monitoring, frequent physical assessments, frequent vital sign checks, turning and positioning, providing personal care, ambulating, educating and providing emotional support. Looking at the list of things may seem like it should take just a few minutes. In reality, this requires great skill and a lot of time. I do not want to be a patient in the above scenario when my nurse cannot give me undivided attention when I need it. We MUST staff by acuity, and not by numbers.

Staffing by acuity is not just for nurses, but also for Nurses Aides- they are and intricate part of our team. Thank you for your time and anticipated consideration in this matter.

The reporting of staffing levels, that show acuity is a factor in determining staffing patterns, would give the public a clearer picture of what they can expect when choosing a hospital in Connecticut.

Thank you,

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