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AFT Healthcare 

Testimony of

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Backus Federation of Nurses, AFT Local 5149**

Public Health Committee Public Hearing
March 5, 2014

HB 5384 An Act Concerning Reports of Nurse Staffing Levels

Dear Senator Gerratana, Representative Johnson and members of the Public Health Committee:

My name is Georgine Craig and I work at William W. Backus Hospital as a mental health RN. Unit D1 is a locked 16-bed unit that cares for behavioral health clients with issues ranging from drug or alcohol addiction, psychotic conditions, bi-polar illness, and depression. We have our share of violent patients and we've seen the number of acute behavioral conditions increase over the last few years. The correlation between safe staffing and patient/staff safety is never more apparent than in the psychiatric milieu where conditions can change drastically over the course of mere minutes and rapidly degrade to violence.

I have been on D1 close to three years and as a relatively new nurse, my education in school revolved around what we call "team nursing." Simply put, team nursing is an approach to patient care whereby the staff on a unit works as a team. It's efficient both in cost and labor because things get done in a timely manner and in a way that no one feels that they work more or less than anyone else because we are all pulling our weight toward a common goal - patient safety and patient satisfaction. Satisfaction - because let's admit it - hospitals are a business, patients are customers and we want them to come back again and spread the word about their good experiences. Being that hospitals are businesses and businesses are in the business of making money, it makes sense from a business point of view to increase profits while lowering the overhead. One doesn't need an MBA to understand the math of how making money works. But why should patient outcomes and safety be jeopardized because of low staffing levels?

It has been my experience that unsafe staffing destroys the team approach to nursing, lowers patient safety and satisfaction, constructs an arena for staff injuries, and creates the reality for everyone involved that someone eventually will get hurt. It's the burden that low staff-to-patient ratios create and we are living it on a daily basis. Is it somehow acceptable to completely allow a patient to fall through the cracks merely because they

are not complaining or because they isolate in their rooms? I submit to you that according to the new clinical design at my hospital, it is.

In the case of the behavioral health milieu, less staff means that patients are receiving less one-to-one care. More often than not, they receive no one-to-one care. A single patient in a behavioral health setting can demand the attention of the entire staff and effectively divert a unit's resources. When there is less manpower, the results might range from errors in medication administration, patient behavioral decompensation, increases in violence and staff mental and physical exhaustion. Your father, mother, sister, daughter, son, grandmother, grandfather, or best friend will isolate in their room, anger will become an issue and resentment will build.

In the past two months our staff has been cut from three nurses and two mental health workers per shift to two nurses and two mental health workers per shift. In a nutshell it works out to, in the case of all beds being full, eight patients per nurse. We are charting an incredible amount of information, passing meds, covering staff breaks, attending to group therapy sessions, helping patients with their laundry, attending to additional medical needs (as mental illness has increased over the years so too has comorbidity), getting things for patients (i.e., hair products, phone numbers stored in their cell phones, craft supplies, books, magazines, Bibles, perfumes, lotions, paperwork, writing supplies, heating pads, bed linens, soap, towels), filling out daily menus, wiping up spills, monitoring the television, starting and stopping DVD movies, doing safety sweeps of the unit and endlessly diverting the attention of patients whose thought processes are compromised.

These patients need our full attention. They need us to be present, compassionate, immeasurably tolerant, and democratic. We can't thoroughly do our jobs if we lack the staffing to do so. Patients are losing out on the benefits of psychiatric hospitalization if we can't have the staff to keep up with the overwhelming demands made of us.

In addition we are expected to cover the behavioral health pod in the emergency room which means that the unit loses a trained psych nurse to work the psych pod for the shift and he or she is replaced on D1 with a pool nurse who is med-surg trained only. Sometimes the unit is full and depending on availability of nurses, sick call outs, or emergency room responsibilities, we work one nurse for 12 to 16 patients with two mental health workers. I encourage you to do the math and imagine for yourself the toll this clinical design takes on a day to day basis. Nurses are calling out sick from sheer mental and physical exhaustion.

I haven't even begun the topic of staff safety. Being short-staffed increases the dangers of having a patient injure a unit worker. Turning the collective cheek on this problem perpetuates the myth that psychiatric health care workers are expected to be injured on the job. After all, wasn't this our chosen field? Over the last two months there have been multiple injuries incurred by staff which might have been avoided with adequate staffing. Since when did being free from harm become a privilege and not a right? And mental illness is not an excuse for bad behavior. We do our patient population a disservice if we do not hold them accountable for their actions.

I implore the General Assembly to scrutinize, with incredible fairness and bipartisanship, the verbal and written accounts about the repercussions of understaffing our hospitals. Other states have adopted safe staffing laws. Isn't time for Connecticut to do the same? I implore you to support HB 5384. Thank you.

*Sincerely,
Georgine Craig, RN*