

**Testimony**  
**Proposed Governor's Budget**  
**February 27, 2015**

Good Evening Members of the Appropriations Committee, Representative Walker and Senator Bye,

My name is Kathy Goodison and I am a registered nurse at New England Home Care. I currently service the behavioral health adult population in New Haven County. I have been a behavioral nurse case manager for more than 15 years and a registered nurse for more than 20. It is disheartening to me that I need to continue to define my role in this capacity. To justify the services and the care I provide to my patients on a daily basis.

I have referenced the Nurse Practice Act for the State of CT. It explains in detail what I do every day in the care of my patients. " The practice of nursing by a registered nurse is defined as the process of diagnosing human responses to actual or potential health problems, providing SUPPORTIVE and RESTORATIVE care, health counseling and teaching, case finding and referral, COLLABORATING in the implementation of the total health care regimen, and executing the medical regimen under the direction of a licensed physician."

I do each of these on a daily basis. The term "medication administration" has been used in terms of a cost issue. It makes it appear to the general public that the nurse only gives pills and leaves. That is not the case. Every day I assess my patients in terms of their current health problems and the potential for any issues they have. I provide SUPPORTIVE COMMUNITY BASED care so these patients can continue to remain in the community. In a stable environment, that takes into consideration their significant past medical and psychiatric histories that have impacted their ability to function independent of the supportive care.

We have implemented a Recovery based model of practice. And if it applies to the patient it has been implemented. Each patient is assessed individually to see if their plan of care and diagnosis will be supported by this. However some patients are not able to participate in their recovery because of cognitive impairment and or many co-morbidities that prevent them from doing so. I know that all of the community based homecare nurses make a difference every day in the lives of our patients. I am proud of what I do. It takes a licensed clinically competent practitioner to be able to assess the patient adequately and effectively.

I have a patient who has a significant drug/alcohol history and is on probation again for a justice of the peace violation, he has schizophrenia chronic homelessness who has had stable housing now for 3 years. He is seen 5 times a week and is allowed to hold the meds on the weekend and at night. He has had escalating psychotic behaviors most recently today when he told me that if he is discontinued from his social security benefits he will not be held responsible for his actions and he eluded to committing a crime. He refused his meds last week for 3 days. Does that sound like a person who should be seen by a "med tech?" Does that seem like reasonable and responsible way to care for these chronically ill clients in the community? He is just one example of the many patients I care for. It does not seem ethically reasonable in light of what has been going on in the country to change the level of care provided to these clients. They deserve the quality of life that you and I have.

In addition, I would like to discuss nurse delegation of medication administration. Given the symptomatology that these patients present with some on a daily basis, I do not see how it is a reasonable and safe expectation that the RN delegate the medication administration to an unlicensed person. The person qualified to administer meds via delegation absolutely cannot do an assessment of any kind. They cannot evaluate the patient's current mental status. They cannot ask any questions relating to pain management or symptom management. They cannot educate or evaluate regarding any

medications or response to treatment adversely or otherwise. They will not have the knowledge or skills to provide the patient with a competent and safe administration of medications. No treatments of any kind can be performed. In this situation this seems unsafe and poor practice

In addition homecare services are a very cost saving benefit to the overall healthcare provided to these clients. In assessing the patients, if any clinical issues are found that need further evaluation the RN collaborates with the patient's MD before sending them to the ER when appropriate. We make extra skilled nursing visits to adjust medication doses and evaluate clinical parameters i.e. BP Blood sugar and responses. We use outpatient resources for treatment before utilizing the very costly Emergency room services such as urgent visit appointments at the primary care centers. We arrange transportation to ensure the patient will get there as well. It is a collaborative practice focused on the best patient outcome using the least resources that are reasonable and necessary.

Thank you.