

Ms. Helen Roznowski

Ms. Roznowski: Thank you. I'm here as a consumer of the health care system in Michigan, also as a loved one of many people who have been in the hospital, and, lastly, as a registered nurse.

My testimony is based on experiences I've had in the hospital setting over the last several years. I've worked as a nurse in a rural regional referral center in northern Michigan since 1978.

I started out as an LPN. I went back to school, got my RN, got a bachelor's degree, got a master's degree. I've worked as a staff nurse. I've worked at every single department in our little hospital. I've worked as a staff nurse, the charge nurse. I was the diabetes educator. I was the nurse manager. And now I'm doing what I started doing in the very beginning; I'm back at the bedside being a staff nurse in an ambulatory care -- in ambulatory recovery room in the hospital that I work at.

As a consumer and a family member of someone who was recently hospitalized, I want to talk a little bit about what I saw when my loved one was in the hospital.

My family member had chest pain and she was admitted to -- a cardiac event, a heart attack. And I happened to be visiting the morning after the admission and she experienced chest pain again.

Now, the doctor, her family physician hadn't seen her yet. So we put on the nurse call light, like all good patients are supposed to do, and we waited for the nurse to come to give this family member something for the pain.

And after about four or five minutes when the nurse didn't come I realized that because I know the system and I know the hospital that I could facilitate getting her treated, so I used the knowledge that I had.

And one of the things that we have learned in nursing school, and you probably have heard in the media, is time is muscle. When you're dealing with a heart attack or potential heart attack, the longer you wait, the more potential you have to have damage.

So I went out looking for the nurse. I went out to the nurse's station. And the only person at the desk was a unit secretary who was busy doing her job on the computer and on the phone. And I told her what I needed, and she said, "I'll try to find you a nurse."

Well, I wasn't patient enough to wait. I'm not a very patient person. So I went door to door until I found a registered nurse. It wasn't the one that was assigned to my family member but it was a registered nurse. And I told her what was going on and I asked her to please get on the phone and get some help for my family member.

It took her quite a long time. She spent about 30 minutes stabilizing my loved one. Luckily, the good news is that it wasn't a heart attack and everything turned out fine. But it was so frustrating to be there on the other end of the spectrum trying to find somebody who could help this person that I loved dearly. And I could have done the work but I wasn't working. I was there as a family member.

I'm very passionate about my profession and I'm extremely loyal to my institution. I've worked there since 1978. I wouldn't be here testifying to slam my institution. That's not what I'm after. But I see what's going on there, and I'd like to give you just a bird's eye view of what I've seen.

We have medical and surgical floors. Each floor holds about 36 patients. And on the med surg floors, on the day shift an RN is responsible for eight to ten patients.

Now, she may have the help of care assistants or LPNs, licensed practical nurses, but she doesn't really have the ability to have them do her job. That nurse is still required to go assess every single patient, to listen to the lung sounds, to read over the orders on the chart and to look at current lab tests and x-rays and so on.

On the midnight shift the RN has 13 to 14 patients. This is just absolutely more than they can possibly handle.

There was a recent survey at our hospital of the RNs to ask what do you feel about your job, and here are just a couple of the comments.

We have 19 patients for two staff. No secretary, no runner, no extra help. The nurse-to-patient ratio is unsafe. If I have a team on nights with 12 to 13 patients, even one crisis or concern or an admission doesn't allow me to see all the other patients in my team in the appropriate time frame, which means they could be missing problems.

And I could go on and on. The survey comments were three pages long and that's for 175 RNs.

The other issue that we found that the nurses in my area are saying is mandatory overtime is just killing us. It's absolutely horrible. If you've worked here eight hours, and a half hour before the end of your shift someone comes to you and says you've got to stay, and you can't leave, what are you supposed to do? You've got children at home. Maybe your baby-sitter is going to leave.

We've had a nurse who was turned in for abandoning her children because she had to stay at work; and had she left work, she would have been disciplined at work.

It's -- you know, the Governor created a wonderful thing when she was Attorney General, saying we wouldn't lose our nursing license, but our institutions are still disciplining us. Mandatory overtime is absolutely horrible.

I did leave written comments and a disk if you'd like to see more, but I'm very happy that you've given me this opportunity to express my views, and I'll go back and black out the name of the institution. I didn't know I couldn't have it in there.