

Patient Care & Safety in the Rural Setting

Verbal Testimony

From the perspective of a consumer, family member, Registered Nurse

Patient Safety Commission

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Thank you for allowing me to share my views. My name is Helen Roznowski. I'm here as a consumer of the health care system in Michigan, as a loved one for several family members who have recently had experiences in Michigan hospitals and lastly as a Registered Nurse. My testimony is based on what I've seen and experienced in hospital settings over the last several years. I've worked as a nurse at Alpena General Hospital, a Rural Regional Referral Center in northern Michigan, since 1978. My first seven years of employment were as a Licensed Practical Nurse. I went back to school to become an RN, working first as a staff RN, then a charge nurse, a Certified Diabetes Educator, a Nurse Manager, a House Supervisor and now I'm once again as a general duty staff nurse in a hospital based Ambulatory Surgery and the PACU, better known as the recovery room. My knowledge about patient safety and what expertise I have is limited by the nature of my past professional experiences and personal encounters. I can only talk to you about what I've seen or experienced and what I see other RN's in my hospital dealing with on a day to day basis.

As a consumer and family member, I've seen nurses at the bedside who try their very best to meet all of a patient's needs, but they consistently tell me they don't have enough help or enough RN's to do all that they are expected to do. For example, a family member of mine was recently hospitalized with chest pain. My loved one was admitted to our hospital's telemetry unit for further evaluation and to have a cardiac cath scheduled. While waiting for her family

physician to see her, she once again had chest pain. I happened to be with her. We pushed the nurse call light to get help. After about four or five minutes, I went to the nurse's station to ask for assistance. You may have heard the adage, "time is muscle" when talking about chest pain or heart attacks. This means that the longer one waits to treat chest pain, in a cardiac event, the more probability there is that the heart muscle may be damaged. The Unit Secretary, who was the only one at the desk, told me the nurses were all busy with patients and she would try to find a RN. I might add, she was on the phone and on the computer, doing her job. Because I know the system in our hospital and because I was worried about more heart muscle damage, I went room to room until I found an RN who could leave what she was doing and call my family members doctor to get orders to address the chest pain. This nurse cared deeply about my family member. That RN is a hardworking professional who spent about 30 minutes stabilizing my family member. Not once did she complain about being overworked, or understaffed, but I could see she had left a very sick patient to care for another equally ill individual.

I'm passionate about my profession. I have great loyalty to my hospital. But I'm also deeply worried about the state of patient safety in my place of employment and other hospitals in Michigan. Often our Registered Nurses on the Medical and Surgical floors work dangerously short. In Alpena, each RN is currently responsible for 8 to 10 patients on the day and afternoon shifts, most often starting out the shift with 10 patients. They may have the assistance of a LPN or an orderly. As good as these other health care providers are, they still don't have the educational background and the ability to critically look at complex patient problems and address serious issues before they get out of control. They need the RN to back them up. And if that's not enough, the 11 p.m. to 7 a.m. RN is responsible for 13 to 14 patients. All of the RN's must review their patient's chart, look at all of their lab test results and other test results, do an actual

physical assessment of all of their assigned patients and execute the plan the care of their patient for the next eight hours. The RN's work load doesn't leave time for admissions from ER or for serious events, like cardiac arrests, something they just fit into their day as needed. Granted, many of those 11-7 patients sleep during the night, but severe shortness of breath from Congestive Heart Failure and severe, unrelieved pain doesn't wait until 7 a.m. to be taken care of. If it were you or your loved one, you would expect the RN's to address all of the problems 24/7.

The RN's at my hospital recently completed a survey about their top concerns on the job. Not surprisingly, the number one issue for the RN's was patient safety and the Nurse to Patient ratio. Even nurses who work in specialty units, like Intensive Care or ER, expressed concern about the safe delivery of patient care. I'd like to share with you just a few of the comments from the survey.

- “We have 19 patients for two staff, we have no secretary, no runner or extra help”
- “Nurse to patient ratio is awful, too many acutely ill patients & not enough RN's to care for them.
- “Nurse to patient ratio needs attention, a lot of the time it's unsafe. When a nurse has 10 patients to a team, with 7 or 8 of them in serious condition or very confused, it is very difficult to care for that many patients.”
- “The nurse to patient ratio is unsafe. If I have a team on nights with 12-13 patients, even one crisis or concern or admit doesn't allow me to see my other patients in an appropriate time frame, which means I could be missing problems.”

- “We are being pushed to do more jobs-staffing, stocking supplies, secretary work, billing, entering charges. Patients are more intensely ill, more intense care, much sicker, the RN needs to be at the bedside.”

I could go on and on, but I'm sure you get the picture, RN's are worried about having the time to care for their patients in a safe and effective manner. And they are worried about protecting their license in this unsafe patient care environment.

Another issue on the survey, which was ranked as a top concerns, is mandatory overtime. Alpena General currently has 202 RN's on staff, excluding upper nursing management. 175 nurses of the 202 RN's are general duty staff nurses doing bedside care. The nurses all expect to go home at the end of their eight or twelve hour day. They work hard, they're constantly on their feet, dealing with serious patient problems. The average age of the RN at Alpena General is 44, similar to the ages seen for nurses across the country. In August of 2004, forty (40) shifts were filled by nurses who were mandated to stay past the end of their regularly scheduled shift. Forty mandates in just one month means an RN didn't get enough rest between shifts. It means they didn't see their families. It means that nurse drove home after working 16, or more hours, so tired that they may not have been safe on our highways.

I would be remiss if I didn't mention that our hospital's Nursing Administration recognizes the above mentioned problems. They are concerned that a poor nurse to patient ratios and mandates will continue to cause job dissatisfaction. They are trying to hire more RN's in the shrinking nursing job market. Administration acknowledges that they need to help the nurses but they are constantly fighting for health care dollars, and the money doesn't always go to nursing departments.

So what can be done to help nurses stay at the bedside and provide safe patient care. My colleagues at Alpena General believe we need legislation banning mandatory overtime. We believe we need guidelines, either agreed upon with the employer, or by legislation, to limit the number of patients each RN is responsible for. We know we need to see Schools of Nursing graduate more RN's, many of us want to retire soon and we need to have nurses at the bedside to replace us.

We need an environment like we are starting to see in Michigan, a state where our Governor and this esteemed body, recognizes the value of a RN, as we see by this commissioned hearing. We need the help of the legislators to make safer environments for all patients in Michigan hospitals by eliminating mandatory overtime. Keep Registered Nurses at the bedside, help keep patients safe!

Thank you