

Ms. Cheryl Johnson

Ms. Johnson: I'm Cheryl Johnson. I'm a registered nurse and I'm also president of the Michigan Nurses Association. And we've already presented written testimony, but I wanted to also come and speak with you this morning from a working nurse's perspective so that you can get some insight from somebody who does this work on the concern that we have related to patient safety and why we're advocating for this.

As a practicing nurse, what I do on a daily basis when I see a patient is I assess this patient. When a patient comes into my unit, we assess them. We make a plan of care. We have a problem list. The plans of cares are related to the problem list.

My ability to keep you or your family member safe is based on my ability to see you, because if I can't see you or your family member, then I can't keep you safe, because the way that we do our job is to constantly assess patients. That means I go in and I look; how are you breathing, are you awake, do you have a good blood pressure, can I hear pulse sounds; constant system assessment.

If I can't get to you because I either have too many patients or if I have what somebody says is the right number of patients but maybe one of them is too sick or there are too many other tasks that we're asked to do, and the kind of tasks that we are doing, now, they're important things, they're documentation from the hospital accreditation; but if I can't get to the patient because of one being too sick or having to do all these other tasks, I can't keep you as a patient or your family member safe.

So that when we're advocating for a minimum ratio, what we're advocating for is what's been -- was research supported, in fact, that I can keep you as a patient or your family member safer if I have a right number of patients that I can care for, that I can get to, that I can see, prevent problems.

Something so simple as if you were immobile and you can't turn on your own, I need to be able to get to you and turn you every couple hours to prevent bed sores. Bed sores cost money, beside the fact that they're painful and they're uncomfortable.

Prevent pneumonia, turning you, helping you deep breathe, those things. They seem like pretty benign things in and of themselves except that it's those types of things that keep people in the hospital longer and have them go on to develop death-defying and even death, cause death in patients.

So these kinds of things I wanted to come and just give you an example of the kinds of things that we do regularly and why we're advocating for this, so it would be beneficial not just to me as a nurse. I mean, some people are looking at this, well, maybe this is just nurses advocating because they think they're working too hard. It's not that.

No nurse wants to go home at the end of the day and feel that she didn't get to things that needed to be done for a patient.

We are very dedicated in that we are looking toward your outcome if you were the patient, your best outcome, your family member's outcome.

So when we're asking for this, it is in the best interest of patient safety and public safety.
Thank you.