

Mary Kate O'Sullivan RN
LD 1639 Maine Quality Care Act
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Good afternoon Senator Tipping, Representative Roeder and the Members of the Joint Standing Committee on Labor and Housing. My name is Mary Kate O'Sullivan and I am a proud third-generation registered nurse working at Maine Medical Center in Portland.

I recently changed positions at Maine Med and left the medical-surgical unit that I worked on for six years. Many of the patients on that med-surg unit are considered medically stable, and so management recently decided to increase the nurse-to-patient ratio in that section of the unit to 1:7. There were nine patient falls on the unit in the month of April. Two Wednesdays ago, a patient fell and broke their hip. Nurses know that when staffing isn't safe, it's not a question of whether patients will have falls. It's a question of how bad the injury will be when they do fall, and we pray there's not a serious fracture or subdural hemorrhage when it happens.

Unsafe ratios looks like that. It looks like patients not getting their antibiotics, pain meds, or insulin on time, because the nurses on the floor have too many patients and their other ones were more critically ill. It means call bells go unanswered for far too long. Many of my nurse colleagues and I have seen very bad patient outcomes that could have been avoided with better staffing.

Apart from the clinical danger of unsafe ratios, the care that patients get when we have unsafe ratios is dehumanizing and degrading. When administration doesn't staff the floor safely, it looks like human beings sitting in their stool and urine, embarrassed and powerless. We nurses are the ones who have to experience the moral distress and guilt on our conscience while we work in systems that set us up to fail. We are the ones who have to look these patients in the eye while they cry. Is it any wonder why hospitals are struggling to staff these nursing positions? Look at the data: there is no shortage of nurses in the state of Maine. There is a shortage of nurses who are willing to work in these conditions. A lot of nurses realize the stress and mental anguish of working in the acute care setting is not worth it, and they are a lot happier working in outpatient offices, or in informatics, or for insurance companies. We need legislation if we want to attract nurses back to the bedside, and we need to make it safe enough so that they will stay.

And we cannot simply trust hospital administration to practice safe staffing without being bound by law to do it. That is abundantly clear as they so fervently lobby against this bill. We need mandated ratios because a profit-driven healthcare system will always try to push us past the point of safety in the name of saving money. When hospital organizations, executives, and managers lobby against mandated ratios, they are fighting for patients to receive worse care. Period.

To the folks who are fighting against this bill: Do you still want me to have six patients on a med-surg floor when one of them is your parent? Or your spouse? Or your child? Or do you want me to have less on my plate so I can give your loved one the care they need to get better and go home? We are nurses because we are called to provide people with the medical care they need, and the loving attention that every human being deserves. As a nurse who works full time in the acute care setting, I would kindly ask the committee members: Please listen to the nurses who are actually on the floor caring for patients, and really hear us when we tell you what we need. We need mandated ratios so that we can provide safer care. Thank you for your time.