

Remarks of Ken O'Brien, RN on LD 1639

Joint Standing Committee on Labor and Housing

May 4, 2023

Good afternoon Senator Tipping, Representative Roeder and members of the Joint Standing Committee on Labor and Housing. Thank you for letting me speak today. My name is Ken O'Brien. I retired last month from bedside nursing on the respiratory unit of Maine Medical Center. I am here to speak in favor of LD 1639, the Maine Quality Care Act.

In 2018 I accepted a position as an RN at MMC on the respiratory unit, which was R4 of the Richards wing at the time. I chose to work on R4 because one of my clinicals was there and I liked the culture of the R4 nurse-family.

As 2019 ended, ratios started to creep up. Our staffing began to deteriorate. Worst of all, support staff positions were going unfilled. More and more assignments included patients without a CNA. There is normal stress for a 2nd year nurse, because the expectations from others and from yourself get higher. But this uncertainty about staffing created a different kind of stress. It was not a healthy stress.

Then COVID19 hit. It was scary; it was facing the unknown daily; it was an ever-changing care environment – but the unhealthy stress went away. Thanks to sufficient PPE, a sense of even greater bonding with my nurse-family, AND A MANAGEMENT DECISION TO KEEP COVID PATIENT RATIOS LOW – while It is hard to call the first year of COVID19 a joyful time - my joy in nursing returned.

When our unit stopped covering COVID patients in 2021 we returned to a staffing situation worse than that at the end of 2019. Little or no effort was made to develop permanent staff.

We were no longer an education unit. The family of nurses that had developed over the years, one by one drifted away. Management leaned HARD on the crutch of travel nurses.

I reduced my hours in July 2021 to give myself more recovery time between shifts. A couple months ago, I heard that many travel nurse contracts were not being renewed. Little or no new permanent staff had been developed. I saw that our management was not creating the conditions necessary to retain the staff that it had. Knowing that management had refused to even consider our proposal during bargaining to make enforceable nurse-to-patient ratios, and seeing that my conditions would continue to deteriorate, I decided to retire early.

My recommendation is that we create a new set of incentives – but for hospital administrators instead of travel nurses. I ask this committee to help make it so that the nurse work-environment and related patient safety-measures aren't always the first thing sacrificed in the push and shove of acute-care hospital management.

This is the only way to make sure that we retain nurses at the bedside and bring others into the workforce. We have to make the conditions in which nurses give care (and the conditions in which patients receive care), safe, humane and therapeutic. They are not now and they will not be until or unless our state legislature acts on this bill to make it law.

Please support LD 1639, the Maine Quality Care Act.

Thank you.