

Senator Tipping, Representative Roeder, and members of the Labor and Housing Committee, my name is Jana Drake, I am a Nurse Director at Maine Medical Center for two busy med-surg units and our Dialysis unit. I have been a nurse for 19 years, the first 11 of that as a bedside nurse in a general med-surg setting. During my time as a bedside nurse and now as a nurse leader, I have personally cared for and witnessed our nurses caring for hundreds of patient through the most vulnerable moments. I have been here for busy days and slow days. And through all of that, I can tell you numbers (ratios) did not matter- nurses and their patients' needs mattered!

### Help Nurses Get Back to Nursing

The reason we are here today, is because being a nurse is hard! And one could easily say that controlling ratios should make nurses work easier. I am here today to tell you it's not about the numbers or the ratio. It's about the patients, what they need and how the nurse can meet those needs. We are caring for patients that are sicker than they ever have been. They need resources we do not have. Our patients need more outpatient providers and services, they more rehab/SNF/LTC facilities, they need more mental health resources, they need more physical and occupational therapists, and, specific to one of my units, they need more outpatient Dialysis beds and facilities that can accept Dialysis patients. When these services aren't available, more fall on to the nurse to care for these patients. Nurse ratios will not change the work that the healthcare system is asking nurses to do right now. We do not need nurse-patient ratios. We need to help our nurses get back to being nurses!

### Workplace Violence

One of the biggest stressors I see impacting nurses every day is the way they are treated by patients and their families and the situations they encounter that are outside of a traditional nursing education. Workplace violence is a growing phenomenon across all healthcare settings and one that is contributing significant stress onto our nurses each and every day. Nurse patient ratios will not eliminate this factor nor will it help this situation. Our nurses need patients, families, and communities that are kind, compassionate, and respectful. Our patient's need more substance use disorder treatment options so when they come into the hospital, they are already in treatment. Our nurses need their patients to have increased mental health support so they are mentally health when they come into the hospital and can withstand the stress associated with being admitted. Our nurses and hospitals need help in preventing Workplace Violence to help create a healthy work environment once again. Mandated nursing ratios cannot help any of this.

### Flexibility

And the final point I would make today, is that mandated nursing ratios are black and white- there is no gray. Today in healthcare, we constantly live in gray. When the ED is surging and patients' needs to be moved to inpatient units- we have discussions about where and how. When the ORs and recovery rooms are at full capacity and need to move patients- we have discussions about where and how. When there are 100 patients waiting for rehab or long term care facilities- we have the discussions about where and how. Leaders and charge nurses come together to figure out how to flex our units to care for all patients. At our huddles, a nurse may speak up and say 'my assignment in ok, I can take that patient from the ED' while another RN may be in with a sick patient and we all recognize that patient needs that nurse's full attention and care. During COVID, we lessened ratios on COVID units sometimes by pulling resources from units that could flex up in ratios. Today, one of my unit cares for kidney transplant

patients that require lower ratios- some days we do this by flexing up one other nurse if possible. Nurse leaders strive to staff every unit with the proper amount of nurses to hit our target ratios. Ratios are our starting point, but never our ending point. Ratios do not consider the human factors that so greatly impacts the flow of healthcare and the care patients need to receive.

In closing, I want to thank you for your time. I hope you consider the vital points I have made in voting against any mandated nursing ratios. I also hope that I may spur your thoughts about what role you can play in helping our nurses and our patients get the resources that they so desperately need. Thank you.