

Senator Tipping, Representative Roeder, and members of the Committee, my name is Victoria Quinlan. I am a Nurse Administrator at Maine Medical Center. A key aspect of my work, and the work of my team, is to manage nurse staffing for every shift, 24 / 7. Managing staffing is something that our team is expert at. We make staffing decisions based on our global view of needs and acuity and always consider nurse to patient ratios. Every decision is a thoughtful one made at the intersection of needs and staffing resources.

Hospitals all over the country are experiencing record high volumes, and here in Maine, we are no exception. Our hospitals are consistently at or over capacity. To keep our beds open to support the healthcare needs of our community, our families, and your constituents, we need to have flexibility and trust in the way we manage staffing.

At the same time that we are challenged with consistently high numbers of members of our families and communities needing our care, we are also working with the reality of a nationwide nursing shortage. We need more well trained professional nurses. We need greater capacity in our nursing schools and greater compensation for those who teach and prepare those new nurses.

Mandating ratios does not address the core problem. In fact, inflexible ratios will have negative consequences for those who need care. Our capacity will be limited forcing lengthy and ultimately dangerous lengthy wait times. Our support and resource positions will likely be lost in order to maintain inflexible ratios.

Consider a patient who may have been appropriate for a 4 patient assignment at the start of the shift and then becomes more ill. With mandated ratios, we will not be able to have another RN take one patient from that assignment to allow the bedside nurse to care for the patient with increased clinical needs. Patient care and safety will suffer if we lack resilience and flexibility.

Our unit that cares for burn patients will typically schedule one nurse to support burn dressing changes. These complex dressing changes take significant time as well as skill and experience. If that unit has an unexpected call-out, with mandated ratios, that support will be sacrificed to take that 4 patient assignment. Patient care and safety will suffer.

The same will be true of our chemo nurses, who are highly skilled professionals there to support safe chemo administration. Most chemotherapy is delivered outpatient. If you or a loved one are receiving chemotherapy inpatient, increased risk already exists. With mandated ratios, the support of that specialty trained nurse, and the additional safety that nurse brings to a potentially high-risk treatment will be sacrificed with just one unanticipated call out.

How will hospitals be able to respond when there simply are not enough nurses for the patients already in our care if we are bound by mandated ratios? Will we be forced to turn people away who seek emergency treatment? Will we be forced to lose every resource we have put in place in order to support our nursing teams and patient safety?

Most nights, when many of the traditional supports aren't available, we have a New Grad Resource Nurse. This position was developed in order to support our newest team members, their professional growth, and the development of their nursing practice. These nurses, each with the

heart of a teacher, meets with every new grad working that night to provide support and guidance. Ultimately, they support best nursing practice and patient safety by ensuring that these new nurses are supported through the crucial first year of practice. With inflexible nursing ratios, that resource will no longer be available.

Without the ability to flex ratios when appropriate or when absolutely necessary, we will be forced to limit capacity. Where will our community, our loved ones, and your constituents get the care they need? As nurses, we are trained in evidence based practice. I have seen no evidence that patient care and safety are increased due to mandated ratios. Research in the literature does not support mandated nursing ratios. Certainly, the experience in California does not demonstrate improved quality of care or patient outcomes.

Without our nursing resources, what will be the experience of our newer nurses? Will they not be more likely to stay in a field and at a facility where they have resources to support their practice? Nursing is hard, and the first few years are especially challenging. The loss of flexibility in staffing and the resulting loss of professional resources will most certainly contribute to the nursing shortage. That shortage is the real problem.

If our goal is to improve the experience of nurses and patients alike, we need more nurses. Your support of the work to increase the capacity and throughput of the high-quality nursing programs in Maine is imperative, as is supporting the work of healthcare organizations to bring more experienced nurses to Maine.

In closing, please know that our team diligently works to ensure the best possible staffing for every unit at Maine Medical Center every shift with the resources we have. Support our work to bring more nurses to Maine. Strongly support our nursing schools. With more nurses, we will be able to continue to provide excellent nursing care and operate at full capacity ensuring that our community has access to the best healthcare available.

Respectfully,

Victoria Quinlan

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