



**HB 285 – Nurse Workforce & Safe Patient Care Act  
Proponent Testimony by Kylee Ham, RN, BSN, CCRN  
President, Registered Nurse Association  
University of Cincinnati Medical Center (UCMC)**

Good afternoon, Chair Swearingen, Vice Chair Gross, Ranking Member Somani, and members of the Health Provider Services Committee.

Thank you for hearing me today. I hope everybody got to enjoy their lunch. I know that it's a little bit later in the day and I'm sure you're all tired. I find it difficult to feel much sympathy. I can count on one hand the number of uninterrupted 30 minute lunches I have taken during my 12 hour shifts, over the last 3 years, and I would still have 2 fingers left to palpate for a pulse.

My name is Kylee Ham. I have been a nurse for more than 10 years. I currently work as a registered nurse at the University of Cincinnati, in the emergency department.

I precept students, orient new hire nurses, I teach and orient nurses to triage, I teach our trauma classes and provide training to nurses that meet the requirements to work in the shock resuscitation/trauma area of the emergency department, the area you probably think of when you think 'emergency department.'

As a nurse in Emergency medicine, it is often said that we don't have a specialty. We are the "jack of all trades." But that is inaccurate. Our specialty is triage... and turkey sandwiches, but mostly triage. Who is dying right now, who CAN'T wait? Who is going to suffer irreparable harm if they are triaged incorrectly?

I work in a level one trauma center. That means we get the worst of the worst. I have seen some stuff. I have seen tragedy on every level and I have seen an incredible amount of death. Today I am here to bear witness to the imminent death of nursing as we know it, and it is directly related to our working conditions and inadequate staffing. Hospitals have triaged this crisis incorrectly, and irreparable harm has already occurred. Nurses are leaving the profession at unprecedented rates.

Safe staffing is a triage emergency.

The nursing profession is not dying the death that you might hope you or your loved one experience one day. Quick, peaceful, painless, and surrounded by people that you love. My profession is dying the death of a 1000 cuts. Unsafe staffing just might be the fatal blow.

You set us up for that fatal blow. You used the fact that many nurses refer to nursing as a calling, you weaponized our profession against us. You use words like patient abandonment, duty to care, empathy, etc. You view us as tolerant and sacrificial, and as a profession that is not eager to stand up for our rights, less we be viewed as uncaring and unconcerned for our patients when we demand better working conditions, better wages, or in this case, a hard line on staffing. You call us heroes when you need us, and turn a blind eye when we demand returns on what we have invested for the benefit of our patients. Our bodies, our health, our families, marriages, finances, and our mental well being, just to name a few.

Staffing directly affects our ability to provide the level of care our patients deserve, and often times places us or our hard earned licenses in immediate danger.

I know myself, I know the nurses that I've worked with over the years, and the nurses I work with now, we care deeply, often to our own detriment. So why is nobody listening to us, and why doesn't anybody care about what we are telling them is killing our profession, and hurting our patients?

In April 2021, I had a thyroidectomy, due to thyroid cancer. My thyroid was so enlarged when it was removed, my vocal cord was stretched and paralyzed, luckily this was temporary, but at the time no one could say that for certain. My voice was reduced to a whisper. I didn't think much of it, I had cancer, this might be the price I paid to be cured. I didn't have the luxury of taking an extended amount of time away from work. I returned to work 6 days later.

I found myself in the room of an aggressive patient. I'm good at my job. I'm good at IV access. This patient was difficult IV access and multiple nurses had tried unsuccessfully. I set up my supplies and explained what I was doing. They became increasingly upset. They had been stuck several times already, I explained that we needed to get IV access because they needed medication, and we needed lab work so that we could figure out what was going on with them. For whatever reason or for no reason at all, this patient became more and more agitated. I quickly realized that in the process of setting up my supplies, I had essentially backed myself into a literal corner. We were short staffed, we are always short staffed, I couldn't yell for help, and it was unlikely someone was close enough to hear me anyway. Luckily, the patient was hooked up to the monitor and that tangle of cords was what allowed me the seconds I needed to get to the door before they hurled their call light at the wall where I just been standing.

When I go to work, I am verbally assaulted, cussed out, threatened. I have been slapped, kicked, spit on, bitten, I have been head butted, and I have had any number of things thrown at me, including bodily fluids. ALL OF THEM. Don't even get me started on the sexual advances and sexual assault I have experienced. I meant it when I said all bodily fluids.

That night, I went on Amazon as soon as I got home, and I ordered a microphone with a speaker that I clipped to my scrubs for the next NINE months every time I went to work. In what alternate universe, did I end up in a profession that I have such a high likely hood of being assaulted, and no guarantee that we will be staffed sufficiently enough that some one will be available to help me.

There is research and peer reviewed literature available. Numerous polls have been conducted throughout nursing, and all of it shows the relationship between patient care, patient safety, workplace violence, nurse satisfaction, and nurses that are fleeing the bedside, are all the direct result of unsafe staffing.

As workers, we have done our part. We have gone up the chain of command. We have notified every level of management and hospital administration, and CEOs. The only thing we have to show for it are more checklists to complete, more questions about “what we could have differently...” more work.

Stop calling us heroes and show us that our work matters.

HB 285 mandates minimum staffing levels that address the issues I spoke about by requiring hospitals to put patients and staff over profits, and provide a minimum level of staffing to meet the needs of patients, and keep nurses safe.

As elected officials you have a fiscal and ethical duty to Ohioans. You have a duty to ensure that Ohioans receive safe, quality care, and you should be listening to the ones that are actually standing at the bedsides of patients and providing that care.

We have a fundamental understanding of what is required to meet those standards.

I am proud to say that earlier this month I was elected President of RNA, our local nursing union at UCMC. My 1600 union sisters and brothers will be assessing your ability to triage this bill. It's life and death for our patients and our profession. Do not let this bill bleed out on the table. Do not let this bill die in your waiting room. Safe staffing IS an emergency.

So thank you for letting me speak, and please take care of yourselves, because without legislation that mandates safe staffing, nurses may not be around to.