HB 285 – Nurse Workforce & Safe Patient Care Act
Proponent Testimony by Rita Romito-DiGiacomo. BS, BSN, RN, PCCN, Caritas Coach

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

I am sending you testimony for HB285 Safe Staffing Act, in honor of my mother. I am a registered nurse in the cardiac post-procedure unit at a local hospital in Cleveland, Ohio. I am advocating for safe staffing in all hospitals, but this testimony is for my mother who passed away in September of 2020.

A picture is worth a thousand words and my heart cannot capture in words the pain and suffering 8 months caused my mother and our family. My mother became a resident at a nursing home in late November of 2019. This first photo was taken on November 24th, 2019. The staffing on this unit is as follows:

- 1 nurse, usually an LPN to 28 patients in her wing
- 2 nurse aides managed two wings on her unit, so 56 patients, and they were often also called to assist with serving meals. This low staffing is within current Ohio law.

Often, an RN would hold an administrative position and be in charge of the unit or the entire facility if needed.

I was told daily skin assessments were done by the aids during baths or diaper changes, not a licensed RN, I do not even know how this can be.

Many patients required assistance with feeding, turning, incontinence, had mobility issues, and were in wheelchairs. Some patients were total care.

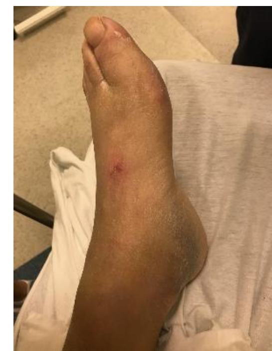
Many, like my mother, were diabetic, had memory issues, and required many medications.

This is a photo of my mother with me, my son, and my daughter on 11/24/2019 as she settled into her new home.

In July 2020, I was not able to come into the facility due to COVID-19, so I had to visit my mother through the visiting booth. This was my mother on July 13th, 2020, less than 8 months later, when the nurse's aide dropped her off for our visit. I couldn't wake her, though I tried as I spoke through the speaker; she was not responding at all. I had to call the nurse's station to express my concern that my mother needed to be assessed and that something was very wrong. They brought her back up to her floor. Shortly after, I called back and spoke to the nurse practitioner; she stated my mother was fine and smiling and socializing in the dining area, as I recall. How could this be, I thought?

Two days later, on Wednesday, July 15th, 2024, my mother fell, unwitnessed, and was found around dinner time; I was notified after 9 pm that night. I was told she was fine and had no injuries. Two days later, on Friday, July 17th, 2020 I was told she did have a fractured left ankle and had to go to the emergency room. By the time I arrived to see my mother and speak to the doctor at the emergency room, my mother was already treated and released back to the facility, despite my request that the nursing home instruct the hospital that I wanted to see my mother and speak to the physician, I wanted her monitored due to the fall, but the ER nurse stated the nursing home facility instructed them to splint her leg and send her back to the facility.

The facility instructed me to make an appointment with an orthopedic physician for my mother's ankle. I was able to get an appointment for Monday, July 20th. The transporters who picked her up expressed concern about her condition to the nurse, but she stated that that was how my mom was. Thankfully, the transporters knew how sick she was and did not bring her to her appointment but rather to the emergency room located at the same facility. My mother's BP on arrival was 70/28. They attempted to get a urine sample, but there was only pus, no urine. They immediately gave her fluids. My mother was septic and most certainly would have died that night in the nursing home. Her left ankle was very swollen after the splint was removed; it was splinted too tight.



How could this be missed? Dehydrated, septic, unresponsive. One LPN to 28 patients!

This photo was included to show in the top right corner; this is what my mother's urine looked like after receiving 3 liters of fluid.

Hospitals need safe staffing, and the acuity of patients continues to increase, requiring sufficient nursing care in all units. Nurses are the foundation of our healthcare system and suffer deeply from understaffing, moral injury due to our inability to care for our patients adequately and safely, and ultimately, burnout and leaving the profession. Today, I am advocating for safe staffing in all hospitals; today, I am advocating for humanity over throughput and profits; today, I am advocating in memory of my mother and critically needed safe staffing in nursing homes. In these facilities, nurses are now being replaced by med techs to administer medications. Nursing homes should have no greater than a 1:5 nurse-to-patient ratio, with at least one nurse aide for every 10 patients. I ask you, from the bottom of my heart, as a daughter, as a nurse, and as a future patient in need of care, please pass the HB285 Safe Staffing Act.

With hope and gratitude,
Rita Romito-DiGiacomo
BS, BSN, RN, PCCN, Caritas Coach