

HB 285 – Nurse Workforce & Safe Patient Care Act
Proponent Testimony by Kelly Evans, MSN, RN, CCRN, CNL

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

As a nurse of 24 years, I am writing to provide written testimony to compel you to pass HB 285. My entire role as a nurse, involves responding to patients whose needs have not been met. This is often a direct result of poor nurse staffing across all environments. These patients have gone unnoticed, despite obvious signs such as fever, until there is a very noticeable decline in vital signs. These people often require transfer to higher levels of care, and increased length of hospitalizations. In some cases, sadly, they succumb to their illness because of an overlooked symptom. This is quite simply because there are not enough nurses to provide high level care.

I will share an example from an assignment that I was given while working as a nurse in an underserved hospital in Ohio. I was working nightshift in the Intensive Care Unit. I walked in to find out I was the Charge Nurse and had 3 patients. One of these patients was on 2 ventilators, one for each lung, and was very unstable. It was unlikely this individual would survive but they were requiring 100% of my time. Then one of my other patients had a very unexpected complication from surgery and began bleeding. They were more likely to survive but also required my urgent attention. Who do I give my nursing care to in this situation? The patient who is more unstable but more likely to die, or the patient more likely to survive with blood and medications, all orders that can only be carried out by a nurse. Then I had the moral and ethical burden of wondering if I had made the right and or best choice and further if could I have done something different. Even though I had done my absolute best. Are you comfortable with overwhelmed nurses making these types of decisions being made for your friends and family “in the moment?”

I also serve my community as a Hospice Volunteer. In this role I visit multiple nursing home and skilled nursing facilities. In speaking with the nurses in these facilities in Richland County, Ohio they express that they carry a patient load anywhere between 15 to 36 patients. 36 patients for a single nurse! One might say, “well they have an aide.” And yes, MAYBE, they have an aide. But the nurse is still responsible and accountable for the work

carried out by that aide. One does not need any healthcare knowledge to conclude how unsafe this has become for the vulnerable residents of long-term care.

I implore you to enact Safe Staffing Legislation in Ohio. To protect the nurses, to protect the patients, and to protect the public health of our great state. Please pass House Bill 285.

Thank You,

Kelly Evans, MSN, RN, CCRN, CNL