

Mercy Hanover Hospital: Six nurses called to report unsafe patient conditions. ICU [intensive care unit] 4:1 ratios. Floating floor nurses into ICU. Two deaths due to inadequate staffing in one week.

Germantown Hospital: Sixteen nurses called in to report deplorable and unsafe patient environment with a 1:12 ratio on Med Surgery and Telemetry floor, and replacement of RNs with unlicensed personnel. Also a 1:8 ratio stepdown. Severe increase [in] infection rates. Diabetic patient: cross-trained UAP puts sugar on tray even though tray was clearly marked diabetic diet. UAP does acucheck; clearly not enough blood on pad, reading 80. Nurse rechecks blood sugar: 296.

Graduate Hospital: Fourteen nurses called to report a severe compromise in patient care with a 1:4 ratio in CCU [cardiac care unit] and a 1:7 ratio in cardiac stepdown unit.

Methodist Hospital: Eighteen nurses called regarding unsafe patient environment with a 1:10 ratio on telemetry unit. Clerks are taking a training course in patient care.

Solutions

I recommend to the health committee the following measures:

1. Return to established nurse-patient ratios.
2. Make nurse-patient ratios available to the public.
3. Make mortality and complications rates available to the public.
4. Make staffing mix available to the public.
5. Protect nurses who speak out about unsafe conditions.

The patient population in the hospital is far more ill than five years ago. Nurses can no longer count on finding numbers of easier or self-care patients whose reduced needs allow staff to concentrate on the needs of more acute patients. Nurses find that all of their patients are acute and in need of a great deal of care and close monitoring.

Based on these trends, the health care needs of the American people require more nurses to be available to provide high quality, cost-effective health care services.

There are not enough registered nurses providing direct care to patients, as a result of workplace redesign schemes that have intentionally limited the numbers and percentages of RNs utilized to deliver patient care, in a misdirected effort by institutions to save money.

The current bedside shortage is the result of short-sighted attempts to cut immediate costs as hospitals continue to cry poor despite their growing profitability.

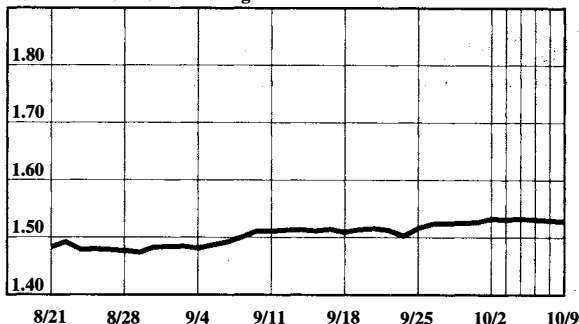
I believe that this trend toward decreased use of professional nursing staff poses a grave threat to the health and safety of the American people.

The hospitals are not neutral parties and should not be setting the parameters of this inquiry. It is the legislature, with advice from reliable, unbiased sources, that should be pursuing the facts in this situation and weighing them in a dispassionate manner for the greater benefit of their citizens.

Currency Rates

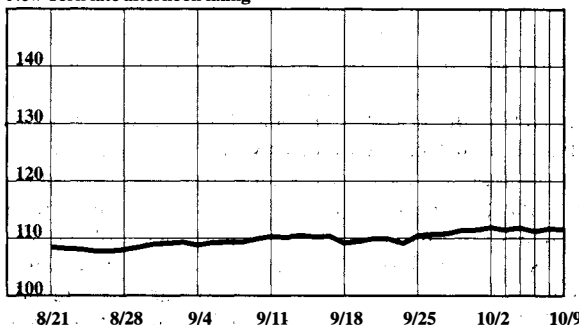
The dollar in deutschemarks

New York late afternoon fixing



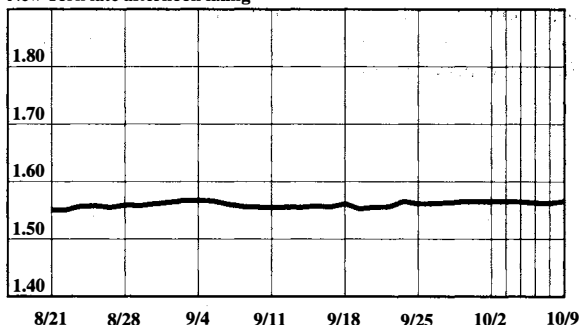
The dollar in yen

New York late afternoon fixing



The British pound in dollars

New York late afternoon fixing



The dollar in Swiss francs

New York late afternoon fixing

