My name is Ally Girouard. I work as an RN in the Critical Care Unit at Health Alliance Hospital in Leominster, MA. We are a community hospital with 10 beds in the CCU. We typically run 2:1 for a ratio. Two weeks ago we had a weekend that was unsafe for patients and staff. Saturday and Sunday was short staffed with CCU nurses due to vacations/illnesses. We had 10 pts, 7 of which were vented. On Saturday everyone was extremely busy, none of us left the floor to eat, I personally was in one of my vented pts rooms for at least half the day and the other pt was just as busy. On Sunday we only had 3 staff CCU nurses the hospital knew this day in advance. They made calls but no one was available apparently so the sent 2 floats in to be the other 2 nurses. These floats dont take vented pts, nor do they take many of the drips we use in the CCU. We each took 2 busy vents, gave one float a chronic trached ventilated pt and a pt on an insulin gtt. She managed but needed help. The other float managed as well but needed help as well. We were so busy it was hard to give them the support they needed. Several times throughout the day my patients could have been a 1:1 but unfortunately I had to split my time. We pulled together and made the day work and somehow managed to keep our patients safe. So this is why we need a strong acuity tool. To insure our patients get the care they need SAFELY! We need to make sure we give the best care we can without compromising the safety of our patients and ourselves!

This law will provide for this, so examples like this never happen again.

Thank you for Listening!

Sincerely

Ally [illegible] RN.