

## **Testimony for Health Policy Commission**

Good morning. My name is Faith Burns and I am a registered nurse. I work in a 10 bed mixed medical/surgical ICU, in a small community hospital. During the course of my 30 year nursing career, I have seen a lot of changes. Although we are small, we are very progressive and are up to date with all the new modalities to care for the very sick. Our population is elderly and they have a lot of co-morbidities that make them very ill. We also are inundated with substance abuse due to the numerous treatment facilities located on the cape.

The MNA has had an arduous undertaking with making a proficient acuity tool. This acuity tool has to encompass many different ICU's. I have reviewed what the MNA has submitted for the acuity criteria and I feel that for our patient population and practice, we need the commission to include the MNA's suggestions.

I do not want to obfuscate the issues regarding the law but I have a few more items to discuss because of the differences a community hospital encompasses during the workday. First of all, we do not have a float pool or an abundance of extra skilled nurses. We barely have enough nursing staff to cover shifts for 2 to 1 care. Already management is threatening to close the ICU due to the increased budget for the staff. Administration has the proclivity to increase nursing workloads and decrease staff. As of now we are EKG techs, phlebotomists, IV team, pharmacists, case workers, housekeepers and just recently secretaries. Above all, our ultimate responsibility is the care for our patients and to advocate for them. These are just a few of the problems. Therefore, the MNA suggestions to the acuity tool would allow for the best care for our patients in addition to our responsibilities.

Thank you for giving me the opportunity to speak.