

Members of the Health Policy Commission, thank you for allowing me to speak with you today regarding the ICU staffing law.

My name is Mary Elizabeth McAuley and I am a Nurse Director for one of the Surgical Intensive Care units at Massachusetts General Hospital.

I have been a nurse for 35 years, the majority of those years as an ICU nurse and the last 5 years in a nursing director position.

Because of my many years of experience as an ICU nurse, I can speak for the nurses at the bedside. I was often in the role of the resource or charge nurse and frequently my role required me to make out the daily assignment. First and foremost...the safe care of each individual patient's needs is always the deciding factor when finalizing an assignment.

The patient assignment for a registered nurse in our ICU is 1:1 or 1:2. Before the beginning of each shift, the resource nurse or charge nurse makes out the assignment for the next shift by taking into consideration a number of factors..., the acuity of the

patients currently in our ICU, the patient census within the hospital and particularly the ED, the complexity of the patients, and the experience of the nurses.

Throughout the course of a day, resource nurses, bedside nurses and ^{MANAGED DIRECTORS} nurse ~~managers~~ collaborate frequently. Nurses have been empowered to advocate for their patients, use clinical judgment to address the appropriateness of patient assignments.

Nurses at the bedside, design a plan of care that addresses each patient's individual needs on a day-by-day, hour-by-hour and even minute-by-minute basis and adjust the plan of care as the patient's condition changes.

Being an ICU nurse requires specialized skills and knowledge, being up on the most up-to-date technologies.....but it also means being organized, flexible, open to a rapidly changing environment.

ICU nurses want to be challenged...want to make a difference in the lives of the individuals they care for.

At mass general, we have utilized an acuity tool for many years which captures workload and staffing

needs. Despite being an academic medical center, caring for the sickest of the sick, there are patients in ICU's that are stable and require close observation. The nursing assignment reflects the complexity of the patient. There are shifts when additional nurses are required and there are shifts when the unit is quiet and fewer nurses are needed.

The day of the marathon bombing, within minutes, patient assignments needed to be changed, to address the needs of the victims. The nurses did whatever was necessary to address the needs of their patients, families, loved ones and each other. I didn't need to call and ask for help...the nurses called me and offered to help. Of course, the "surge" from that terrible event was an extenuating circumstance, but the rapidly changing and intense nature of care in the ICU is commonplace. Each day, ICU nurses have to make changes in their schedule to meet the staffing needs of the unit.

While we rely on the acuity system to set the threshold for need, there has to be recognition of the various factors that also must be considered by the staff nurse

~~Director~~
MANAGER ✓

and the nurse ~~manager~~, working as a team to ensure appropriate staffing for the needs of our patients. The end result is always the same: if patients need intensive care, we provide intensive care.