

As a recently retired RN after 50 years in nursing (counting nursing school) and 46 years at the bedside (not counting nursing school), I had the interesting experience of signing up for Medicare. Now for those of you who have yet to navigate this experience, I suggest you do lots of research starting at least 6-8 months before your projected retirement and use the expertise of a Shine counselor which is what I did. Besides needing Medicare, it is suggested one have a supplemental health insurance plan and, of course, a drug plan. All of this is expensive and probably close to what I paid per month for health insurance when I was working. My point is this, the Shine counselor recommended my husband and I carry a top tier supplemental insurance as we both have cardiac issues. The wisdom behind this recommendation is that "you pay for it now or you pay for it later" so we opted to spend \$150 per month per person so we could sleep peacefully in the first year of my retirement as I always carried the benefits for our family. This is in addition to the \$104/month per person for Medicare and the approximate \$25 per month for a drug plan. Lucky for me I chose this option as not even 3 months into my retirement, I ended up as a telemetry patient in my local hospital. My nursing and medical care was excellent but it was clear to me that there was not enough nurses or clinical support staff to provide the exceptional care all hospitals are supposed to provide to get the most reimbursement from the "dreaded insurance companies" never mind the top Press-Ganey scores which again affect reimbursement. Each increased length of stay or pt. sent to rehab because they did not get enough physical therapy, ambulation by the staff to keep their mobility/independence to return home, or turned and repositioned to prevent pneumonia or Pressure ulcers; costs that facility money. In that case, the hospital is paying for it later and is providing sub optimal care which could jeopardize their Joint Commission or other certification which again impacts their financial stability.

I have seen a lot in the 50 years of my active involvement in health care. I remember when health care was actually about health and not about money. Somehow it has all been twisted around and I suspect the Health insurers and upper management of these fine institutions as well as Federal and State government and the movers and shakers of industry are the responsible parties even though most hospitals are supposed to be non-profit. Now I am not a stupid person and I realize everyone has to have a budget and financial resources to sustain growth and development of services, but my question to those who oppose this new ICU staffing is to ask themselves, where do they want to put their money? Do they want to have tip top quality staff across the board, paying them appropriately, providing adequate benefits, education and training therefore creating a positive non-threatening work environment (i.e. Just Culture) so each employee can feel supported in their work and strive to do the best always, or do you want to nickel and dime us to death, creating a negative work environment, poor patient care with poor outcomes and possibly readmissions (which may or may not be paid for by the insurers) because there wasn't enough staff to provide the necessary care and education of that patient? Does hospital administration want to pay for it now by being a leader and saying no to the insurers; "that pt. does need another day to get better" and maybe go home with services instead of to a rehab.; that we do need to review our staffing matrix and hire more staff on all levels providing them with the education and tools to do the job right and the desire to expand their health care career, or do they want to pay for it later with fines, law suits, poor Press-Ganey scores, negative publicity and unhappy employees which could lead to increased sick time, overtime, higher health care rates and staff turnover with its increased cost of orientation and training. You tell me?

Thank you very much for your time and consideration of this matter.

Respectfully submitted,

Judith Gross RN, BSN, CMSRN and now happily retired RN but continuing to fight for justice for patients and their nurses.