

My name is Karen Pettit and I am a nurse in the coronary care unit at UMass Memorial Medical Center on the Memorial Hospital campus, I have been an ICU nurse for more than \_\_\_\_ years. My purpose today is to urge the Health Policy Commission to develop strong regulations for the new ICU law to ensure that the intent of the law is followed by hospital administration.

Specifically, you need to make sure these regulations follow the intent of the law, which is to ensure that my patients who are required to be assigned to just one nurse receive that level of care, and that my assessment of my patient, and that of my colleagues is followed.

Unfortunately, on a daily basis, my employer is failing to provide the staff needed to ensure that our patients who need one to one care receive that care. On a regular basis, our 14 bed unit is staffed with seven or maybe eight nurses, which means, at best, most if not all patients end up being doubled, regardless of their acuity level.

After reviewing your draft regulations I can see that you include language throughout these regulations that would allow my management to continue to staff at this level, because you don't make clear, as the law intends, that the default assignment for any patient entering the ICU is one to one and

can only be changed based on my assessment and the assessment of my colleagues.

The other issue I want to address is the fact that at my hospital, nearly every day, when nurses leave the unit to take a patient to an MRI, or to respond to a code, or even to take lunch, other nurses on my unit are expected to care for three and even four patients at one time. I was pleased to see that your draft regulations seem to address this, in that they state that the limit of one or two patients is for all times during the shift, and that no nurse can ever have more than two patients at a time.

This language must remain in these regulations and cannot be weakened in any way. My patients are extremely ill, and many are very unstable. I can't tell my patient not to go into heart failure while I leave the floor with another patient, or because I am going to lunch. No ICU nurse can predict when a patient's condition might change, and we shouldn't change our level of care for patients simply because our hospital won't provide enough staff to compensate for these circumstances. We need your help to make sure that my patients and those of my colleagues aren't placed in jeopardy simply because our administration refused to abide by this law. I urge you to follow the recommendations of the MNA and to make these regulations strong enough to ensure the safety of my patients. Thank you.