Hello, my name is Christine Keidan. I have been a medical ICU nurse for 14 years at UMass Memorial Medical Center in Worcester. I think I can speak for my coworkers in the trenches that we wholeheartedly support this acuity tool. We are so tired of being told by managers and administration, most that have not directly cared for a patient in years, decades, or maybe ever, that a particular patient doesn't need 1:1 nursing care, to be singled, rather than doubled. When I read the acuity tool for 1:1 criteria, I thought " Yup. We doubled them. And them. And them. " In fact, out of the ones that directly relate to medical ICU patients, about half are routinely doubled right now. And it isn't just about the acuity of the patient. Many days there is not enough nurses aids or secretary's. So I have to answer the phone, buzz family into the unit, enter orders, stock my room, and be available to my coworkers for turning and moving their patients. I may be working with inexperienced nurses or temps that may need guidance. I must spend an ungodly amount of time on electronic documentation, entering the same information in multiple places, because someone in an office somewhere wants it easy and cheap to collect and monitor data. I must be available to the family to give updates and support. I must do all this and still care for the patient. The physicians are spread thin themselves and rely on us to detect little changes before they become big problems.

What I love most about this law, however, is that the nurses have the final say when it comes down to the staffing ratio. We are talking about people here. Sometimes they do not fit into neat little categories.

I am already anticipating resistance from management. So I say to them, please put some faith into your nurses judgement and comply with this law. We are too busy to keep reporting you. And someday, when you or your family member is my patient, I will give you everything you need and then some. Because we all deserve safe and excellent care.