Letter: Rigid staffing hinders nurses, hurts patients – Berkshire Eagle, October 20, 2018

To the editor:

I work at Fairview Hospital as a critical care nurse. I have been with Berkshire Health Systems for 22 years and a registered nurse for 13 of those. I oppose Question 1.

In a small community hospital, we have the ability to utilize one another to accommodate our patients' needs. For example, The CCU may have three patients with low acuity, but the emergency room (ER) is busy with patients or possibly short a nurse. The three patients in CCU could be cared for by the second nurse, so another nurse could be sent to the ER to help. Also in CCU, we often see patients who need end-of-life care. In such times, a colleague takes over my other patients to allow me to spend one-on-one care to the patient or provide emotional support to families. This is all done by communication and collaboration between bedside staff, doctors and administration.

If Question 1 passes, it would enforce rigid staffing ratios that are not geared towards patients' needs. Every patient is different, so we base decisions on acuity and collaboration rather than strict numbers. This approach allows us to communicate with doctors and other care team members to determine the following: Can we take more? Does this patient need one-on-one attention? What's happening on the ground right now ad how can we make this work? This mandate would take autonomy away from me as a nurse. I need to be able to individualize care based on my own knowledge and comfort, not a rigid mandate.

The impact on the patients in our area would be severe. As a rural community hospital, we do not have access to ambulances on the scale of bigger cities do. If we are at capacity as decreed by the ratios, and patients are arriving by ambulances, that will tie those ambulances up. EMTs will be sitting in the driveway, caring for the patient until they are allowed to bring them in. Ambulances could also be forced to transfer patients to other facilities if our ratio is at the limit, this will put other community members at risk.

Safe staffing is crucial, but it needs to be individualized to each facility. Safe staffing should be created amongst each facilities healthcare team and administration not by a bill that is rigid and across the board because patient care cannot be cookie-cutter.

LeeAnn Fleming-Hand,

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