

05/05/2022

To our esteemed Colorado Senate members,

Thank you for allowing me this opportunity to provide written testimony in opposition of HB 1401. My name is Andrea Burch and I currently serve as both the Chief Nursing Officer and Chief Operating Officer for Lutheran Medical Center, located on the west side of Denver. I have proudly served as a Registered Nurse for nearly 25 years and have been in nursing leadership for the past 14 years and most proudly throughout this pandemic. Today, I am representing more than 600 Registered Nurses as well as the communities of West Denver and along with me, I am confident that you will be hearing from many of them in opposition to this proposed legislation.

I am here tonight on behalf of my profession and in an effort to protect access to care for Coloradans.

While I appreciate Representative Mullica's intent to support nursing in this bill, the most recent version contains language that will increase cost to healthcare and significantly decrease access to care for Coloradoans. Hospitals already have staffing plans and staffing committees in place per 2021 CDPHE Ch. 4 Rule amendments. In addition, we are already required to share these plans and any changes to the plan with all employed RNs. HB 22-1401 intends to further regulate hospitals and even contains language that holds hospitals accountable to a level of response that is not within our control..

Specifically:

- Pg.4, line 15-"Includes minimum staffing requirements as established...for each inpatient unit and emergency department that are aligned with nationally recognized standards and guidelines."
 - This language is a clever way to disguise mandatory staffing ratios which are extremely problematic:
 - There is no current National Professional Nursing Association that endorses mandated nursing ratios. In fact, there is not even such a thing as 'nationally recognized standards'. The only resemblance that one could find is outdated by nearly a decade. The reason for this is that the country has learned from California's mistake and have witnessed the decline in both access to and the quality of care in that state as well as a degradation of the nursing profession itself.
 - By 2026, the U.S. RN shortage is estimated to be 1.1 million*. Colorado is listed in the top 5 states that will be affected by this growing shortage and we expect to be more than 100,000 RNs short in Colorado by that time.
 - There simply aren't enough Registered Nurses to staff the need and mandating ratios limits the total number of patients that a hospital can care for at any given time. If we don't have the staff to begin with, we can't possibly meet the ratios. The language in the

bill eliminates the flexibility that hospitals have in managing fluctuations in volume throughout the day and especially during times of surge. We would be limited to the number of patients that we can care for at any given moment based on these strict ratios and the number of nurses that we have. Given the sizable shortage of RNs, this will create a significant reduction in services that we are able to provide to our community. Patients will go without care and moral distress in healthcare workers will surge. What do we do when patients decompensate in real time within our care sites? This bill would require us to black-tag patients not only in the ED but within our own hospitals when we cannot move them to the proper level of care because this bill locks and reduces the availability of registered nurses.

- The country is not producing the volume of nurses, CNAs, NPs and doctors that we actually need and yet this bill targets the hospitals as the root of the problem. Trust me, we want more staff but are struggling to find them.
 - Representative Mullica has stated that our nursing shortage is due to mistreatment of our staff by hospital administration. I get that this is an easy narrative however it is simply untrue and without data to validate it. The fact is that nursing turnover is multifactorial and impacted by the rising cost of living in Colorado as well as the pandemic itself- the sheer number of deaths that they witnessed, fear of contracting COVID , etc.
 - This legislation will put hospitals out of business as they will be forced to bring on travelers who are extremely expensive and it will force hospitals to cut down in other areas.
- Pg.6, line 12- A hospital shall not assign a clinical staff nurse...to a hospital unit unless the nurse has demonstrated competency in that area.
 - This effectively eliminates our ability to float extra staff to a department in need of help to provide extra support- even just helping in the department will be a violation of this rule. Patient volumes are often unpredictable and the flexibility of clinical support within a hospital is essential to provide safe patient care. During normal daily operations and times of small or large surges- even a mass casualty incident (think multi-car pile up on the interstate) we have a regular process for calling all hands on deck to help assist in the situation in an effort to provide the best care possible and save lives. This will tie our hands by limiting our ability to respond and result in a reduced level of patient care. If we think healthcare moral distress is a problem now, wait until we are further limited in our ability to do what we are here to do - save lives.
 - Pg. 7, line 6- "Determine the number of seasonal variances...limited number of allowable variances". This rule is impossible to meet given that we cannot control patients from coming into the Emergency department any more than we can control the timing of the next pandemic, the timing of when Flu season actually hits during the year or the weather. We cannot be held accountable to something that is completely out of our control.

- Pg. 8, line 9- “Each hospital with more than 25 beds shall articulate...it’s ability to expand the hospital's staffed-bed capacity up to 125% of the hospital’s baseline staffed-bed capacity and IUC capacity within 14 days after a statewide public health emergency is declared....”
 - Hospitals rely on contract labor- or agency staffing to pull in the necessary contingent resources required when these events occur and during times of prolonged surges. These resources are not limited to just Registered nurses but also include additional ancillary support staff and providers. We cannot control the timing of when the contracted staff arrives at our facility because we do not own them, nor employ them. They are not under our control. Currently, it is a minimum of 3 weeks before an agency nurse would arrive at our facility when we request one. It is much longer for providers- 6-8 weeks at minimum. Along with their response time, their availability is also contingent on what is available and subject to the contractor actually accepting our assignment. Again, outside of submitting the request for contracted resources, there is little else within our control. Why are we being held accountable for something we do not control?

At our heart, nurses are our community’s strongest healthcare advocate- Our goal *IS* and *Always has been*- access to care- access to safe patient care and that requires a strong nursing voice and collaboration as well as flexibility and innovation throughout the entire nursing division. Nursing has fought for years to be respected as a profession and if it were true that we were incapable of regulating ourselves then we would have seen a very different outcome during the pandemic- not only here in Colorado but across the country.

I urge the members of the senate to understand that nurses and hospitals in Colorado DO NOT require additional regulatory oversight- we have proven that!

Most Importantly, I need you to understand that the language in this bill that references “staffing standards” is DANGEROUS. This bill is a misguided, over-simplified approach at managing a highly complex environment.

Thank you for your support in opposing this bill.
Respectfully,

Andrea Burch, RN MS NEA-BC
VP Chief Operating Officer & Chief Nursing Officer
Lutheran Medical Center
Intermountain Healthcare

Senate State, Veterans, & Military Affairs
 05/06/2022 Upon Adjournment
 HB22-1401 Hospital Nurse Staffing Standards
 Typed Text of Testimony Submitted

Name, Position, Representing	Typed Text of Testimony
Virginia Gillispie For Self	<p>Dear Members of the Committee,</p> <p>I am writing to ask for your "yes" vote on this bill. I've been in the nursing profession in Colorado since 1989, first as a Certified Nurse Aide (until 1996), then as an RN (until 2014), and now as a Nurse Practitioner. Giving hospitals the support they need to form nurse staffing committees based on CDHPE recommendations is a first step toward ensuring safe hospital staffing. I am employed by a large, regional southern Colorado hospital on the palliative service, and while I am not currently at the bedside, I did see the tireless, heroic efforts put into patient care by my RN colleagues who are at the bedside. Day in and day out for two long years of this pandemic, they showed up, donned personal protective equipment, and provided compassionate and competent care for the citizens of Colorado in the face of horrific disease and overwhelming conditions (ie, families not being allowed to visit their loved ones, not being able to be with them for comfort in death and dying, etcetera). Every day I was grateful to them for their dedicated & selfless service, and I know the patients and families were thankful as well. Please show them your support by sending this bill o the full senate for a vote!</p> <p>Warm Regards,</p> <p>Virginia Gillispie, APRN Family Nurse Practitioner & Advanced Certified Hospice & Palliative Nurse</p>
Laura Mikkelsen For Self	<p>Testimony: Laura "Mik" Mikkelsen</p> <p>Colorado citizens have a right to know how the hospital and healthcare industry is failing them and ultimately resulting in harm to the public through lack of transparency, funding, stripping nurses of equitable pay and benefits, hiring practices of nurses and nurse faculty. There has been a shortage of nursing since I became a licensed practical nurse (LPN) in the late 80s and then a registered nurse (RN) in 1991. I worked staff here in Colorado and have attached my resume'. I also became a traveling nurse and left Colorado in the 1990s and again in the 2000s so I could pay for my family as Colorado paid RNs \$16/hr on average. There weren't/aren't enough hours in a day to make a living at that pay rate and the same is true today during this 100-year pandemic. I would respectfully request that the legislature, ALL OF YOU, take staffing of</p>

	<p>hospitals seriously. If you do not, and you continue on the path of allowing hospitals to price fix without meaningful legislation and amendments to outdated law, then honestly, you are responsible for perpetrating harm upon the public. The following is what occurs everyday in hospitals in Colorado and clinics.</p> <p>In Colorado hospitals I have witnessed as a nurse, patient and daughter how hospitals are unsafe. In the hospital where I had trained to become a nurse and where I started my cardiac nursing career egregious errors and sentinel events occur every day. I witnessed this with my mother. But for me firing the cardiologist after her CABG, he and the nurse would have killed her, as the nurse was new and following the doctor's orders for the wrong medication. I took her out 54 hours post-CABG.</p> <p>We have state-of-the-art technology; brand-new medical complexes; and advanced academic programs with amazing simulation capabilities. Yet, as a state, we have chosen not to invest in the people that teach and interpret technology and science and practice it according to EBP standards safely. As a state, we failed to fund the most vital source, that of human capital, starting at the basic fundamental cornerstone of academia to direct care nurses. As a state, Colorado is failing the public and the Hippocratic Oath of First Do No Harm. Nurses are showing their disgust with the lack of leadership and safe practice with their feet. Nurses would rather walk than harm any of their patients. I honestly wish leadership and hospitals would take on the values and morals of the nurses.</p>
<p>Tonya Chapin Against Good Samaritan Medical Center</p>	<p>My Name is Tonya Chapin and I represent the Perinatal Services Department at Good Samaritan Medical Center in Lafayette Colorado. Thank you for taking the time to read my testimony today. As a registered nurse and previous patient of perinatal services, I can testify to how detrimental HB-22-1401 would be to the area I oversee. Rapid changes need to be made every day to support the changing acuity of our patients. When a patient pushes in Labor and Delivery she needs one-to-one nursing care, when a patient has a postpartum hemorrhage she needs several nurses to shift their focus and care for only her to prevent a horrible outcome and even death. When a patient has a baby that passes away a nurse needs to provide her with one-to-one nursing care to help her through an unthinkable time in her life. On a personal note, I was a patient who experienced all of those things. I had a very complicated delivery where they could not get my baby out and had to break his collar bone to deliver him, I then started hemorrhaging and it took several nurses and physicians to stop the bleeding, at 10 hours of life my baby actually died and had to be resuscitated. He spent several weeks in the Neonatal Intensive Care Unit where a shift in nursing</p>

	<p>ratios based on the acuity of his needs was necessary. It was the most horrific thing I have ever experienced, but I was able to manage it because I had a phenomenal team of nurses who were allowed to shift their focus to ensure my baby and I received the level of care I need to keep us both alive. If this bill were to pass that would not be possible. Tying the hands of those who work on the floor by limiting their ability to shift focus when needed will be detrimental to nursing practice overall. Please do not pass this bill. Further collaboration with nurses to create a bill that promotes safety is needed. I am urging you to stop this bill where it stands today.</p>
<p>JESSICA LEISS For Self</p>	<p>Hello, and Thank you for reading my testimony in support of HB22-1401.</p> <p>If you want to know what is happening in a hospital, specifically for patients, talk to a nurse, respiratory therapist, CNA, or any of the other healthcare workers that have their hands on one. Anyone in Administration, the Executive in the C-Suite, or on the Board haven't a clue and are the ones making the decisions.</p> <p>I believe every patient deserves safe care as determined by the Healthcare Worker who is delivering that care. If a staffing decision is being made by non-clinical staff, people who may hold a nursing license but are not at the bedside or on the unit, then know for a fact that the decision for staffing for patient needs, is not being met and not being made with patient safety at the top of the list.</p> <p>By placing these committees on record with the State, there will be a wealth of information to use to make better decisions in the future of Healthcare. And there will be transparency, not just words coming from the mouths of Executives. The public should know when there isn't a bed to be admitted to because there isn't a nurse to care for them. They should also know when they are paying for 1:1 care but aren't getting that care because their nurse has another patient. Not only is this fraud, it is an opportunity for error and a potential medical error that could cause harm or death.</p> <p>With the passing of this bill we make the first step towards safe patient care. Safe care is ensured by safe staffing. Currently the culture is one of 'lean-care" making due with the absolutely bare minimum on a good day and being creative on the others. Not sure about you, but I don't want to have to wonder if my nurse or CNA or someone on the unit will answer my call-light in time for me to get to the bathroom.</p> <p>Thank you for you time and what you do. Jessica Leiss, RN</p>
<p>Karen Masters Amend Self</p>	<p>Hello to everyone and Thank you for taking my testimony. My perspective on mandatory nurse staff ratios this is from seeing this happen in California and it's impacts. I have been a nurse in Colorado since 1996. I have been an ED nurse, ICU nurse and am now blessed to be in Mental Health.</p> <p>1. Staff starting coming over from California to Colorado and said patient care there was horrible since doing the staffing ratios.</p>

	<p>2. Going to ENA conferences and hearing from staff, presenters, and attendees the extensive challenges since going with staffing ratios. This continued in my work with the General Assembly of ENA. There is strong evidence that mandated nurse staff ratios cause more</p> <p>3. There is an art and science to staffing particularly in specialty areas. ED one room needs five people in it. Another needs a person passing from time to time, Others need a quick solution and out the door.</p> <p>4. Patients in California started complaining of wait times increasing x four and five times from normal. 2 hour waits became 8 hours waits</p> <p>5. Patients were dying in the Waiting rooms because of the staffing ratios</p> <p>6. In order to ensure staffing ratios other disciplines were removed from patient care. The strength of our ED's include the expertise and support of our EMT's and Paramedics who trained me as much if not more than the nurses at the time.</p> <p>6. The governor has done soo much work on improving Mental Health Care. BHA is trying to increase bed capacity. HB 22-1401 minimum staffing will cause inpatient psychiatric units to close to more patients because of the staffing ratios that do not take the best practices of mental health counselors, licensed therapists and case managers into consideration. There are only so many nurses and we need a multidisciplinary team. Doing staffing ratios means we can't see patients that need care and that is the absolute last thing we need to do in these times of needing more inpatient nursing beds for Mental Health in Colorado. Please strike any language regarding minimum staffing or nurse staffing ratios from the bill. Thank you</p>
<p>William McNitt Questions Only Self</p>	<p>The Honorable Chairwoman Marble:</p> <p>Thank you for the opportunity to provide testimony today on this important bill. I am asking you to oppose the bill in the current form. A common occurrence in emergency departments is having a handful of patients in the waiting room, all but one or two beds in the department full, and then having a critically ill patient arrive. With mandated staffing ratios and limits on who can come down to help out the ED staff, when that situation occurs, we would have to stop bringing patients back from the waiting room and stop seeing patients. A critically ill patient requires all of the attention of their nurse, and in current usual practice, that means that the rest of the ER staff absorbs that nurse's patient load until the critically ill patient leaves the department. Often we can bring down a nurse from the ICU or medical floors to help out. If both the ED and the inpatient floors have mandated staffing ratios, the ED cannot keep bringing patients back and also cannot bring down staff from other care areas, since that will put the remaining nurses in the inpatient areas over ratio. What this means is people will die in waiting rooms.</p> <p>The other problematic scenario this bill will create will mostly affect small critical access hospitals. When seasonal influenza, or pandemic COVID-19 sweep through the state, staff call off sick. It is not uncommon for us to have 3-4 staff members call out on the same day.</p>

	<p>Big health systems have a float pool of nurses that they can pull from, but small hospital systems don't. Small hospitals will face a choice: break the ratio requirements and incur untenable fines, or simply close their doors. We have already lost many of our critical access hospitals, and this bill will cause us to lose more.</p> <p>Another consideration is interfacility cooperation. During the worst waves of COVID-19, our hospitals took patients from all over the state. At my hospital, I was getting calls from nurse practitioners in tiny clinics in rural areas begging me to accept their patients. They had folks dying in a clinic because there was no hospital who could take another sick COVID patient. We got creative with staffing, and helped everyone we could. With mandated staffing ratios we would have had to say no. I, my colleagues, and my house supervisor nurses would have to tell people "sorry, your patient is going to die in your clinic because I have to hold beds open".</p> <p>Sincerely,</p> <p>William C McNitt MD, FACEP</p>
<p>Meghan Brenneman Against Platte Valley Medical Center</p>	<p>To Our Esteemed Colorado Senators;</p> <p>My name is Meghan and I work at Platte Valley Medical Center as a Clinical resource nurse. I have 10 years or nursing experience. Every time I interview for a new position they ask "what would be your ideal nursing job?" My response is always "I would like to be a nurse advocate". I have a deep respect for my nursing partners and I dedicate myself to helping them as they care for our public. I was in the front lines of the ED during the pandemic and have seen the emotional distress that we all now carry and know help is needed. Unfortunately, I do not feel that HB22-1401 will benefit nurses as we all hope. There are many unintended consequences of this bill but, I would like to focus on one concern.</p> <p>Being a CRN is the closest position I have found to a "nurse advocate". I am helping hands for all nurses on shift and available with one phone call to respond to any need. I respond to codes and rapid response teams throughout the hospital as well as any call asking me to come for help. My position was created during the pandemic in response to the difficulty of finding experienced nurses to hire and having many brand new nurses with little bedside experience. Some nurses have not given blood let alone done CPR as they were shorted clinical hours in nursing school during a pandemic. I help these nurses with all questions they have. I also try to pull some of these newer nurses when I know there is a critical patient so that I can teach them real time. This bill will make crucial roles like the CRN disappear as hospitals will be forced to focus solely on patient ratios and not on innovative ways to help with staffing and limited nursing resources. It will also remove my ability to teach these new nurses in real time opportunities. I will not be able to pull a</p>

	<p>nurse for a short time as they can not ask anyone to watch their patients even if easily feasible. This is a huge detriment to our ability to teach/help new nurses grow into experienced, skilled clinicians like myself and other veteran nurses who had this opportunity.</p> <p>I humbly ask that staffing solutions are left to actual nurses who worked every single shift of the pandemic on the front lines and who have years of experience in being creative and innovative in taking care of our colleagues and patients. I truly appreciate the desire to help front line nurses but feel this bill will cause more harm then the good it is intended to implement.</p>
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05/06/2022

To Our Colorado Senate Members,

Thank you for allowing me this opportunity to provide written testimony in opposition of HB22-1401. My name is Amanda Feild and I currently serve as the Director of Professional Practice and Magnet Program at Saint Joseph Hospital, located in the center of downtown Denver. I have served as a Registered Nurse for 10 years and have been in nursing leadership for the past 8 years. Today, I am representing our 1,000 Registered Nurses as well as the patients that have or will receive care at Saint Joseph Hospital.

Representative Mullica's most current version of this bill contains language that will increase cost to healthcare through mandated staffing ratios, which will ultimately eliminate services throughout the hospital by reducing budgets that improve quality patient care to our public.

For example, mandated staffing ratios will increase cost to healthcare as we have to turn away surgeries that provide income because we do not have the staffing on the ICU or Surgical Care floors as well as it will force hospitals to hire travelers, who are extremely expensive. This increase in cost will eliminate other hospital services such as education and training services for our clinical nurses and physicians which are imperative to keep in order to ensure our clinicians are giving the most up to date, quality care.

Throughout the pandemic, my department of educators worked tirelessly to cross train PACU nurses, telemetry nurses, and step down nurses, to care for COVID patients in the ICU. However, if this bill passes, the ability to provide training for nurses would be eliminated due to cost constraints. Additionally, currently 60% of nurses in our organization have less than two years of nursing experience. If this bill passes, I will no longer have the ability to provide high fidelity simulations, hands-on skills fairs, and other competency training that allows these novice nurses to transition into competent caregivers. This lack of training and education will ultimately impact the quality of care we provide to our patients.

At Saint Joseph Hospital, we provide monthly critical events training that allow physicians and nurses to simulate critical events that are life threatening to patients. When I became pregnant in 2018, I knew how great our education was at our hospital and how highly trained our nurses and physicians were to care for high risk pregnancies. Because of that, my husband and I knew we were going to deliver at Saint Joseph Hospital. At our 20 week anatomy scan, we found out that I had a life threatening placental condition that could potentially cause our son to bleed out and die within minutes if my water was to break. Hearing that diagnosis, confirmed our decision to deliver at Saint Joseph Hospital as I knew our caregivers had been trained in these life threatening emergencies, monthly. I was an inpatient for over 40 days for close monitoring and "in case my water broke, I needed to be close to an operating room". At 0414, on September 2nd, my water broke. Within 14 minutes, our son was delivered, safely, and is alive today because of the training of those physicians and nurses.

If this bill passes, we will lose the opportunity to train our nurses and physicians due to budget constraints, and in a case like mine, a lack of training could have cost both my son's and my life. If this bill passes, it will negatively impact the quality of care we provide to patients as we will not be able to educate, simulate, or train our associates on how to care for the most life threatening situations.

Thank you for your support in opposing this bill.

Respectfully,

Amanda Feild, MSN, RN, NE-BC, PCCN-K
Director, Nursing Professional Practice and Magnet Program
Saint Joseph Hospital, Intermountain Healthcare

To our Colorado Senate members,

Thank you for your time and allowing me to voice my opinion about the proposed bill 22-1401. My name is Andrea Moore and I am a Nursing Director at Platte Valley Medical Center and I am a Board member of the Colorado Emergency Nurses Association. I have been a nurse for over 10 years and in healthcare for over 14 years. Throughout my career I have been an ER nurse, a house supervisor, an educator, and a leader, and if there is one thing I have learned about nursing and healthcare, it is that one size does not fit all.

I want to bring to your attention that the Emergency Nurses Association opposes staffing ratios for many years, because of the downstream effect this may have. If units are not able to admit patients due to staffing ratios, we end up making the already busy emergency departments even more congested with nowhere for our patients to go. Having to close units and go to the emergency departments going on divert (closing to emergency services) then there is an even higher safety concern that arises for our patients. Having the state govern our staffing plans, does not allow for hospitals to be innovative and creative in how they staff and support the patients and staff members.

As a house supervisor, I work with staffing and productivity every shift throughout the shift. We discuss staffing four times a shift at a minimum with charge nurses, bedside nurses and leadership to maintain safe staffing. If we are ever concerned about staffing we meet more frequently and make a plan that always works to keep patients and staff safe. We strive on the fact that we can be innovative and create scenarios where we use support staff, or create positions that allow us to be able to safely staff a unit. We have created positions like clinical resource nurse and clinical resource tech to be able to help the entire hospital and float to the greatest need. We provide education and training to our staff members and float staff to units to make sure our productivity and safety is always a top priority.

Having the state mandate how we staff and who we staff on specific units is not the answer. Again, one size does not fit all so having a standardized staffing ratio or staffing plans will not work. The lack of people wanting to become nurses and the high rate of nurses leaving the field is where we should be spending our money, time and resources, not in having the state mandate and govern how our profession works. Nurses should be leading nurses.

Thank you again for your time and serious consideration of voting no to HB 22-1401. If you have any questions don't hesitate to reach out. My email is andrea.moore@sclhealth.org.

Humbly,

Andrea Moore

Good afternoon, Chair and Committee Members. I am Mary Satre, a licensed RN, and I represent myself as a nursing instructor who has been working with nursing students at a Community College in Colorado.

I am asking you to support HB22-1401 as amended in the House Health & Insurance Committee hearing on Monday 5/2/2022. I am speaking out on National Nurses Day to advocate for the well-being and safety of our nursing workforce and the patients they care for. Nurses need a strong voice in the staffing committees of our hospitals in order to hold hospitals accountable to the public for a safe and effective nursing environment.

I have had the privilege of teaching a group of senior nursing students in their clinical work at a local hospital this semester. We have worked on a Medical Surgical & Trauma floor with a high level of patient acuity. The staff RNs who allowed us to work alongside them for our learning experiences were for the most part receptive to that role, though my students observed that there were times – growing increasingly frequent as the number of travelers (temporary staff nurses) has been systematically diminished – where tempers were short and frustration was the norm.

We developed a style of nursing that I call “Extreme Advocacy.” I encouraged my students to have confidence in their education and knowledge and to have the courage to speak up on behalf of their assigned patients. One student heard abnormal lung sounds on a morning when her surgical patient was being prepared for discharge. She spoke to her primary RN, and he arranged for a chest x-ray. The patient had developed pneumonia, and so the discharge was delayed for treatment. Another student noted that the indwelling urinary catheter had been in place post-surgery for far longer than the prescribed timeline, and also spoke with her primary RN. The catheter was removed, thus preventing the very real danger of urinary tract infection (UTI), a highly preventable but often deadly complication encountered during hospitalization. Just this week a patient scheduled for discharge had a critical lab result of K+ 2.1 – a very low level of potassium. The student spoke out, thus alerting the team to potential cardiac complications or worse. All of these incidents could have been avoided had the nursing staff been given adequate support in terms of numbers and also in terms of institutional back-up. It has been concerning to us to hear in the daily “huddle” (floor care conference meeting) that the residents have been asked to push for discharges. This admonition indicates that the hospital’s agenda is driven by the bottom line and not by evidence based practice (EBP – using the best possible evidence to effect positive patient outcomes).

Nurses do not want to give inadequate care. Nurses want the best for their patients. And nurses want a safe working environment for themselves. Please vote to pass HB22-1401. Do it to support the nurses of Colorado who care for you and about you. And do it for yourselves.

Thank you.

Mary Satre, MSN, MBA, RN