



**Date: February 28, 2025**

**Hearing Date: March 4, 2025**

**Committee: Heath & Government Operations**

**Bill: SB 0720 Safe Staffing Act of 2025**

**Position: In Favor and Request Favorable Report Submitted by:**

**Ruth Carlock**

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**Dear Chair Beidle and Members of the Senate Finance Committee:**

My name is Ruth Carlock, and I am from the Brain Injury Association of Maryland (BIAMD). BIAMD is a non-profit organization that is the voice of those affected by brain injury through advocacy, education, and research. I am submitting this testimony in strong support of Senate Bill 720; the Maryland Clinical Staffing Standards Act of 2025. This critical legislation aims to establish enforceable staffing standards in Maryland hospitals, ensuring adequate patient care and support for healthcare professionals. A recent study by the Maryland General Assembly Hospital Throughput Work Group showed that the state of Maryland had the worst hospital wait times out of all 50 states. SB 0720 represents a multifaceted strategy to address this issue by focusing on a collaborative care team approach that remains flexible on how hospitals can manage this crisis and reduce patient risk and wait times.

The BIAMD has witnessed firsthand the profound impact that staffing shortages and clinician burnout have on patients, particularly those who have sustained brain injuries. Individuals recovering from brain injuries require intensive, specialized, and often prolonged rehabilitation services. The success of their recovery heavily depends on consistent, personalized care provided by a dedicated team of healthcare professionals. This legislation offers a way for these hospitals to reduce burnout with a plan to address safety concerns. This legislation allows hospitals to create individualized plans to address the specific issues of each hospital much sooner than top-down legislation could achieve.

However, chronic understaffing and the resultant burnout among clinicians pose significant challenges to delivering such care. Research indicates that burnout is prevalent among professionals in brain injury rehabilitation settings, often stemming from factors such as emotional exhaustion, depersonalization, and a diminished sense of personal accomplishment. These factors are exacerbated by high patient loads, insufficient resources, and the emotional toll of managing complex patient needs.

A study exploring the experiences of support staff in traumatic brain injury rehabilitation centers highlighted several themes contributing to burnout, including the unique challenges of brain injury rehabilitation, emotional experiences associated with treatment, and organizational factors leading to stress. Participants expressed feelings of helplessness due to the slow progress often observed in rehabilitation and the necessity for repetitive interventions. Such conditions not only affect the well-being of healthcare providers but also compromise the quality of patient care.

Right now, one in four nursing positions are vacant, and this crisis only stands to get worse with an aging nursing population and decreasing graduating rates of new nurses in the state. With numerous studies showing the link between excess nurse to patient ratios leading to worse patient outcomes and increases the number of unnecessary deaths. With The Health Services Cost Review Commission showing some patients waiting up to 20 hours to receive emergency care.

Moreover, the unpredictable nature of brain injuries requires healthcare professionals to exercise a high degree of creativity and adaptability in treatment planning. This demand, coupled with organizational stressors like scheduling pressures and extensive documentation requirements, further contributes to burnout and reduces the time clinicians can devote to direct patient care.

Implementing the staffing standards proposed in SB 720 would address these critical issues by:

- **Ensuring Adequate Staffing Levels:** By mandating appropriate clinician-to-patient ratios, hospitals can provide the necessary time and resources for each patient, particularly those with complex conditions like brain injuries.
- **Reducing Clinician Burnout:** Adequate staffing alleviates excessive workloads, allowing healthcare professionals to maintain their well-being, which is essential for delivering high-quality care.
- **Improving Patient Outcomes:** Consistent and personalized care from well-supported clinicians leads to better rehabilitation outcomes for brain injury patients, facilitating their recovery and return to daily life.

Investing in appropriate clinical staffing is not only a moral obligation but also a strategic decision that will benefit Maryland's healthcare system in the long term. I urge this committee to issue a favorable report on SB 720 and support its passage to ensure that Maryland hospitals uphold the highest standards of patient care and workplace safety.

Thank you for your consideration.

Citations:

1. Block, H., Bellon, M., Hunter, S.C. *et al.* Barriers and enablers to managing challenging behaviours after traumatic brain injury in the acute hospital setting: a qualitative study. *BMC Health Serv Res* **23**, 1266 (2023). <https://doi.org/10.1186/s12913-023-10279-z>
2. Chambers-Baltz S, Knutson D, Chwalisz K, Canby A, Kane T. The experiences of support staff in a traumatic brain injury rehabilitation center. *Rehabil Psychol*. 2023 Feb;68(1):53-64. doi: 10.1037/rep0000475. Epub 2022 Nov 28. PMID: 36442015.
3. Norman, A., Holloway, M., Dean, J., Patterson, A., Needham-Holmes, B., Curro, V., Andrews, C., Feltham-White, P. and Clark-Wilson, J. (2024) 'Working Within a Perfect Storm: The Current UK Care Crisis in Community Neurorehabilitation', *Journal of Long Term Care*, 0(), p. 464–475. Available at: <https://doi.org/10.31389/jltc.336>.
4. Powell MA, Oyesanya TO, Scott SD, Allen DH, Walton A. Beyond Burnout: Nurses' Perspectives on Chronic Suffering During and After the COVID-19 Pandemic. *Global Qualitative Nursing Research*. 2024;11. doi:[10.1177/23333936241271271](https://doi.org/10.1177/23333936241271271)
5. Wang, J., Wang, W., Laureys, S. *et al.* Burnout syndrome in healthcare professionals who care for patients with prolonged disorders of consciousness: a cross-sectional survey. *BMC Health Serv Res* **20**, 841 (2020). <https://doi.org/10.1186/s12913-020-05694-5>
6. Schlenz KC, Guthrie MR, Dudgeon B. Burnout in occupational therapists and physical therapists working in head injury rehabilitation. *Am J Occup Ther*. 1995 Nov-Dec;49(10):986-93. doi: 10.5014/ajot.49.10.986. PMID: 8585598.
7. Wittig PG, Tilton-Weaver L, Patry BN, Mateer CA. Variables related to job satisfaction among professional care providers working in brain injury rehabilitation. *Disabil Rehabil*. 2003 Jan 21;25(2):97-106. PMID: 12554384.

<https://mhaonline.org/wp-content/uploads/2024/05/maryland-general-assembly-hospital-throughput-work-group-final-report-march-2024.pdf>