

I arrived as the charge nurse to my evening shift to find the acuity had increased. That is to say, the severity of the patients' conditions had worsened. We needed an extra nurse but none was available. I had to make assignments that stretched my colleagues. The next evening, I returned to find the acuity high and still no extra nurse. I had to threaten to quit before management sent a float pool nurse. Every time I entered a patient room, I had to apologize for the delay on my response. Every night I lay in bed hoping that I had not made an error that would harm my patients. Every day I dreaded what lay ahead of me at work. Eventually, I did quit that job and never worked in a hospital again. I recently met a new RN who worked on the very same unit. She lasted six months and is now working away from the bedside. Working short staffed risks patient lives and well being. It stresses RNs. It drives RNs out of nursing or at least away from the bedside. Every unit knows what safe staffing looks like for it. The Safe Staffing Act will create collaborative units between management and staff nurses to ensure patient safety and nursing well being. I urge you to find favorably on The Safe Staffing Act 2025.

Respectfully submitted,

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