

Greetings

I am in favor of SB 0411 Safe Staffing Act. I am a Registered Nurse and healthcare provider. I have worked with patients and students to try to get patients in and out of the emergency rooms, hospitals, or triage area in a timely fashion. Who determines the waiting time for a patient? Triaging a patient then sitting them back in the waiting room is not cutting down on the patient's wait time because the patients are still waiting. It is too many patients to take care of as a triage nurse. What is a safe nurse to patient ratio? Doing vitals is not cutting down on the waiting it is just a cushion to hush the patient until they are seen by the doctor because they are put back in the waiting room. The patients are being charged by the hospitals from the time of triage and while they are waiting. We don't have enough nurses and staff to take care of patients or cut down on waiting times. Nurses and staff who are overworked and understaffed may cause medication errors and may cause unsafe patient practices that lead to nurse or staff burn out. The goal is to decrease medical

errors by improving safe staffing. More people die from medical errors than MVA, breast cancer and AIDS. There are greater than 1 million people injured in hospitals because of errors and most are preventable. Can you imagine the money Maryland could save and devote somewhere else? I want to add and paint a picture, Sometimes patients are in the halls waiting on stretchers. Increase wait times in the hsp increases the risk for the spread of infection from other patients. The fact is the hospitals are starting the waiting times all over when the patient go back in the waiting area. Are we truly looking at the number of patients who leave the hospitals because of the longer waiting times because of poor staffing and how we can be more efficient? We need to track the patients leaving and comparing their waiting times. I ask that you are in favor of SB 0411.

Thanks,

Dr. Tolson

