March 29th, 2023

Chair Liebling

Minnesota House of Representatives

Minnesota State Office Building 100

Rev. Dr. Martin Luther King Jr. Blvd.

Saint Paul, MN 55155

Representative Liebling and members of the Health Finance and Policy Committee:

Madame Chair and members of the Committee, thank you for your work on this omnibus bill and for your work to save the hospital bedside nursing profession. My name is John Welsh and I’ve worked as a floor nurse in the cardiac unit for nearly 12 years. I see daily the need for staffing safe guards in my hospital and why you need to keep the entirety of the safe staffing provisions in the omnibus bill.

I love my job. I love working with our patients. But there are simply too many shifts where we nurses cannot provide a safe level of care. Shifts where we go home wondering if we didn’t spend enough time with a vulnerable patient whose condition may be starting to deteriorate. Or the daily stress of helping one patient to the bathroom and then hearing the bed alarm go off for a confused patient and being unable to respond just counting the seconds turn to minutes in dread before another staff member can respond hoping the patient did not fall. Or, and this has happened several times in recent months, where I have a patient who is alone and dying with no family at the bedside. And the ache in my heart at the end of the day that I wished I had more time to make sure that during that man’s final hours he was as comfortable as I could make him.

Nursing research calls it moral injury. It’s when we are unable to provide the level of care to our patients that our moral conscience says we should. It’s what drives nurses out of the profession. I’ve seen it first hand. During the Covid crisis nurses were leaving my hospital and my floor in waves. In one year I watched my seniority on the floor rise from 15th most senior nurse to the fifth. That means 10 nurses with 10 or more years of experience left my floor. There is no other way to put it but such of loss of institutional memory and bedside experience had a significantly negative impact on the care we can provide.

During the last year I served on Unity’s negotiating team during our contract negotiations with Allina Health. We tried to address staffing during negotiations. But time after time, proposal after proposal we met a brick wall of resistance. For the first 8 months of negotiations, they did not present a single responding proposal on staffing. During an earlier legislative hearing a lawmaker asked why can’t hospital leaders and nurses work together to find a solution to our staffing crisis. I can tell you clearly: We tried. We made more than two dozen different staffing proposals during negotiations. In the final contracts we did make some gains. At Allina we outlined a process where a nurse could object to an unsafe staffing assignment. At M Health Fairview, they gained a provision saying that floor staffing grids could not be worsened without agreement from nurses. These are important but they do nothing to reduce the overall all staffing crisis we are facing.

Hospital officials will blame the staffing crisis on nurses like me for working less than full time.. But I simply was burning out. Too many horrible shifts and I could not recover in time before the next shift. I have a part time nursing job that pays less than my hospital job but to me it’s worth it because of the stress levels we work under in the hospital.

For our patients’ sake we need to fix the staffing crisis.

Thank you,

John Welsh