

# MI NURSES Association

Affiliate of National Nurses United and AFL-CIO

November 9, 2023

To: Honorable Chair Rogers and members of the House Health Policy Committee

## **Remarks by Jamie Brown, RN, Michigan Nurses Association President**

Thank you, Chair Rogers, for holding this hearing and for allowing me to testify in support of House Bills 4550, 4551 and 4552, known as the Safe Patient Care Act.

And thank you committee members for your time today.

I also want to thank the sponsors of this important package for all of their support in bringing it forward.

My name is Jamie Brown. I am a critical care registered nurse at a West Michigan hospital with over 20 years of experience and president of the Michigan Nurses Association.

MNA is the largest union and professional association for registered nurses and healthcare professionals in the state.

The issues we're talking about today are not just important to our members. They are also urgent to tens of thousands of other Michigan nurses, both in unions and not, as well as to countless patients and their families.

93 percent of Michigan RNs polled support passing the Safe Patient Care Act, and a majority of them say they would return to – or stay in – direct patient care if it passes.

Research from Dr. Linda Aiken and other experts has shown that hospitals can save lives and save money by following safe RN-to-patient ratios.

We understand the need to look at all possible solutions to solving this crisis.

But a supply-side only approach will not work.

According to a study this year by U of M professor Christopher Friese and others, 39 percent of Michigan nurses plan to leave their job in the next year.

This increases to nearly 60 percent for younger nurses.

We have a leaky bucket – no matter how many nurses we graduate or bring in, nothing will change until we address hospital working conditions.

In the meantime, there is a related patient safety crisis in our hospitals.

According to a poll done this year, 42 percent of Michigan nurses know of a patient dying due to nurse understaffing.

That's nearly double from 2016, when it was 22 percent.

There are also other preventable adverse outcomes, such as falls and hospital-acquired infections, that cost hospitals hundreds of thousands of dollars each year.

There is growing understanding that laws requiring safe patient assignments are needed.

In fact, the American Nurses Association for the first time recently expressed support for federal legislation setting RN-to-patient ratios.

We want Michigan to be a leader and a place where nurses want to work.

The Safe Patient Care Act will make that a reality – more than any other intervention.

I would like to conclude by sharing some words from a fellow critical care nurse named Brindi.

*It is not fair that people live or die because of short staffing!!! I have been forced into unimaginable life or death circumstances countless times because of this constant issue! I am an ICU RN of almost 20 years and it has done nothing but continue to get worse! Last year I coded someone in an ICU for 10 minutes all alone because there was no one to help me. ... I no longer can sleep because these people did not have a fair chance at surviving. ... It breaks my heart telling family after family their loved one died, especially under my care, when I know they may have had a chance of living if staffing was better!! I wish everyone could have looked into the eyes of the people I've watched die because of unsafe staffing. If legislators looked into the eyes of everyone I have watched die, even in just the last few years, I guarantee you they would also suffer from insomnia and PTSD. One day you could be lying in an ICU bed and I bet you don't want to hear your RN has 4 other intubated patients trying to die! That's what my patients had to hear.*

Thank you.