

Good afternoon Members of the Board of Commissioners,

My name is Brigid Wasko. I have been a staff nurse in the trauma unit for almost nine years and I also coordinate the schedule for the night shift. I am writing because I feel the staffing situation on the night shift is dire. I am sure you are aware of the staffing shortage in regard to nursing, but I also wanted to alert you to the patient safety issues and staff morale issues that have arisen due to John H. Stroger Hospital's temporary solution of hiring agency nurses to staff our units. On the night shift, 9 nurses have left since mid-November and 3 more are now also looking for lucrative agency contracts.

First, there are some patient safety issues. The purpose of an agency nurse is to be experienced and be able to jump in and work on an Intensive Care Unit (ICU). In the trauma unit, we have had agency nurses that did not know how to zero arterial lines and had to be shown how to suction a patient. These are very basic ICU skills that should not have to be taught to a nurse that has any amount of ICU experience. We also had a patient on an incorrect heparin drip for three 12-hour shifts. During all three of these shifts the patient was assigned to an agency nurse. One of our staff nurses caught the error on the fourth shift. An agency nurse infused potassium phosphate into a patient's abdominal drain instead of into his IV. On a night I recently worked, we had a patient in respiratory distress. The agency nurse assigned to that patient thought he was agitated and was going to give him more Ativan for what she thought was withdrawal symptoms. Luckily, we had a few staff nurses there to recognize the actual problem. We called the doctors and intubated the patient. Had that agency nurse given the Ativan, we would have had an emergency intubation instead of the controlled intubation we were able to perform. Our patients deserve better!

Additionally, we are not able to utilize agency staff in the trauma resuscitation area, as this is a specialized area that requires certifications from the state and has a different skill set and flow from the ICU. The agency nurses sent to our area are only ICU trained. We have a 15-bed trauma resuscitation area. California staffing ratios specify 1 nurse to 1 patient for level one traumas and 1 nurse to 2 patients for level 2 traumas. We currently function with 3 nurses in resuscitation. This means 5 patients to 1 nurse. In the past, given an increase in acuity or volume there was a possibility of temporarily flexing certified trauma nurses from the ICU to the resuscitation area. In this way, we were still able provide appropriate care. At this time, flexing nurses would mean leaving the entire ICU to agency staff. Some days we only have 1 staff nurse in the ICU, so there is nowhere to flex from as agency cannot work in resuscitation.

Secondly, the morale of the staff nurses is dismal, to say the least. As staff nurses, we must teach and watch over the agency nurses, to make sure our patients are receiving safe competent care. We are willing to watch over them and train them, but they are making 3 to 4 times what the staff nurses are making. This is demoralizing and insulting. Imagine if your assistant, which is basically what these agency nurses are, was making 3 to 4 times your salary. Would you feel this was a fair practice? Other area hospitals have taken steps to retain their current staff by way of hourly Covid differentials and other staffing incentives. County staff nurses deserve the same consideration. Also, we should not have to use our benefit of paid time off for a Covid related illness, as this is an occupational hazard. As documented in the Occupational Exposure to Covid 19: Emergency Temporary Standard under the need for specific provisions (website below) it states, "OSHA's experience shows the threat of lost earnings, benefits, and or seniority protection provides significant disincentive for employees to participate in workplace medical screening and reporting programs". I believe the fact that we are forced to use our own benefit time for Covid related illness will deter nurses from testing when appropriate and in reporting symptoms, as OSHA has reinforced in this statement.

We are currently so tight with our night shift staff in trauma that if we lose many more nurses, we will need to put agency nurses in charge in the ICU or have them work the trauma resuscitation area. This would be extremely dangerous for our patients. Our hospital did well

with our last JACHO visit and I believe our safety grade went from an F in 2020 to a C in 2021. I would hate to see all the progress we have made dissipate. I hope this paints a picture of what staff nurses are currently facing and how we are feeling. I am urging the public and the board to support our staff nurses so we can continue on our rise in safety grading and deliver safe competent care to our patients. Thank you for your time.

Brigid Wasko

<https://www.federalregister.gov/documents/2021/06/21/2021-12428/occupational-exposure-to-covid-19-emergency-temporary-standard>