Good morning. I am Linda Chmielewski, vice president of hospital operations and chief nursing officer for CentraCare Health System. CentraCare includes four hospitals - St. Cloud, Long Prairie, Melrose and Sauk Centre - five long-term care facilities, nearly a dozen clinics and numerous specialty care services.

I have been a nurse for 41 years and with CentraCare for 32 years. I am here today to speak against House File 588. The impact of this legislation on the ability of CentraCare to deliver high-quality care to residents of central Minnesota would be very harmful.

Since the focus of this committee is operations, I would like to share with you the realities of operations and staffing in today's hospitals.

First, as my colleague from Methodist testified, this legislation would force us to schedule by head count, not patient needs. CentraCare and hospitals throughout the state don't just schedule by formula. We schedule people. We have outstanding nurses and we know that nurses and other members of our care team have unique skills, experience and personalities. When creating a schedule, we look at each of these attributes and put together a constantly adjusting schedule that assures not only that we will have enough nurses, but we will have the right nurses – nurses who complement each other and the other caregivers on duty and nurses who have the flexibility to meet the needs of all patients.

Second, this legislation is based on the intuitive belief that more nurses means more time each nurse can spend bedside with a patient. If you pass this legislation, nurses will spend LESS time with the patients who need them most.

Let me explain. Hospitals today depend on inter-professional teams of caregivers. RNs work in teams with physicians, nursing assistants, emergency medical technicians, social workers, case managers and others to assess the needs of patients and deliver the best care. Each member of the team is able to focus on the highest levels of expertise for which he or she is trained and the highest level of care delivery every patient needs.

This bill would result in registered nurses doing more of the tasks that take them away from the bedside of those who need them. Patients benefit the most when a nurse has the time to interact directly with everyone in his or her care. Teams allow this to happen. Staffing quotas too often will put nurses in non-caregiving situations.
The third point I want to make is the importance of flexibility. I’ve heard some supporters of this legislation try to draw the parallel to teacher to student ratios. Here’s the difference. A teacher has a good idea from day-to-day how many kids will be in class. Five extra children don’t get off the bus one day. I schedule a hospital for a typical day and then the atypical happens – every day. An ice storm overwhelms our emergency room with car accidents or falls. Desperately sick flu victims need immediate attention. One of our smaller hospitals expects one delivery, and nature decides for three moms that today’s the day…and then imposes complications on one of them. What do we do? Yes, we call in additional staff. We empower our nurses and every caregiver to notify managers of staffing needs and we respond.

The testimony of those supporting this legislation makes it clear that under this law, rigid staffing quotas will be imposed on hospitals. The flexibility to deliver care needed by real patients in real-life situations will be compromised.

I’ve spent my career in health care. I am a registered nurse who cares passionately about the profession of nursing. I am a caregiver who is absolutely committed to delivering the best care for every patient, every day.

I urge you to reject this approach.