



April 28, 2026

Subject: Testimony in Support of S-2258, Joint Resolution Creating a Joint Legislative Study Commission on Safe Staffing in Hospitals — Submitted by a Member of SEIU 1199NE

Dear Chairwoman Murray and Honorable Members of the Senate Committee on Health & Human Services:

I became a nurse less than two years ago and accepted my first job at Butler. At 18 years old, I experienced firsthand the importance of high-quality care for those in crisis. Inpatient treatment can be unfamiliar and, at times, an overstimulating environment. From the day I was discharged from my own inpatient treatment, I vowed to dedicate my time to providing care for patients experiencing acute mental health crises.

Our patient population includes those diagnosed with major depressive disorder, bipolar disorder, schizophrenia, and those actively going through withdrawal. At times, these patients may also have physical or developmental disabilities, as well as severe cognitive decline due to conditions such as Alzheimer's. Most of these patients are in their most vulnerable moments. It is crucial that we are able to safely monitor them and quickly intervene when necessary.

Currently, our hospital's failure to provide safe staffing is often reflected in inadequate patient care and alarming levels of staff burnout.

Upon transitioning to a new full-time position this January and taking on the charge nurse role, it has been common to review staffing assignments and find that we are short at least one staff member. At the same time, we are responsible for managing multiple high-acuity patients, some of whom require one-to-one observation. These patients require a designated staff member to remain in direct line of sight or close proximity at all times, often due to repeated self-injurious behaviors or persistent suicidal ideation.

Others may experience symptoms that lead to behaviors that could harm others, and may be placed on constant observation following violent incidents. At the same time, some patients are medically compromised and require additional assistance with daily activities.

Despite advocacy by myself and my coworkers on behalf of patients who need one-to-one supervision, our staffing levels often result in a failure to provide this necessary level of care. Insufficient staffing leads to delays in assessments and interventions, increasing the risk of adverse patient outcomes.

This includes common psychiatric emergencies such as verbal escalation or physical assault, which require immediate intervention to maintain a safe environment for both staff and patients. It also includes medical emergencies, such as changes in mental status, falls, and seizures associated with withdrawal.

Without safe staffing levels, care becomes reactive rather than proactive.

Thank you for the opportunity to submit testimony in support of a hospital safe staffing commission, which is critical to maintaining a safe environment for all. The issues I have described occur on nearly every shift and have a direct negative impact on patient safety and staff well-being.

This is not the level of care our patients should receive, and it is not a sustainable way for healthcare workers to continue doing their jobs safely. I urge you to support S-2258 and take an important step toward improving staffing, safety, and outcomes.

Thank you.

Sincerely,

Adrienne Bowen, RN
Butler Hospital