



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 work as the Intake Coordinator in the ER at Butler Hospital and previously worked as a Mental Health Worker and CNA. I have worked in healthcare for almost 35 years. I offer this testimony in support of Senate Bill 2258.

One of my roles at the hospital is to train staff in de-escalation techniques to prepare them for potentially violent situations. One of the biggest barriers we discuss in training is that staff are always under pressure: we are short-staffed, constantly moving people between units, and expected to manage high-risk situations without adequate resources.

As a result, our workplace has become increasingly unsafe. The number of staff injuries has increased dramatically, especially in the last several weeks, including several major injuries.

I believe one of the contributing factors to this increase is the closing and reclassification of units in response to short staffing. The hospital has also been closing Intensive Treatment Units, which were designed specifically for patients who need more supervision and support. These patients often have complex needs. They may be actively psychotic, experiencing suicidal or homicidal ideation, or struggling with autism or severe behavioral conflicts with other patients.

Now, instead of having ITUs, most units are general treatment units. This means high-acuity patients are being mixed with patients who have much lower needs. For example, someone seeking help for anxiety might be placed next to someone who is actively psychotic. A detox patient might be in the same unit as individuals with severe psychiatric symptoms.

Previously, this kind of mixture did not happen. But with 29 fewer beds, the hospital has been short-staffing units, which can lead to more volatile situations. Because of these shortages, staff

are moved around like Legos, with float staff assigned wherever they are needed rather than having experienced, trained staff in each role. This pressure is driving newer staff to leave the industry, where the risk of injury is so high.

Despite all of this, our patients often tell us that we provide better care than anywhere else they have been. There is tremendous value in the work we do. We know the system can be better, and we won't give up on trying to improve it.

The Hospital Staffing Commission is the first step toward creating more accountability and ultimately safer workplaces for patients and staff. This is a standard we must continue to strive for.

Sincerely,

Kevin Kelley, Mental Health Worker
Butler Hospital