



## **“A Nurse Careplan for the Patient Care Crisis”**

**Speech by Cathy Singer Glasson, RN**

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My name is Cathy Singer Glasson, and I’m a registered nurse and a leader of the Nurse Alliance of SEIU. Before I talk to you about some of the exciting work we’ve been doing recently, I wanted to first tell a story that I think many of you here can probably relate to in one way or another, so close your eyes and think back with me.

It’s 8 o’clock in the morning and it’s a clear day in my hometown of Iowa City, Iowa. I pull in my driveway after working a shift that began at 3pm the day before.....now if you aren’t a nurse you might have to take a minute to figure out exactly how many hours there are between 3pm one day and 8am the next. But if you ask any nurse, they can usually tell very quickly that I had just finished working a 16 hour shift at the hospital where I work in the 12 bed Medical Intensive Care unit. You see, I had no choice when at 11pm that night (when my scheduled shift was to have ended), we were going to be “short” two nurses on the 11 to 7 shift.

That meant that five of my coworkers would be left struggling to safely care for 11 critically ill patients. When I say critically ill, I mean **critically ill**. Just the act of repositioning our patients can cause life threatening changes in their blood pressure or breathing. And to make matters worse, we had an open bed, which most times is considered “prime real estate” not left vacant for long, and many of us know that admissions tend to be extremely busy in the ICU’s.

The nursing supervisor that night was frantic to find an extra nurse. At one point she broke down because she didn’t have anyone else to call. So she really had done everything she could to find someone to “fill the staffing hole.” It was at that point it became crystal clear to me – I was not going home at 11:30 that night. There was absolutely no other alternative but for me to stay and help out, I couldn’t leave, because I knew if I did I would be putting the patients lives at risk. So I stayed. I stayed not only out of concern and loyalty to my coworkers, but more importantly for the patients who so desperately needed the intensive attention and care. The night went as well as could be expected given the circumstances we’d been handed. With one admission, we remained busy the entire night.

Morning came and hope stirred when I saw the fresh faced and energetic day shift coming in one by one.

As I walked to my car, I remember feeling like I had won a battle because I had “managed” to “make it through” the night. I felt good about the fact that even at the ripe age of 46, I was able to “survive” the marathon of a night. I felt very tired but relieved. I got in my car and drove home.

How many of you in the room have ever been in a situation similar to this?

How did it make you feel?

Spacey? Lightheaded?

It’s almost like you are disoriented, right?

I know I was. Disoriented and slow in my thinking, that is.

At home, all I could do was shuffle over to the kitchen cupboard, pour myself a bowl of cereal, eat ravenously and fall into bed only to awaken to the smell of food being prepared as my husband cooked dinner.

But before I laid down to sleep that morning, something made me think about the drive home. It struck me out of the blue, I suddenly realized that I couldn’t remember what color the traffic signals were on my drive home! I felt a jolt of fear run through me knowing that I absolutely could not remember if I had run a red light or could I have been sitting stopped at a green light? It was surreal and disconcerting. Almost spooky. Little did I know it but I had just entered the twilight zone for overworked nurses; it is a place where reality and fear collide. But seriously, what’s even more chilling to me looking back on it all is wondering how I could safely have cared for two critically ill patients if I couldn’t even recall something as basic as the color of the light signals on the streets that I drive each and every day?? I went to bed hoping that I hadn’t made any mistakes that could have hurt or endangered my patients’ lives.



What’s become quite apparent and frankly appalling here today is that many of you have experienced something similar to mine in your own hospitals or where you work. The real problem is that it’s happening in hospitals around the country more often than it should. I imagine we could spend quite some time sharing our own “horror” stories about how patient care has and continues to be compromised. **Mine is just one of thousands.**

Let’s face it, our nation’s health care system is “critically ill.” It’s been deteriorating now for quite some time. We probably remember seeing some of the early warning signs. Its earliest symptom was its loss of vision—a loss of vision about how to provide the highest

quality of care to its patients by valuing those who provide the care, its nurses. Our healthcare system has turned a blind eye to the problem.

As Diana Mason pointed out in her great presentation earlier this morning, what it really boils down to money, and the values and choices that hospitals make. Direct patient care has taken a back seat to profits, and it's because of the choices that the hospital industry is making, that our nation's hospitals are hemorrhaging registered nurses faster than we can transfuse them back into the system.

Our nation's health care has a weak, thready pulse—it's failing. It's failing not only us as nurses, but more importantly, it's failing our patients.

Nurses are the core of the health care team, we're the glue that bonds the team. We play a vital role in determining the outcome of the patients we care for each and every day, yet nearly 40% of nurses are not practicing at the bedside.

Nurses are working longer and longer hours in understaffed units and our pay and benefits have not kept pace. The working conditions that nurses are forced to work under are the same conditions that are driving us away from the bedside, and it's the patients that ultimately pay the price. The nursing profession is on the endangered list and registered nurses are becoming extinct.

But you already knew all this because you live it every day you go to work as a nurse...and I didn't come all the way here to tell you what you already know. I came here to share with you our vision of hope for us, for our profession, and just as importantly, for our patients. I am extremely proud to be an registered nurse and part of an organization that is truly OF nurses, BY nurses, and is FOR nurses. Working with more than 84, 000 Registered Nurses across the country, we're committed with you, to finding concrete solutions to all of these critical issues and we won't rest until we do.

Take a look at our "Value Care, Value Nurses" campaign. We launched this national initiative just a few months ago, and already thousands of nurses, including nurses right here in Denver, have told us that they want to work with us to bring nurses back to the bedside to ensure we can deliver the highest quality patient care. Through this campaign, we're bringing to light all of the problems that we nurses have faced for far too long. We plan to give wake up calls to our elected officials, community members, and yes, hospitals, telling them that we need real solutions to the patient care crisis. By taking a holistic approach that involves not only registered nurses, but members of our own communities, hospital administrators, elected officials and even our own families and friends, we will change the way that health care is delivered in our country.

**I'm a Value Care Nurse, and I hope that you are too.** At the back of this room, we have sign up sheets that you can sign to join the Nurse Alliance of Colorado. Many of you have joined already, but for those that haven't, I hope you'll sign up to become a Value Care Nurse through the Nurse Alliance of Colorado and join the thousands of nurses across the country who already are.

You know, as nurses we are well prepared and educated professionals that are capable of responding to rapid changes in patient conditions and we are always poised to provide CPR and life saving maneuvers on a patient that is ready to code. We should think no differently about how we respond to the current nursing and patient care crisis that we are facing. So, think of the campaign as a way to “care for ourselves and our patients” and think about in this way..... Our profession and our nations health care system are heading to the ICU and we need to perform resuscitative maneuvers with the goal of stabilizing and strengthening our dying healthcare system.

This should make sense to us because we do it all the time. As nurses, we are constantly assessing based on symptoms and vital signs, we make a plan of care for every patient in our care. We set goals. We then implement and use nursing interventions that have been proven effective and we then evaluate whether our Care Plan was successful or needs adjustment. Our nursing experience sets us up as the perfect organizers to change the way care is delivered in our hospitals. Nurses should start to develop a CARE PLAN for whatever ails us in our workplace. Whether it’s a careplan in the ICU to address short staffing, or a careplan for our nation’s broken health care system where one of the interventions is joining the Value Care campaign and participating in actions that support national safe staffing legislation.

As a matter of fact, I know right here in Denver, nurses have a careplan to protect patients and nurses by introducing and working to pass legislation that requires hospitals to share infection rates and staffing ratios with the public, as well as legislation that protects nurses from retaliation when speaking openly about unsafe staffing in Denver area hospitals. Many of you may have seen some of the media and press attention around the activities here. I’d like to take a moment now to recognize the tremendous work that many of you in this room have done on those pieces of legislation and others. You’ve spent countless hours at the Capitol, in hearings, sharing your stories and even opening yourselves up to criticism at your workplace all for having the courage to speak out for your patients and your profession. You ARE making a difference and speaking for nurses around this country. We say “thank you.”

I started out today by sharing with you a story from my past. Now I’d like to take just a few minutes to share with you my dream of where can be in just a few years if we continue to build on the incredible work nurses are already doing in Denver.

In three years, with your help, we can unite nurses from hospitals across the city. Some nurses will put together their own care plan for addressing conditions at the bedside through legislation and community solutions. Others will work within their hospitals to effect change. We know that it’s not enough to build an organization one hospital at a time or by one community at time. By bringing nurses together in this city and in the state, as part of a national organization, nurses can lead the way to lasting reform by creating national solutions.

As nurses, we have the knowledge and the expertise to be the leaders in this movement. As the Nurse Alliance of SEIU, we have the resources and the commitment to change the way patient care is delivered.

It's time for nurses to breathe life back into our profession by resuscitating the system. I don't want to keep running red lights after working 16 hour shifts and put my patients at risk because I was overly tired, and I am ABSOLUTELY sure that patients don't want to risk unnecessary injury or worse because our health care system is failing them. By using the skills that we as nurses use everyday, we can bring nurses back to the bedside because we have a plan of care to do it. America needs a care plan and nurses are ready to write it.

Great, I can't think of any better way to work together to improve our profession and patient care than making a plan of care.

You've gotten a taste of what Denver nurses have been doing to improve patient care in the Mile High City. The funny thing about it is...is that without really even knowing it, these nurse leaders have really been working from their own careplan for Denver....they've assessed the problem, set a plan with goals in motion and are now implementing the plan through legislative action. It's the model of care that we nurses know best... and the really great thing about it is...IT WORKS!