

March 9, 2022

Chair Utke and Committee members:

My name is Chelsea Schafter and I am currently a certified psychiatric-mental health nurse at Fairview Riverside. I've been at Riverside for over two years now. I'm writing with my perspective about SF 3248 being heard in committee today.

I have been told that Fairview wants to add the 20 beds from St. Joes hospital to Riverside until the new behavioral hospital they have proposed opens. My question to Fairview would be - where do we intend to put these beds in our current hospital? Who is going to work to cover these beds (physicians, nurses, psych associates, CTCs, Occupational therapists to name a few)? What does this mean to the nurses currently working at Riverside? While additional beds at our hospital would be great due to influx of mental health patients we are experiencing - we all know that just because we have a bed, does not mean we have all the resources in place to appropriately and safely care for the patient in that bed.

I do not remember a time where we have been fully staffed. Since I've worked here, staffing has always been dependent on people picking up extra shifts or working doubles. Even currently with the bonuses being offered we are still working short at times, even when people are working extra.

The burnout we are experiencing is real. Mental Health is not always a physically demanding job, but it is always a mentally challenging one. We are helping people during some of their darkest, most difficult days. Sometimes that includes patients being extremely psychotic and violent. These kind of situations, along with unsafe staffing, lead to nursing staff experiencing workplace violence and further perpetuating the burnout we already experience from just the day to day grind. I also want to clarify, when most think 'workplace violence' they think physical violence - but this very much includes the verbal assault many of us experience on a daily basis. The patients we encounter do not just need us there to give them medications and task oriented skills. The patients are there because they need the emotional support. That emotional support comes from nurses taking the time to sit and help patients process what is happening to them not only physically, but most importantly, mentally.

When we do not have the appropriate staffing, patients do not receive the emotional support needed. We frequently also work short when it comes to psychiatrists. Many times, units are capped due to this provider shortage. While some units have multiple double occupancy rooms, a lot of times these rooms have to be blocked due to the patient being not roommate appropriate because of their current mental or physical state. Sometimes this improves and they are able to have a roommate, but many times this is not the case. Currently with the beds we do have, many times patients are left waiting in the emergency department for days, and on some occasions weeks before bed placement can be found. At the same time, because of staffing issues, we have a unit, 3C, that sits empty and has since the beginning of the pandemic.

While additional beds would be great - the logistics of it are not clear and could lead to us having another unit like 3C that sits empty. We all know the need for mental health beds is dire, but this needs to be done safely for both patients and staff.

Thank you,  
Chelsea Schafter BSN, RN, PMH-BC, Fairview Riverside