

Subject:

letter to be read

please have this email read tonight:

Thank you for allowing me to speak today

My name is Genevieve Collis and I have been a nurse with CDHA now for 9 years, working in plastic's, general surgery, and the burn unit now for the last three years, acting as the charge nurse for the last year

The decline in health care that i have noticed over the last five years is appalling, and i come here today begging that you do not take away the right for health workers to strike

As registered nurses, we have a college that we report to, and have ethics and standards that we are expected to uphold, and advocating for our patients safety and the safety of all citizens of Nova Scotia, and since we are the tertiary health center, the Maritimes, it is part of my duty as an RN to be here today to educate you on what frontline healthcare workers are dealing with

Since we are the tertiary care center, we are the biggest burn center east of Montreal, and therefore take all burns greater than 15% total body surface area. We do not staff the burn unit on an average day if there are no burns in, so when we get a call that a large burn is coming, it means calling in people and pulling people from the floor to help. On admission a large burn often requires 2 to 3 nurses to get them settled and stable, and this may take several hours..... the care provided in that first 48 hours is crucial and will affect the ultimate outcomes of that patient. A nurse is required often to be one to one with that patient for several weeks. you have no idea how frustrating it is trying to staff the burn unit, the floor, trying to maintain safe care for the patient and safe conditions for the staff.....and then trying to explain to the administrators what is actually needed should not be something that needs to be justified

Dressing changes are horribly painful, tedious, and can take over two hours a shift to complete, usually requiring two nurses, and to bring in a third nurse to help with turns. Proper nurse ratio's would ensure the floor is staffed properly even when there is a burn in the unit, and still allow a nurse from the floor to come into the unit to help when needed

we are already seeing the effects of losing skilled burn nurses due to retirements and burn out. As a burn nurse we CHOOSE and enjoy to work with these patients no matter how hard it is on our bodies and minds, we have specialized skills that we are honoured to have

In part due to being unable to maintain effective staffing, we have already lost our big burns to ICU, and although they are doing an amazing job, ICU is not where they need to be. Plus that's an ICU bed tied up with empty burn beds downstairs, and we still have to pull one to two nurses off the floor to go up to do the 1 to 2 hour dressings, leaving fewer nurses on the floor.

Without proper staffing, outcomes are affected. We WILL see a decrease in survival and rehabilitation. and although the firefighters are a HUGE support and we are able to obtain so much equipment that cdha would never be able to afford to get, we can not use their funding to help pay a nurse to work

We all know the suffering a burn pt goes through, and with proper staffing ratio's we can help them get through the roughest chapter in their life, and allow them to have a life!

I work on a small but busy surgical floor and average five to ten discharges, then post ops and admissions per shift. our beds are pretty near always full and rarely get cold. We were audited once before, about a year ago, and it was found that the acuity on the floor was too high to have LPN's to work. We look after the sickest of the sick, and the evidence is there that when you have proper staffing, re-admissions go down, infection rates go down, and the number of in hospital deaths go down.

two weeks ago i had a saturday shift... we have been told before that it's "quieter" on the weekends.... we were down one nurse, had 4 patients teetering on sepsis, another go into a full psychotic break, and an unexpected code and death at 530 pm.... and oh i went to my BREAKFAST break at 330pm. i broke down and cried at the end of my shift at 6pm, because even after 9 years of acute and critical care experience, i was overwhelmed with the situation, and the inability to help my girls to have a better shift was more than i could take, and i felt responsible yet helpless..... it was 2 new grads, a float nurse, and a nurse fresh back from mat leave on with me that day, and they did do an amazing job with the circumstances

everyone of us in this room will require hospital care for themselves or a loved one at some point in the near future and i think that every nova scotian deserves to get the best chance of positive outcomes, and taking away our right to strike when we have emergency services in place, and are fighting for patient safety is SHAMEFULL

In an ideal world, you would get to follow me on a typical day, and then, maybe, it would make more sense as to why we are fighting this fight. you would see how well we do work balancing and prioritizing, providing excellent care, and yet still go home at the end of the shift, wondering if you got everything done, and met the needs of that lonely patient in the bed

thank you for listening
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