Kentucky nurse on the crisis in health care: “Hospital policies should be committed to patient care, not stockholders’ portfolios”

Nurse Sheri
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The World Socialist Web Site *received this letter from Sheri, a nurse in Kentucky, describing the transformations in the hospitals, the exploitation of nurses and the impact of the COVID-19 pandemic.*

On the day I graduated from kindergarten, I made it clear that I intended to become a nurse. I worked as a nurse’s aide from 1988 to 1996. In the fall of 1996, I finally started nursing school. My mother passed away in 1985. My father attended my graduation, and you would’ve thought from the pride I saw in his face that I had just gotten a Ph.D. in neurosurgery.

When I began my career, we still wore white uniforms. And people respected those uniforms. We took our jobs seriously because it’s a serious job. We gave comfort to the grieving, held the hands of people afraid and dying alone, offered relief to those in pain, and, most rewarding, we saved lives.

I felt good about what I did. Now all I feel is tired … and angry, and used, and overworked, and pressured, fearful, and threatened. But most of all I feel betrayed.

Over the weekend, my most recent incident, I disarmed a patient and took away his duffle bag full of guns. You won’t find this story in any newspaper or television news. Not even in a hospital report. It isn’t a story my employer would not want repeated because it would be bad for business.

And that brings me to my point.

The biggest and most detrimental change I’ve seen in the medical field is that it’s no longer about medicine. It’s just business. Hospitals have always been a business, but the medicine used to come first. That emphasis has shifted.

I remember that in 2004 hospitals nationwide brought in public relations firms to teach nurses “customer service,” to better serve *families*. We were actually told to concentrate on *visitor* needs. Then in 2006, the Centers for Medicare & Medicaid Services (CMS) implemented the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) surveys to make certain nurses understand their customer services assignments.

As a result of this shift in priority, I now have to contend with situations like (and this is true) having a family member enter a room during a code and demand coffee! Which would you guess takes priority under these new guidelines: the saving of a life or getting this visitor their coffee?

This does nothing to help the patient. All it means is more time playing waitress or maid to visitors and less time for patient care. Hospital administrators know that the surveys usually filled by family members determine how they do on national surveys, which means more customers and profits.

In 2011, CMS established the Electronic Health Records (EHR) Incentive Program for Medicare/Medicaid. Hospitals had to implement the program by January 2014 in order to be eligible for reimbursement of recipient costs. The onerous nature of these records meant more time spent charting on computers and less time for patient care.

And to save on costs, they expect nurses to clean up rooms, collect the trash, bring food, and feed the patients while asking us to take on more patients. What does this mean?

Nurses are now running back and forth fetching soft drinks and snacks, catering to every whim of visiting family members and friends, dashing to the computers to chart hourly and check boxes every two hours (even

if there is no change in the patient's condition), running for scheduled medications, emptying bed pans, giving a patient a bath or shower, cleaning up feces from a patient's hair, the walls and ceilings as well as tackling the unexpected that happens every day.

It is not unusual for patients to use their call lights not for emergencies, which is what they were intended for but to "change the channel on the TV" or "pull my blanket up a little" or "fluff my pillow" or "hand me my purse" or "give me a Sprite." But all that patient care still must be done!

But above all we must chart! Management knows nurses will stay and finish charting even if it means staying two hours over your shift.

Ever hear of "Warning Fatigue"? [*Alarm fatigue describes how busy workers, especially in health care, become desensitized to safety alerts, and as a result they ignore or fail to respond appropriately to such warnings.*] I don't know of another occupation outside of nursing that suffers from it more. I honestly don't know. Alarms, sirens, whistles, bells, screeches, flashing pulsating lights that are constantly beckoning the nurse's attention.

WARNING for meds being one minute late. WARNING for trying to give scheduled potassium when the patient's lab value is within normal limits. WARNING for PRN [Pro re nata, or simply "as needed"] medication being scanned five minutes before the four-hour mark has passed. WARNING to document location of the IV site prior to giving medication even though there is a separate flowsheet that describes where the IV is located.

WARNING fatigue is REAL!

Recent events concerning RaDonda Vaught have brought attention to this next situation and heaped on additional pressures. If the pharmacy, for whatever reason, is unable to enter newly ordered medications, we have to override the PYXIS (automated medication dispensing systems). We have the order to give the medication but no direct access to the medication. (Keep in mind, it can't be one minute late, or WARNING!) After overriding, we then have to type out an explanation for every single medication we remove.

I recently had a patient with a dangerously low blood sugar level. The attending physician ordered a solution of D50 (concentrated dextrose) to be given immediately. But the medication wasn't available in the PYXIS. It took the pharmacy 45 minutes to deliver it. The patient couldn't eat. I mixed sugar in some lubrication and administered it rectally. Though it wasn't policy, it saved her life.

What if I hadn't? What if I had just waited on pharmacy? In 45 minutes, this patient could have slipped into a coma and died. Could I have been charged with murder? Every person on diabetes medication should have D50 ordered as a PRN order, and it should have been available at the PYXIS.

Things need to change.

Hospital policies should be committed to patient care and not stockholders' portfolios or management raises or CEO year-end bonuses.

Nurses worked COVID units for more than two years without proper personal protective equipment. Disposable N95 respirators intended for one use per every isolation patient were suddenly good enough for ten 12-hour shifts.

Holding true to form, on March 1, 2020, laws went into place to protect the money over the health and well-being of essential workers (and by extension the families of these workers), stating that employers could not be held responsible if employees contracted COVID.

How many nurses lost their lives while hospitals went right on making money hand over fist?

Nurses don't intentionally harm patients. We have been screaming for more than 20 years that health care is in trouble. But those screams always fell on deaf ears. We are dealing with numerous distractions, hurdles, roadblocks, and increasing abuse and legal pitfalls that could be eliminated … if doing so didn't cut into the CEO's salary.

The United States is seeing the beginning of a mass exodus from the nursing field. Folks had best start preparing to take care of their emergencies themselves. If changes aren't made soon, you will all be on your own!