



Nov. 29, 2017

Dear Chairman Vaupel and members of the House Health Policy Committee:

My name is Shelby Kivela and I'm writing to you on behalf of myself and my dad, your former colleague, John Kivela.

The bipartisan package you are considering today, House Bills 4629-4631 (known as "the Safe Patient Care Act") was near and dear to my dad's heart. In fact, the photo above is from the day last year when we testified about the issue before the Regulatory Reform Committee.

When I heard the bills were getting a committee hearing in Health Policy today, I was thrilled. At the same time, I was sad, because I know how much this day would have meant to my dad, and he's not here to see it.

He had been working hard to make things better for registered nurses like me by passing this legislation, which is one of so many things that I loved and admired about him. I know he would have been in the room today, lending his support and urging you to move these bills forward.

So, I apologize in advance for this long letter, and I thank you for reading. I want to make my dad proud by continuing to advocate the way that he taught me.

My dad was a family man first and foremost, and that's how his advocacy for this legislation started. I grew up in Marquette and went to work at a local hospital once I became a registered nurse. I often had to work 16-hour days, sometimes back-to-back, because the hospital was not staffed properly. It's very dangerous to work that way, because when a nurse is exhausted, there are more chances of making a mistake or missing something vital. That can mean the difference between life and death for patients, especially in the ICU, which is where I work.

I loved my job and I worked with amazing nurses every day. That job took a heavy toll on me, though. I look back full of love at the support my parents gave me during that time. They would often wash my scrubs and pack my lunches as I grabbed a few hours of sleep between shifts in their basement guest room.

Like all nurses, I want to provide the best care possible for each of my patients, at all times. And I can't do that when I have too many patients to take care of, or when I'm exhausted from having to work too many hours.

Eventually, my job in Michigan became too much, even for a hard-working nurse like me. I left to work in Massachusetts, which has a law that limits ICU nurses to having one patient at a time. Under the law, if, in my professional judgment, I think it is safe to take a second patient, I can. But the default is one patient per nurse. That's as it should be in an ICU, when patients can be unstable from moment to moment. I love knowing that I can give every patient the care they need and deserve.

It broke my heart to leave Michigan. I would come back in a minute if I knew I could work under conditions that allow me to do my job well and keep my patients safe. I don't believe that will happen until Michigan has a law, which is why my dad and I have fought for the Safe Patient Care Act so hard. Without a law setting limits on the number of patients nurses can be assigned and the number of hours a nurse can be ordered to work, things will not change for the better.

I've seen firsthand how nurses try to stand up for our patients and get what they/we need to keep them safe, and be denied that over and over. I've been that nurse advocating for my patients, and getting no help from management and no solution to the problem.

I don't believe that a so-called shortage of nurses or any other reasons that I've heard are valid excuses for failing to plan adequate staffing on a regular basis as too many hospitals in Michigan do. Nurses are told to "just make do," and we pull off miracles every day, but that doesn't make the situation right or OK for us or our patients.

I would like to tell you two brief examples of how inadequate staffing practices put my patients at risk:

I was a 3 pm to 11 pm worker who was required to work until 7:30 am sometimes multiple times a week. I have such a clear memory of one of those nights, propping

myself up at my station by my patient who was dependent on a Bipap mask (mechanical ventilation) to breathe.

If an alarm goes off on Bipap it can mean the patient took the mask off, or it is not working properly and the patient could quickly decompensate. I was propped up at my station and jerking awake anytime the alarm went off, thinking "I'm using the machine's alarm like an alarm clock" and how dangerous it could be if I missed something and this person stopped breathing. I had to find ways to stay awake and make sure my coworkers had my back in order to keep my patient safe.

Another shift is a good example of why ICU has to be 1 patient per nurse at all times. I was assigned two very sick ICU patients, one who required high amounts of oxygen and one who needed a CT scan and was so unstable that a nurse had to travel with them to manage their medications, oxygen and vital signs in case they crashed while off the unit.

So I went to CT with my patient and I pass off my other patient to another nurse to watch while I'm gone. However, that nurse also had a full assignment, like everyone else. When I came back with my patient from CT I find my patient who was on high levels of oxygen has a dangerously low oxygen saturation reading on the monitor. I went into the room and the patient was unresponsive and we had to do a complicated emergency intubation that resulted in the patient having dangerously low blood pressure. We had to administer emergency medications, and the patient was very close to death.

This was all because there weren't enough people to be covering the floor to notice that this patient was decompensating while I was away.

I think that if every lawmaker knew how often things like this happen in hospitals, there would be shock and outrage. People would think, like bedside nurses think all the time, that "something has to be done." That "something" is the Safe Patient Care Act. It's right before you, and it can be done.

My dad was a pragmatic guy. He understood that the Safe Patient Care Act, especially the part requiring hospitals to follow safe patient limits, faced an uphill battle in Lansing. But even though he worked in the political reality of Lansing, my dad didn't live there. He rose above that, and that's something I'll always be proud of. My dad lived in a world where good people work together to get good things done.

I know he would be saying today, "Let's get this done. Why not? What's stopping us from doing this for our nurses and all of our constituents? It's the right thing to do. Let's get it done."

As you know, my dad was known for working in a bipartisan way. That was important to him in this package, as in all his work. He wanted the Safe Patient Care Act to be a vehicle through which all lawmakers, both Republican and Democratic, could support doing the right thing.

Even up until the week he died, he was working with Dawn Kettinger at the Michigan Nurses Association to build bipartisan support for the bills. He died just before the bills were introduced, so his name is not on them, but I know he would be so proud to see how many of his colleagues put their names on the bills.

All I ask is that you consider these bills carefully and listen to bedside nurses like me who can help you understand the problems happening in hospitals, and what can be done to fix them.

My dad also understood that some legislators would not be able to get on board with all parts of the Safe Patient Care Act, but do recognize the problems and want to take a step forward toward solving it. If that fits your situation, I would urge you to help advance Rep. Aaron Miller's part of the package, HB 4631. Requiring hospitals to share their actual RN-to-patient ratios is a good place to start, and transparency is something that we can all agree on.

I'm so proud to be a registered nurse. I'm proud to be a native Michigander. And most of all, I'm proud to be my father's daughter, and to keep fighting the good fight as he did.

Thank you so much for taking the time to read my letter. I really appreciate your time and your consideration of these bills. They mean a lot to me, my dad, and to countless nurses like me who just want to do right by our patients.

Sincerely,

A handwritten signature in black ink, appearing to read 'Shelby Kivela', followed by the initials 'RN' written in a smaller, simpler font.

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