Written Testimony on Health Care Workforce before the House Committee on Health Care

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Health care was already experiencing the burnout of providers and staff prior to the COVID pandemic, and the pandemic has had a compounding effect. Initially many staff left because they could not balance childcare needs, or they felt the health risk for themselves or their families was too great to continue to work in healthcare. As the nursing shortage grew in this state, primary care nurses and MAs found it enticing to migrate to better paying jobs in the schools, visiting nursing, and hospital-based care. Recruiting usually results in finding those with less experience, and because of the demand they are often thrown in the deep end without the desirable amount of training and orientation. The experienced nurses who are left are stretched pretty thin and are barely keeping up with triage and the new COVID guidance much less training new staff.

Despite a pay raise we have been unable to keep up with the financial incentive for our front-end staff who can go to almost any business sector and take a starting position with equal pay. The stress of their job had increased, especially during surges when the phone call volume becomes unmanageable. Patients are frustrated that they are not receiving timely service and our staff frequently must endure yelling, swearing, and name calling.

Providers are exhausted, frustrated and demoralized. A few have left. Many are threatening to leave. Many who are in their late 60s or 70s are feeling like it is time to retire. In the environment of being short staffed, they no longer feel they have the tools to provide the highest quality of care. They are forced to use more tele-medicine to compensate for the lack of staffing. Their patients find it hard to get through to the office to make appointments, get questions answered, or get prescriptions refilled in a timely manner. Providers are at times seating their own patients, taking their patients' vital signs, seeing patients who have not had any chart prep, and doing lots of the paperwork that often gets dealt with by the staff and sent to the providers for review. Care coordinators and community health team members have been pulled to answer phones and are less available to do the important job of coordinating complex care and navigating social service resources.

Even the executive leadership team has jumped in to help with the pile of phone messages and results and documents that have backed up. But we too are short staffed most notably in the area of nursing director, nurse educator and some clinic director positions. Everyone is doing more than their job trying to keep it all afloat. This approach is just not sustainable.

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