

My name is Denelle Korin, since July of 2004 I have served proudly as a Registered Nurse in our Commonwealth. I have worked in several acute care areas including the Emergency Department, Medical/Telemetry and Oncology Units and Ambulatory Surgery.

At the acute care hospital I work for in the Centre Region, I serve as the Chapter President of our SEIU Healthcare PA local and am an active leader in the SEIU Nurse Alliance and Nurses of Pennsylvania.

The critical need for the Patient Safety Act for me, is both professional and deeply personal. I would like to start by speaking with you, not as a nurse, but as a mother. I am a proud mother of 3, and 2 of my children have been on the receiving end of life saving healthcare needs.

In May of 2016, my newborn son was urgently transported to the NICU of a hospital 65 miles from my home. While I was still hospitalized and recovering, the only source of information I had on my son was the updates I received from the NICU nurses.

In a time when I should have been bonding with my baby, I recall crying on the phone with the nurse in care of Matthew, asking if he was being held and rocked like I would have. The nurse assured me that he was, but not by her.

The nurses relied on VOLUNTEERS to hold, rock and soothe babies. The nurses have too many patients and responsibilities to provide the most simple and basic need for a newborn -the feeling of security and love.

In the fall of 2016, I witnessed a nurse rushing so much that a critical mistake was nearly made on my own daughter who, at 4 years old, was in renal failure as a result of having strep throat.

She required IV antibiotics for an infection after a renal biopsy. The nurse did not properly mix and administer Aslyn's IV medication. Because of my training, and because I was right there, I was able to recognize this mistake and quickly correct it. The results, had I not been there, could have been absolutely tragic for my daughter, for me, and for the nurse caring for her.

As a nurse, this made me angry, and sad — sad that this nurse could not safely deliver care because of the confines of her assignment. What's more, is that I personally worked with that nurse, I knew they were clinically excellent and that she practiced at the top of her license.

Fast forward to 2020, during the peak of the COVID-19 pandemic.

I have always taken tremendous pride in my practice as a nurse. I endeavor to care for my patients in the way I would if they were my own family members. I found myself struggling with significant moral injury as my ability to practice was compromised.

While being assigned to the COVID-19 Unit I was taking care of patients without needed ancillary staff support. I knew that my patients were not receiving the care they deserved and needed despite my very best efforts.

When I discuss the needs of our patients, I want this committee to fully understand what this really looks like when staffing is not appropriate or safe- basic needs like bathing, toileting, eating and even drinking cannot be met, especially when a patient is relying on you to assist with these needs.

When staff are not readily available and nurses have too many patients to care for, medications are given hours late, patients do not get their teeth brushed, you will find days old food pocketed in their gums or under their dentures that have not been removed or cleaned for days. Their meals are found cold and their feeding time is rushed. If a patient can't hold their own cup to take a drink, they wait for a couple of sips of water despite their thirst and their lips can be found visibly dry, even peeling.

Patients lay in their own urine and feces. Patients develop deep ulcerations on their bodies, a direct result of not being turned, and repositioned in a bed. These wounds that develop on a patient's buttocks become so large I can literally fit my own fist into them.

We, as Nurses, have a moral responsibility to provide safe, quality care. It is our job to care for the whole person, an entire individual, not just the parts of a person that are able to be billed for.

Our profession must respect and honor our patients' dignity, and most importantly we have a duty to do no harm.

I implore this committee to take our bill — written by nurses who have devoted their lives to caring and healing our patients that are hospitalized, and vote for the Patient Safety Act to be heard on the House Floor.