

All Call Lights, All the Time

Sure this policy of all staff responding to patient call lights may look good on paper – if you see that a patient needs help, then help them. But in reality, this just means that we’re supposed to be “on” for every patient, all the time, regardless of our job description or patient load. It’s just a way for management to squeeze more out of every worker.

Patients often turn on their call lights because they have to use the restroom, are falling out of bed, or just want some water. While many workers may be capable of meeting specific patient requests, other needs require qualified, trained staff. So this often just means when you see a call light, you contact the patient’s nurse – who typically is already aware of the call light, they’re just busy helping another patient at the moment!

Plus, if it’s not your own patient, you don’t know their fall risk, their needs (are they asking for water, but actually NPO?), or really anything about the patient.

For every patient’s needs to truly be attended to at all times takes not a policy of all staff responding to all call lights, but adequate staffing of properly trained employees!

Monkeypox – Did They Learn Nothing from COVID?

On July 23, 2022, Monkeypox was declared a global health emergency. New York, Illinois, and California made similar announcements shortly after. While the long-term public health impact is unclear, it is evident that based on the early stages of the global monkeypox response, governments of the world have learned nothing!

The same problems that existed in the early stages of the COVID response – insufficient testing, lack of vaccine access, and poor communication from government agencies – are here again with monkeypox. But unlike COVID-19, scientists have already created an FDA-approved vaccine for monkeypox. While we have a supply of vaccines in government stockpiles, vaccine access has been limited.

Given the wealth in this society, a significant response could be mobilized against monkeypox in a short time to contain this outbreak. However, just like with COVID-19, we see that preventing a public health crisis is not being treated as a priority. If we want real public health, we will have to fight for it ourselves.

Over Use of Telemetry

Telemetry patient monitoring systems are being overused in hospitals. Originally intended for the acute care setting, there is now a physician culture of ordering telemetry as a safety net for patients, possibly instead of putting those patients on floors with more appropriate nursing ratios. It also means some patients who may actually need higher levels of care, are being treated with monitors instead of the nursing attention they need.

Additionally, the healthcare martyr syndrome is a real one; healthcare workers are in the profession because they care for others. Healthcare employees who are not meant to be attending patients with these monitors often feel obligated to check on patients that are not theirs. Plus alarms on telemetry devices go off frequently, but some research indicates that more than half of alarms are false. This leads to alarm fatigue, and desensitization to alarms, which can create medical mistakes. These monitoring systems are not necessarily providing the additional care they were intended to, but can have damaging consequences for patients. What patients really need is better staffing!

Breaking Records

- The current inflation rate of 9.1% is the highest since 1981
- Corporate profits in 2021 leaped 25% to \$2.94 trillion for the year.
- U.S. corporate profits grew 32% over the past year – the largest gain since 1976
- The wealth of the richest people in the U.S. increased by a total of \$6.5 trillion last year!
- **And U.S. workers’ wages?**



If you relate to what you have been reading, or want to share an idea for the next newsletter, please stop to talk with us!

We are in front of Highland every Thursday between 6:30 - 8:00 AM and 4:00 - 5:30 PM.