Congressional Testimony of Tawanda Austin for the Energy and Commerce's Subcommittee on Oversight and Investigations "Lessons from the Frontline: COVID-19's Impact on American Health Care"

Good morning, Subcommittee Chairwoman Diana DeGette, Subcommittee Ranking Member Morgan Griffith, members of the Committee, and my fellow witnesses. Thank you for inviting me to participate in today's hearing.

My name is Tawanda Austin, and I currently serve as the Chief Nursing Officer and Vice President of Patient Care Services at Emory University Hospital Midtown. I began my nursing career with Emory Healthcare back in 1999 and have held numerous roles within the Emory Healthcare system.

As my role with Emory has grown and evolved, I have seen the various problems that members of the healthcare community face. While there had been issues within our workforce long before the COVID-19 pandemic, the public health crisis brought new light to these glaring faults. COVID-19 presented the biggest challenge to the healthcare workforce in decades. Nurses, doctors, and other providers have felt an impact on both their mental and physical health for nearly two years, as this crisis has dragged on.

Today, I'm going to talk about the mental and physical strain on nurses, hospital capacity challenges, and the worsening workforce shortage that Congress must address.

I remember rounding in our COVID ICU around the end of the first year of the COVID-19 pandemic, and I will never forget the exhaustion and despair that I saw on many of the nurses' faces. This is an ICU team that is constantly innovating. A team that has a highly engaged leader and highly engaged care team members. And a team that proudly

received a third Beacon Award during the pandemic, so it was not customary to see this team look so defeated.

As I walked around getting a pulse check on the nurses, one of the nurses on the unit said, “walk with me. I want to show you something.” She gave me a tour around various ICU rooms until we had visited about four patients’ rooms. We stood on the outside of the rooms peering through the glass window of each one, and she told me how severely ill they were. She paused and told me that, in her best clinical estimation, not a single one of these four patients would survive.

I believe her mission was purposeful. She wanted me to experience what it was like on the frontlines for just those few minutes. I remember feeling deflated. As a leader, it’s my duty to support and to help find solutions to problems, but I had very little to offer at that moment.

As I continued to make my rounds, I stopped to check in on another nurse sitting at a computer, appearing to be the most exhausted of all the nurses I encountered in the ICU that day. I stood on the other side of the desk, immediately across from her, and asked how she was doing. She explained that she was caring for two patients that day, although one required intensive one-on-one care. She was extremely disappointed that, due to staffing shortages, she was stretched too thin. She had spent most of her day in this one patient’s room and had not been able to check in on her other patient as much as she had liked to. Fortunately, on this day, the charge nurse was able to support the care of her second patient.

These are just a few of the all-too-common stories that emerged from hospitals during the COVID-19 pandemic. I share these stories with you today because they illustrate the incredible pressure on our staff – and this is just one of the surges that has affected our hospital over the last

two years. Nurses work incredibly long hours dealing with overwhelming waves of patients coming through the door. Despite the frequency of these extended shifts, many nurses continue to pick up extra rotations to help their colleagues who may not be able to work.

In addition to the crushing workload, nurses are under additional strain due to the complex care that treating patients with COVID-19 requires. Often this care requires one-on-one support, which is difficult to provide when you are tired and short-staffed.

The pandemic has also forced our nurses to wear personal protective equipment (PPE) that is cumbersome to put on and take off, especially when done multiple times a day. As a result of PPE, many caregivers have complained of overheating or being uncomfortable due to the additional restrictions PPE places on their ability to move and adequately breathe.

In addition to the physical strain, there is the mental stress that is plaguing our workforce. As we deal with patients becoming sicker and dying, we see nurses' morale suffer. Additionally, at times patients' families have become frustrated and distressed, taking their emotions out on our employees.

Nurses have shared stories of being verbally attacked for implementing COVID-19 safety restrictions. Families are not the only ones suffering from the limitations brought on by social distancing. As nurses, our roles are not only to care for patients but educate them and their families on how to take care of themselves. The social distancing guidelines have forced us to interact with patients and their families through virtual means, which is far less personal. Finally, our nurses had their own families to worry about. Many expressed fear that they could infect their loved ones with the virus and chose to isolate themselves in their own homes.

The COVID-19 pandemic has tested the capacity of all hospitals. We are facing extremely long emergency department wait times. This creates significant safety risks for patients and may lead to bad outcomes. Doctors and nurses have shared that the demands of patient care have increased from pre-pandemic times. Patients are sicker and require more time and resources from caregivers. Compounding this issue, we don't have the staff to deal with surges of patients. We paused elective procedures early in the pandemic, and providers were redistributed to support COVID units. Now that these operations have resumed, we again feel the immense shortage of nurses. Earlier on in the pandemic, we began to see nurses leave. Now we are experiencing additional staffing issues as support staff have also fled the industry.

While we have faced challenges, Emory nurses have stepped up. The COVID-19 pandemic forced our nursing workforce to find new and innovative solutions to the challenges brought on by this public health crisis. Our nurses found creative ways to save PPE while keeping staff safe.

During the early months of the pandemic, nurses at Emory hospitals placed baby monitors in the rooms of COVID-positive patients. This allowed healthcare staff and loved ones an additional way to communicate with patients while avoiding direct exposure to the virus. The baby monitors allowed for patient interaction without using precious PPE. This serves as another example of how frontline workers adapted to the pandemic's problems.

As we emerge from this pandemic, various lessons can be learned from the experiences of our healthcare professionals. First, we need a far more robust workforce to combat burnout and the overall shortage of providers. I urge Congress to fund pathways for more young people to enter the medical and nursing fields.

Second, we need to address issues surrounding travel-nursing agencies. While these businesses offer the chance for hospitals to bolster their workforce during times of surging patient loads, they have benefited from unprecedented profits during the COVID-19 pandemic. I urge Congress to take action to help rein in the predatory practices of these agencies so that America's hospitals remain financially viable and aren't at risk of having to reduce services, or even worse, at risk of shutting their doors.

I look forward to your questions. Thank you.