

January 25, 2021

Dear Representatives,

My name is Amanda M. Mitchell. I am a board-certified Advanced Practice Registered Family Nurse Practitioner (FNP-BC), a member of the American Nurses Association and North Dakota Nurses Association, and a member of the American Association of Nurse Practitioners.

I have been a licensed nurse in North Dakota since 2008. In 2015, I decided to further my education. I earned a Bachelor of Science in Nursing (BSN) degree from the University of Mary in Bismarck, North Dakota in August of 2017 while also working full-time as a registered nurse (RN) in Fargo, North Dakota. By the next month, I started attending an online Master of Science in Nursing (MSN) Family Nurse Practitioner (FNP) program through Simmons University in Boston, Massachusetts. I worked full-time as an RN at Essentia Health in the Critical Care Unit (CCU) while pursuing my MSN until FNP clinicals were in full swing. I then worked 24 hours (at minimum) per week every weekend for the final 10 months of the FNP program. I drove to and from clinical sites twice per week for three semesters. Most clinical sites were, at minimum, one hour away from home. I also maintained my household and family throughout that time. I proudly graduated from Simmons with my MSN degree in December of 2019. I passed the American Nurses Credentialing Center certification exam on January 30, 2020. I was officially an FNP-BC.

I decided to go into detail about my education, employment status, and place of employment for multiple reasons. I have never taken what some may consider an “easy way out”. I was taught to work hard in life and to never give up. When I worked at Essentia in the CCU, I worked with critically ill patients which was a first for me as a nurse. I was learning how to be a critical care nurse along with pursuing my MSN. I learned so much and I took pride in caring for my patients. I had the opportunity to care for patients who suffered from traumatic brain injuries (TBI), strokes, and cardiovascular impairments, to name a few. The most difficult patients to care for, in my professional opinion, were TBI patients. No two TBI patients were alike. No two TBI patients responded the same way to treatment interventions. TBI patients not only challenged the healthcare team, but they also challenged their families. I thoroughly enjoyed providing education to TBI patients and their families. TBI patients and their loved ones require a large interdisciplinary team to be successful and reach their maximum potential. Part of that critical interdisciplinary team is the North Dakota Brain Injury Network (NDBIN). I will further explain how critical the NDBIN is shortly.

The main purpose for providing written testimony today is to urge legislative representatives to restore and increase brain injury funding in HB 1012 along with opposing the proposed 50% reduction in funding to the NDBIN.

Restoration and increase in brain injury funding is necessary. I will now explain why. According to Brainline.org, “Each year, traumatic brain injuries (TBI) contribute to a substantial number of deaths and cases of permanent disability.” Here are some statistics provided by Brainline.org:

- An estimated 2.8 million people sustain a TBI annually. Of them:
 - 50,000 die,

- 282,000 are hospitalized, and
- 2.5 million, nearly 90%, are treated and released from an emergency department.
- Direct medical costs and indirect costs of TBI, such as lost productivity, totaled an estimated \$60 billion in the United States in 2000.

The Centers for Disease Control and Prevention (CDC) reported that in 2010, the lifetime economic cost of TBI, including direct and indirect medical costs, was estimated to be approximately \$76.5 billion. Even more alarming, the cost of fatal TBIs and TBIs that require hospitalization account for approximately 90% of total TBI medical costs.

I could spend more time going over numbers, but I believe my personal story will provide a better picture.

I worked a 12-hour day shift on July 13th, 2020 at McKenzie County Healthcare System Urgent Care as a locum NP in Watford City, ND. I thankfully do not remember that day. I do not remember the day before the accident. Perhaps it's from the accident or it was God's way of protecting me from the ending of that day. I can tell you all that I am in Love with my job and felt So blessed to make it through 5 years of absolute blood, sweat, and tears to serve others.

On July 13th my car was t-boned on the passenger side by a police officer who was responding to an emergency call in Watford City. Due to the injuries I sustained, I was taken to Watford City's ER to be assessed, treated, and intubated by staff I am beyond grateful were present and able to treat me. The CT scan that evening showed a moderate left frontotemporal subarachnoid hemorrhage, a small left frontal subdural hematoma, and a probable tiny right parietal subdural hematoma. I suffered a traumatic brain injury with loss of consciousness of 30 minutes or less. I was diagnosed with diffuse axonal brain injury and cognitive and neurobehavioral dysfunction. **I became a statistic.**

I had a grand-mal seizure for over 2 minutes immediately following the CT scan which required use of intravenous Ativan. Because of the Ativan and seizure, I needed to be intubated to protect my airway. I was then air lifted to Trinity Hospital for ICU care. Four days of ventilator care and steroid treatments later, I was extubated.

I was transferred back to Fargo by ambulance to Sanford Health Rehab on July 24th, 2020. I started various therapies by the next day. It felt beyond weird to be a Patient. **I was given an NDBIN deck of cards that first day as well. That deck of cards was critical.**

I was discharged back Home with scheduled outpatient therapies and appointments by August 4th, 2020. I continue with occupational (OT) and speech therapies (ST), to name a few, with Sanford Health to learn how to make use of adaptive strategies and techniques to help me keep on task. My short-term memory is a work in progress, but I refuse to give up. I am blessed beyond measure that I have not lost my long-term memory or my nursing/nurse practitioner knowledge. Unfortunately, my husband and I were not provided with any follow-up social worker visits or help to navigate the "unknowns". I had to ask repeatedly for an additional month and a half to finally talk to a social worker at Sanford. Unfortunately, the social worker was not able to assist my family and I with much. What does a family of 6 do without a full-time income at \$75 per hour or short-term disability benefits? **I thank God for that deck of cards.**

To save precious time, I will now fast forward. I have always tried my best to “fix” situations and get things solved. That’s part of the reason I became a nurse practitioner. I wanted to be the voice for others in times that seemed impossible. But I was Exhausted and without any answers. My TBI was only a short 6 months ago. My entire life changed. **I decided it was time to call the NDBIN. I needed Help.**

I contacted the NDBIN and was provided valuable information on available support groups, brain injury-specific information and resources, and help identifying and accessing appropriate benefits and programs. The information I gathered from the NDBIN was news to me and helped “propel” me forward in my efforts to keep going. **I finally had answers.**

The NDBIN has not been given enough credit where credit is due. The knowledge of the NDBIN team goes far beyond anything I have been provided as a TBI survivor or as an FNP. Increased utilization of and referrals to the NDBIN are needed to improve the dim outlook a TBI survivor and their loved ones experience. Knowledge is power. **It gives us hope.**

Thank you for your time. If there are any questions related to my testimony, I would be more than happy to be contacted.

Sincerely,

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