

Testimony in Support of SB 469
Rob Campbell, RN

Chair Monnes Anderson, Vice-Chair Kruse and members of the Committee:

My name is Robert Campbell and I'm a Registered Nurse. I firmly support SB 469, which would reform Oregon's Nurse Staffing Law.

I have lived in Oregon for the past 35 years. I spent the first 8 as a paramedic, then after graduating college as a nurse I have been working in the Southern Oregon area as an acute care nurse for 27 years.

We have a staffing committee that meets monthly, they typically address staffing needs but are dictated by managers who want to staff by patient hours. We get weekly productivity notices that the nurses are working at a production level below 100%, and the management will have to adjust staff accordingly. These numbers are based only on the number of patients in the hospital at midnight, not their acuity or intensity. Thus making nursing a culture of production. It is very difficult to evoke change. Hospitals have forced nurses from **culture of compassion and safety to a culture of production.**

I became a nurse because that is what I am. It is in my soul. Caring, compassionate, and deeply concerned about the people I take care of. Those who can't take care of themselves; I keep them safe and help to guide them through the often scary medical system.

Where I work, a physician may come in and tell a patient "You have a mass on your Pancreas. Tomorrow we are going to get some lab tests and set you up for a biopsy."

Chances are the patient hears "Cancer....."

As a nurse, it is my responsibility to help the patient navigate through what they have been told. Current staffing in many cases does not allow this to happen. I'm lucky if I can come into the patient's room and parrot what the doctor has told them, before I have to move to another patient.

Staffing decisions should be made by the nursing staff and presented to the staffing committee, and should be based on patient acuity as well as the intensity for the staff.

It should go without saying, but not all patients—even those with similar problems are the same.

My mom is 80 years old and takes 2 medications. She walks every day, gardens, still drives and does fairly well. Her friend, however, is also 80 years old and takes 2 medications. In the evening my mom's friend has to have a bed alarm, and a constant companion, so she won't hurt herself or someone else, sometimes she can appear as lucid as you or I.

If these two women were admitted to the hospital—even if they were admitted for the same reason—they could require dramatically different amounts of care. Can you imagine taking care of them plus as many as 4 other patients?

I ask you to support SB 469.