

Testimony in Support of SB 469

February 16, 2015 Kathleen Cooper, BSN, RN, CCRN President, Oregon Nurses Association

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

My name is Kathleen Cooper, I am the Oregon Nurses Association Board of Directors President. On behalf of over 14,000 nurses who make up our membership, I am speaking to you today in support of SB 469, which reforms Oregon's nurse staffing law. I am a native Oregonian, and have been practicing nursing in critical care for over 33 years since graduating from OHSU School of Nursing in 1981. I currently practice in an intensive care unit of a Portland metropolitan hospital where I have worked as a staff nurse for over 21 years.

I have had recent experience working with my facility's Chief Nursing Officer on staffing matters in which we have collaborated on a process that pairs staff nurses and nurse managers together to develop solutions to staffing problems that have plagued our profession for generations. This experience reaffirms my faith that solutions can be developed provided that all nurses and hospital administrations are committed to the process, and are held accountable for the results.

Oregon is the first state with a nurse staffing law built on utilizing the inclusive and collaborative committee approach. This approach allows for flexibility, and relies on the expert judgment of nurses both at the bedside and at the administrative level. Registered nurses have the clinical expertise to evaluate and prioritize the needs of our patients, and we are uniquely positioned to make decisions about appropriate levels of nurse staffing. Indeed, we make these judgments every day as we care for our patients.

Oregon nurses have worked under the current law since 2005, and while our membership remains committed to the collaborative structure that is the framework for our law, we have clearly identified the need for reforms that will strengthen the law by empowering the committee, adding transparency and accountability, and tightening enforcement.

In a recent survey of ONA members statewide, only 19 percent of the participants noted that staffing was sufficient all the time, while nearly 40 percent of respondents reported that in the past 5 years staffing on their unit has gotten worse.

ONA members have clearly made improvements to our staffing law a top priority, and have worked diligently to craft SB 469. My colleagues and I want to be able to provide the best possible patient care, and staffing has an impact on our ability to do just that.

I believe I can summarize the essence of the fear nurses feel when working in suboptimal staffing conditions to one simple phrase: "Will I get there in time?" Will I get there in time, before my patient falls? Will I get there in time, before my patient's pain is out of control? Will I get there in time, to give the antibiotics before my patient goes into septic shock? Will I get there in time, to get my patient to the operating room? Will I get there in time, before my patient stops breathing, or goes into cardiac arrest?

It is my sincerest hope, that you will pass SB 469 so that my colleagues and I can always "get there in time." I will be happy to answer any questions you may have.