

Testimony in support of SB 469  
February 16, 2015  
Senate Health Care Committee

Submitted by Vikki Hickmann, RN

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

My name is Vikki Hickmann. I am and have been a Registered  
Nurse since 1980.

I work in the Emergency Dept. in Bend Oregon. I would like to  
give a brief overview of a cross section of what an RN does in the  
ED and responsibilities associated with that practice.

I see and take care of patients. I work closely with Physicians,  
family members and other Healthcare Professionals. The basic  
overview of care utilizes assessment, planning, and  
implementation of a plan, evaluation and documentation of all of  
the above. This is a fluid process moving in many directions  
throughout care delivery.

My actions are governed by the scope of practice of my licensure,  
and hospital policy based in scientific evidence.

My ability to perform at the highest level within this scope is  
influenced by my own physical and mental abilities, and adequate  
environment made available by the facility in which I provide  
patient care.

To deliver the optimum level of patient care requires an adequate  
supply chain, support staff, educational support, monitoring  
equipment, tools to allow documentation, and above all adequate  
RN staff.

All of these variables are necessary and allow for quality patient  
care.

Of all the items listed above, I would say optimal RN staffing is the most important. The critical thinking, observant RN at the bedside will be able to provide excellent and the safest care.

Each day before I see patients our supervisors give us a set of data points. Door to nurse time, door to physician time, average length of stay, number of patients left without being seen, what is our measured productivity of the staff, and how many patients were seen in total.

It is always about how fast we can provide the care. Now with the advent of scanning for medication administration in the ED we are given our percentage of successful “scans.”

It is interesting that during holidays when more RNs are added into the staff our door to nurse and physician times decrease, the average length of stay decreases and those potential patients that left without being seen decreases.

Data points that are not reported by the leadership are the number of missed staff breaks, number of missed staff lunches and patient care that is either delayed or omitted secondary to insufficient staff.

The increased stress that RN's experience when they cannot provide care they know to be necessary, the lack of rest breaks, the forced use of sub-standard equipment, and the inability to perform at a level required by hospital policy secondary to inadequate staffing, leads to negativity, injury, increased liability and diminished patient outcomes.

We do know that running a hospital is extremely complex and there are a myriad of systems involved. I have been a lean practitioner and have headed up projects within the hospital I work in and an associated hospital. I understand systems to a certain degree and believe in continuous quality improvement. Healthcare is anything but stagnant. It is an ongoing evolutionary process. Being an RN puts me at the forefront of almost all processes within healthcare delivery. As a nurse I utilize all the

processes within the hospital and I am affected by them, as are the patients I care for.

These are all the logical and ethical reasons that make it imperative to improve the processes that will empower the Hospital Nurse Staffing Committees.

It is time to take that next step in facilitating the continuous quality improvement in patient care.

Oregon's RN's have learned a lot from the current staffing law. We have worked professionally with it for a few years now. Utilizing the nursing process we have assessed it, we have created a plan and now we hope to see it implemented.

It is time to evolve the Nurse Staffing Law by implementation of SB 469.