



Testimony in Support of HB 3016
May 5, 2021
Senate Committee On Health Care
Lisa Logsdon , CMSRN, BSN

Greetings Chair Patterson, Vice-Chair Knopp and members of the committee.

My name is Lisa Logsdon, and I member of Oregon Nurses Association (ONA). I work full time as a charge nurse in the Acute Care Unit of the critical access hospital in Lebanon, OR. I am also a member of ONA's Board of Directors. Today I submit, to you, testimony in support of HB 3016 as one of ONA's 15,000 registered nurses, Nurse Practitioners of Oregon, and professional member affiliates throughout the state. I am honored to be one of those Nurses and helping to represent our organization.

HB 3016 is a statutory amendment that would center our patients' needs by maintaining the collaborative, solution-based framework of our hospital nurse staffing committees to address evolving conditions and maintain a cohesive work environment. It's a proactive approach to emergency preparedness that limits uncertainty and better prepares our health care system for future catastrophic events. As a hospital nurse during the pandemic, I have witnessed an astonishing amount of confusion over primary staffing considerations, policies and procedures around personal protective equipment, infection control, and communication between patient care areas and task forces making decisions that impact patient care. For instance, one of the first things to happen in my medical-surgical unit was the PPE was taken away. The N95 masks were taken to a locked office.

We were allowed just one per day and had to find the nursing supervisor and explain our need to get one. This tight control of PPE supplies resulted in delays, as we needed to search for PPE before entry into rooms of suspected coronavirus patients. We had brown paper sacks and clamshells all over the department with staff people's names on them to put our mask in when we weren't wearing it. We had to keep using the same mask on and off throughout the day.

When a staff person felt the need to keep a mask on all the time, she was made to remove the mask when not in an isolation room. We had policies that stated that healthy individuals did not need to wear masks. Only to have masks mandated all the time a few weeks later. Different departments had different usage requirements and PPE availability. We were able to keep most of our nurses working at cleaning, phone banking, and door screening tasks. A robust contingency plan for

shifting staff to the highest need areas is much needed. As more nurses leave their bedside nursing careers for safer assignments, we have become more short-staffed lately. Robust staffing committees, with binding and enforceable decision-making ability, can offer nurses and management a forum to negotiate the best solution for taking care of our patients with the resources that we have. This is especially relevant and powerful during a state or national emergency.

I support HB 3016, and we ask that you vote favorably to move the bill out of committee.