

My name is Judy Geiger. I am the Vice President of Patient Care Services and the nurse leader at Columbia Memorial Hospital (CMH) in Astoria which serves all of Clatsop County as well as part of Columbia County. I am ultimately responsible for the nursing workforce at CMH and all the inpatient nursing units in the hospital. CMH is a 25 bed critical access hospital caring for a variety of patients in the inpatient setting including patients requiring critical care, medical-surgical and OB/GYN care. I ask that you oppose HB 3016 which would require new administrative barriers and complexities during a state of emergency, like the COVID-19 pandemic. The bill revises the nurse staffing law to require nurse staffing committees to convene within 30 days of a declared national or state emergency for an assessment of nurse staffing needs during the emergency.

HB 3016 new requirements are unnecessary as hospital nurse staffing committees may already meet at any given time that a committee Co-chair requests it, in addition to the required meeting once every three months. Clatsop County has been largely sheltered from big surges of COVID positive patients requiring hospital admission during the current pandemic. However, we had a patient surge in late November through December. As soon as we began admitting more than 1 or 2 COVID positive patients, as one of the Co-Chairs of our Hospital Nurse Staffing Committee, I contacted the other Co-Chair and convened an emergent meeting. At this meeting we discussed the current patient census, our available nursing resources and enlisted ideas from committee members and other nursing staff about how to provide the best care possible to the largest number of patients. Our Staffing Committee then met weekly until mid-January to assure we were addressing all concerns and making changes as needed to our plan to care for the patients. At that time because our hospital census decreased to a normal level, we were all in agreement to stop the weekly meetings. We also collectively agreed that if our census went back up due to COVID positive patients, we would begin our weekly meetings again. This process worked very well. We do not need a law to assure that this happens. The mechanism is already in place.

This bill is very worrisome. During a state of emergency, we need more not less flexibility to get the job done and care for patients. As we respond to COVID-19, many regulations have been streamlined to reduce barriers to care and to assist in quickly addressing the immediate needs of our patients. At CMH, we developed a team approach to patient care and were able to utilize nurses from departments other than Medical-Surgical and Critical Care as part of the care team. We assigned tasks to those working outside of their home department that were part of every nurse's skill set. This assured efficient and most importantly safe patient care during our surge. We were able to act in a nimble and creative fashion to assure patients had appropriate care. HB 3016 would go in the opposite direction and set new regulations that will negatively impact our collective focus on patient care in an evolving crisis. I ask that you oppose this approach which would add additional complexity and restrict flexibility.

Sincerely,

Judy Geiger RN BSN MBA NEA-BC
Vice President Patient Care Services
Columbia Memorial Hospital
Astoria, OR
503-338-7505
jgeiger@columbiamemorial.org