

Clara Zimmerman  
1710 NE Clackamas Street  
Portland, OR 97232  
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To The Oregon Behavioral Health and Healthcare committee members  
RE: Support for HB 2697

Dear behavioral health and health care committee members,

My name is Clara Zimmerman and I am a nurse at Providence Portland Medical Center.

During one night shift, we had someone called out sick, and another person had a last minute emergency before starting their shift which left us with 5 nurses when we should have had 7. We already did not have any CNAs on the floor, so we were already short two additional people meaning we were down a total of 4 staff before the night shift even started. All of the nurses had 5 patients (even though two of the floor nurses had less than a year of experience) and the charge nurse even had to take two patients. Thankfully we made it though the night with no injuries (staff or patients) but it was an extremely stressful night and felt very unsafe to be working in those environments. Care was delayed because of how few staff we had on the floor and from the lack of resources available to us. I am not sure how many nurses short the hospital was that night but we did not have the resources available to replace any of the nurses we were missing. It was, literally, a recipe for disaster for patients and staff alike. The work environment is, simply put, dangerous and unsustainable.

HB 2967 will improve the working conditions for nurses and healthcare workers to ensure patient safety and improve health outcomes. For example, ensuring minimum staffing standards are upheld in hospitals would allow nurses more time with their patients so that they can more closely observe them and more quickly respond with lifesaving interventions when needed. Research shows that better nurse staffing is associated with better patient outcomes, increased patient satisfaction, decreased hospital acquired conditions, decreased length of stay for patients, decreased chances for patient readmission, decreased patient mortality, and may help diminish racial disparities. Higher staffing levels were also associated with a reduction in medication errors, fewer pressure ulcers, less need for restraints, decreased infection, and fewer cases of pneumonia. There was also a 14% decrease in risk for in-hospital mortality for every additional one decrease in patient load over 24 hours. That means minimum staffing standards save lives, reduce costs, and improve patient care.

Thank you.

Clara Zimmerman