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House Bill 2697 Testimony

My name is Karol Elwood and I am a nurse at St. Charles Medical Center, Bend. On most days, our facility does not have enough staff to care for and prep the number of pre-op patients that need to be ready for the operating room at 7:30am each morning. This means that some nurses have to do the admission, prep, IV, labs, meds, and assessments for 2 patients in 90 minutes. Occassionally we are provided a CNA to assist, but that is not every day.

One particular day, I got my first patient ready and only needed the surgeon to see the patient and sign the consent. At 7am I was told by the charge nurse that I was getting a second patient who needed to be ready by 8am. I updated the charge RN on what was still needed on the first patient, then I put the surgical consent on a clipboard, set the clipboard on top of the chart along with a pen. I went and started the process on the second patient. I did my best to keep my eye on the first patient but of course this didn't work as I would have liked. At one point I glanced at the first patient's room and noticed the surgeon holding the clipboard and standing in the hall looking confused.

My heart sank. I rushed over to see that my first patient was gone; I looked at the consent form and saw there were no signatures. The patient was already in the operating room! I told the surgeon, then tried to call the OR - no answer. I located the charge RN updated her then rushed to the OR desk to tell them. Unfortunately, the patient was already intubated and under anesthesia - all without having completed the appropriate consent forms.

This whole event could have been prevented if staffing was adequate and I was able to stay with the first patient until the process was complete. This is not an isolated incident; nurses all across Oregon are experiencing these same stresses and strains every single day, and on every single shift. Unsafe staffing levels must be addressed, and that is why I support HB 2697.

Urging your support,

- Karol Elwood