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RE: In Support of HB 2697 from an Oregon Nurse

To the House Committee on Behavioral Health and Health Care,

I am a nurse at OHSU in the Acute Care Float Pool. I'm writing as a nurse on behalf of all Oregon nurses and all Oregonians who will need healthcare in their lifetimes to urge you to pass HB 2697. The past nearly three years Oregon's nurses have been asked to stretch ourselves to accommodate the needs of the pandemic. I have held the hands of my patients with COVID as they struggled to breathe and I have cared deeply about the human worth of each one of them even as some of them struggled to get out a full sentence due to respiratory distress to tell me that COVID is not real. We as nurses have been doing the impossible task of being a human band aid on a tsunami of healthcare needs for the past three years. In addition to poor outcomes from COVID itself, I've seen far too many patients without COVID unable to access care for themselves which causing far worse outcomes. For example, I cared for a patient who waited almost a week to be transferred from a hospital in his home in rural Oregon to OHSU to receive care for a stroke. The hospital where he waited did not have the ability to do a procedure that would have restored blood flow in his brain and given him a good chance of a full recovery. By the time he arrived at OHSU, he was not able to understand or generate speech or engage in voluntary movement and those changes had become permanent. This family lost potentially decades of time with a cherished patriarch because of a lack of "hospital beds" in Oregon. Hospitals do not lack furniture- they lack the human resource of skilled healthcare professionals because nurses are leaving in droves for safer, less stressful jobs or even new professions.

Nurses in Oregon are exhausted and I've watched many wonderful nurse colleagues leave the hospital for less stressful jobs to heal the exhaustion and moral distress they've experienced the past three years. In my time at OHSU, I've seen the quality of our care decline as we struggle to retain enough nurses, let alone highly experienced nurses with deep skill and experience in their practice area. OHSU is able to provide highly specialized care in part because of the expertise of our nurses in providing that care. When we are rapidly hemorrhaging nurses with decades of specialized experience at very high rates, we aren't able to train and support our new graduate nurses to learn the wisdom and skill lost. Six months ago, I worked on a unit caring for a woman receiving hospice care where I was the most experienced nurse working that night and the only one who had cared for someone actively dying. Because I had been trained by experienced nurses, I knew that her increased respiratory rate and furrowed brow indicated pain and I heard a rattle in her breathing and I knew which medications could alleviate that discomfort. I knew from the pattern of her breathing that she would pass imminently. The nurse caring for her cared deeply about this patient but no one had taught this nurse to care for someone actively dying so he did not know which specific medications could help and he was busy with another patient having a critical change in stability. With the other nurse's permission, I helped get the right medications for the woman and called her family to the hospital to say their goodbyes. We were able to get her comfortable and she had a peaceful death with her children holding her hands. That is the importance of being able to keep experienced nurses. Nursing school did not teach me the skills I used that day, a veteran nurse did. I use this example to illustrate that even the best intentions from very smart nurses does not substitute being able to retain nurses with the wisdom of experience. A unit entirely staffed by nurses recently out of nursing school doesn't leave anyone to teach and mentor their peers

into the next generation of skilled nurses. We need staffing laws to help ebb the tide of nurse exhaustion causing us to seek jobs with a lower risk of injury where we can reliably take our lunch break.

In an effort to meet Oregon's healthcare needs, we have engaged in "creative staffing solutions" which at their best involve asking nurses to take on more responsibility, short change their training, work 16 hour days, or work outside an area of their specialized training. I have also seen how the compromises to care we've made to accommodate more people and sicker patients have decreased the quality of care we provide overall. As funding for COVID crisis travel healthcare providers have decreased, our staffing issues have worsened and so has the quality of our care. We are human and working 12.5 hours without being able to take a lunch break away from patient care increases the likelihood of errors and errors in healthcare can be life threatening. When we work short staffed, patients don't receive the health education, hygiene care, or get help getting up for walks all of which are vital to preventing hospital acquired infection, helping them heal to maintain a meaningful quality of life. It is exhausting to feel like I leave my shift unable to provide the best possible care each of my patients deserve because I'm regularly working on units that are short staffed.

Last week I had a patient use her call light to call and her request was not intelligible on the phone. This is not uncommon and typically just because the call was an accident but luckily that day the unit and shift was fully staffed and I was able to immediately go check on the patient. When I arrived she had new slurred speech and I immediately called a "Code Stroke" and we learned that she was bleeding into her brain. Her medical situation was extremely time sensitive and had I been busy caring for another patient and unable to get to her she could have permanently lost her ability to speak or even her life. I drove home thinking how grateful I was that this patient was going to recover but simultaneously afraid for how easily her outcome could have been different and thinking about all the times I haven't been able to respond as quickly.

This is an example of a situation where safe staffing ratios directly correlated to my ability to provide safe care for a patient and illustrates how short staffing can easily cost lives. Nurses working without breaks are more likely to make mistakes and less likely to notice critical changes in patients. Poor staffing also means our experienced nurses are less able to support and teach our novice nurses to help replace the experience lost due to pandemic nursing burnout as our colleagues leave for less stressful roles outside the hospital or even the profession all together. I want to give every single one of my patients the same quality of care I would want for my own loved ones in the hospital. In order to do that, I need to be able to take a break for lunch and have enough staff present to provide that care. Despite reporting profits each quarter, Oregon hospitals have demonstrated that they are unwilling to adjust their budgets to provide raises or retention bonuses to maintain safe staffing. We need the help of our legislators to provide safe care to Oregonians.

Please, help nurses and our patients by passing HB 2697 to legislate staffing that keeps nurses in the hospital.

Sincerely,  
Morgan Burdick, MSW, BSN, RN  
OHSU Nurse and Oregon Nurses Association Member