

Submitter: Virginia Smith

On Behalf Of:

Committee: House Committee On Behavioral Health and Health Care

Measure: HB2697

I am a charge nurse on a 50-bed MedTele unit in a Portland-area Providence hospital. I am the co-chair of my hospital staffing committee and have been for the last 13 years. I provided testimony to the Oregon legislature in 2013 when the Nurse Staffing laws were last revised. I also served on the Nurse Staffing Advisory Board in 2017 for two years, including serving on the Rules Advisory Committee for the current OARs in place for nurse staffing in Oregon hospitals.

In the last 10 years, I have been through 3 surveys at my hospital, all of which were prompted by me filing a complaint with OHA while my hospital actively and knowingly broke our staffing laws. It has taken the better part of the last decade to get my hospital to adopt functional nurse staffing plans that limit how many patients a nurse can be assigned to, account for patient acuity, and address how to maintain minimum staffing requirements when nurses are on their breaks. My hospital continues assert we have always accounted for those things, but when they have been pressed by their own nurses and the OHA to show how, the hospital says the law is too difficult or too vague to follow. None of these changes to our nurse staffing plans could have been possible without the fierce vigilance of the bedside nurses on my staffing committee. In my experience, for the entirety of the existence of the nurse staffing laws in Oregon, enforcement is completely on the backs of bedside nurses like me and my colleagues.

My hospital presses on us every day to go against our committee-approved nurse staffing plans to take more patients with fewer staff who are less trained. We have been in a state of emergency for the better part of the last two years, where we have suspended many of the limits on patients assigned to individual nurses. During that time, many nurses have left the bedside due to the sheer volume of patients, the high acuity, compromised safety standards, inability to fully assess our patients, and the hospital's willingness to standby and shrug their shoulders and say they can't do anything because it's like this all over Oregon.

The majority of the shifts I work now, I am the only one on my unit who's ever performed compressions on a coding patient, done complicated wound care, placed an IV, or comforted a dying patient and their family. Every shift I work, we are short on staff—whether it is nurses, CNAs, phlebotomists, respiratory therapists, social workers, doctors, or housekeeping. In the last year, we have had three patients die on my unit while waiting for a higher level of care than can be provided at my hospital because the larger Portland-area hospitals are experiencing the same shortages as us. These deaths were preventable had there been enough staff to care for them. We

actually need extra support while the hospitals are actively working against providing it by under paying all staff, relying on travel staff, and knowing that new nurses are naïve about the current nurse staffing laws that are supposed to protect Oregonians.

Hospitals are driving the erosion of standards of care in favor of profitability. Hospitals will call programs like Team Nursing and Telehealth “innovative” and “creative” strategies to respond to the nursing shortage, but really these are intentional in order to spend less on patient care provision, regardless of the cost on bedside expertise necessary for safe health care. Nurses are leaving the profession because they will not participate in a system that is this degrading to public health and the ability for nurses like me to deliver safe care. The nurse staffing laws in Oregon are in place to protect standards of care for public health. Hospitals circumvent the current laws we have in place and public suffering is the result. We can mend this by passing HB 2697 to improve nurse staffing standards and improve the health of all Oregonians. Safe nurse staffing saves lives.