

Submitter: Erica Swartz

On Behalf Of:

Committee: House Committee On Behavioral Health and Health Care

Measure: HB2697

Erica Swartz

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RE: Testimony in Support of HB2697

To the House Committee on Behavioral Health and Health Care:

My name is Erica Swartz, I have been a nurse for 15 years and I am the co-chair of my hospital-based staffing committee. I am writing to voice my strong support of HB2697.

Currently, hospitals in Oregon have no consequences for being out of compliance with the nurse staffing law. The hospitals have demonstrated their willful disregard for following the law. There is neither follow-up nor consequence for whether they actually fix their deficiencies or not. Complaints filed with Oregon Health Authority (OHA) take months to years to get investigated (if they are investigated at all). At a recent nurse state board advisory meeting, the OHA told nurses "enforcement means different things to different people." Routinely being dismissed by a government agency is demeaning. Instead of meaningful accountability, we have a performative cyclical exercise.

HB2697 has 2 important components to shore up this aspect of the work. 1. It requires OHA to levy fines. 2. The fines are large enough to compel hospital organizations to comply. We, the nurses and other health care professionals, we need the law to help us push back when given unsafe patient caseloads.

Another very important feature of the bill is the establishing of minimum staffing standards. Currently, minimum staffing is not well defined in the law aside from saying that units must define their minimum staffing levels for the different levels of patients they take. On our committee this had led to hours of discussion and disagreement between direct care nurses and nurse managers.

Executive leadership at my hospital relies on budgetary measures alone (known as HPPD) to decide staffing levels. Many of the budget measures they use have not been updated in more than 5 years, a period of time in which it is well documented that patients are sicker and more complex. HPPD does not account for tasks not related to patient care, changes in patient conditions, or system strain (like the pandemic). Presently, minimum levels are low enough that nurses routinely double

their patient loads in order to cover breaks for each other. Minimum staffing numerical standards present in this bill will allow for safe high quality patient care at all times. They are in line with current staffing plans as well as nationally recognized standards and guidelines. Having minimum staffing clearly defined means at staffing committees, there no longer has to be hours long conversations about what minimum means, it is now clear!

Nurses are leaving the profession at alarming rates. Multiple studies have cited staffing as a main driver for that. I have had personal colleagues leave for this very reason. There is a national 27.1% turnover rate in nursing due to: workload/staffing, high acuity, negative patient outcomes, emotional & physical exhaustion, fatigue & burnout (Nursing Solutions, Inc., 2022). More than 1/3 of surveyed nurses expressed likelihood to quit their job by the end of the year. Of those surveyed, 32% plan to leave the profession entirely (Incredible Health, 2022). This data is alarming. In California, they found that after establishing safe staffing standards, there was more stability in the nursing workforce ([https://www.nursingoutlook.org/article/S0029-6554\(21\)00230-X/fulltext](https://www.nursingoutlook.org/article/S0029-6554(21)00230-X/fulltext)). Another study cites the improvement in patient outcomes with these standards (National Library of Medicine, Implications of the California Nurse Staffing Mandate for Other States, Aiken, 2010).

HB2697 adds balance to specific areas of the staffing law where power inequities in health care decision-making are preventing collaboration We, the nurses providing the care, the nurses doing the work,...we need your help in elevating our voices and our ability to participate in decision making.

Please support HB2697 and give us the help we need.

Sincerely,  
Erica Swartz