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On Behalf Of:

Committee: House Committee On Behavioral Health and Health Care

Measure: HB2697

Greetings.

I am a member of the community, and an occasional patient at my local Southern Oregon hospital. I support this bill because appropriate staffing ratios ensure better quality of care standards for patients, reduce medical errors, and ensure that staff are available to attend to patients needs while also being able to complete the non-patient facing aspects of their jobs.

Hospital errors are ones of the leading causes of poor outcomes in community hospitals. Cutting corners in staffing hours hurts patients and staff. It increases the labor burden on nurses to untenable levels and leaves vulnerable patients waiting for care they need. And for what? A bigger CEO bonus? A new specialty wing that will also be understaffed?

I was recently hospitalized in my area for 10 days for a medical issue. In those 10 days I got ONE SINGLE shower. Why? Because each time it was offered/suggested, something would come up with another patient requiring the immediate attention of my care team, ultimately pushing my shower onto the next shift. An overnight shower would have been fine by me. I am a late night person by nature, and frankly was more oriented on noc shift than days as it were. But that shift was burdened to a point that it consistently got put off too, as there were not enough of them to spare to assist me safely either. So I got bed baths wipes instead. On the day of my discharge I finally got a shower that I mostly had to do myself, with the CNA checking in on me periodically to ensure I hadn't fallen or needed other assistance. I was ambulatory, (but barely) and alert and oriented, (but very physically weak) and oxygen dependent on 4 liters per minute. Heaven forbid I was less capable and intelligent than I am. I likely wouldn't have even gotten the one I did, OR worse, faced injury trying to do too much for myself in my weakened state. I don't fault my nurses, I fault their (and their supporting staff) staffing ratios as inadequate. More staff would have meant more time for direct patient care of all types. I may have only missed a couple showers, but what might a patient with less ability to communicate miss out on? Someone to feed them? Being forced on a catheter/bedpan/brief instead of being provided the dignity of an assist to toilet? A potential fall from a confused patient who can't figure out their call button? Who knows...

All if known is as a patient, in feel more secure knowing my nurses are staffed at a rate that allows them to provide the safest care necessary.

