

Submitter: Christen Goodknight

On Behalf Of:

Committee: House Committee On Behavioral Health and Health Care

Measure: HB2697

I'm writing this because I'm tired. I'm tired of nurses working understaffed without the proper support we need to provide the required care patients in Oregon deserve. One way that would alleviate many of the problems nurses are facing is to limit how many patients nurses have based on their acuity. I've only been a nurse for about 3 years but I'm already curious as to how I can remove myself from bedside nursing and have begun exploring other career options. It's exhausting mentally and physically and if we had safe staffing ratios, along with the support staff required, nurses would likely retain their desire to serve in healthcare. I'm frustrated with the health disparities I see every day and the large wealth gap between corporate healthcare and frontline workers. It's time for this state to set an example for others to follow- patients before profit. I say this because profits will be less, as they should be, in order to enhance patient outcomes. It's as simple as safe staff ratios = enhanced patient care and job retention = better patient outcomes and fewer nurses leaving the field.

Without mandated staffing ratios the hospital is doing its patients a huge disservice. We're often overtasked with unrealistic patient and hospital expectations and conditions continue to worsen. I worked for a few years in medical-surgical nursing and if I didn't leave that area of nursing I feel pretty confident I wouldn't be a nurse today. Consider for example caring for 5 patients at a time with one certified nursing assistant (CNA) to over 20 patients. Your charge nurse can't help you because they are now being tasked with their own patient load to care for, a task historically never previously assigned. Now consider that on this floor you're caring for a high fall-risk elderly patient who just returned from surgery, an agitated potentially combative alcohol withdrawal patient, a dying comfort care patient you wish you could spend more time with, a sundowners patient becoming increasingly confused repeatedly trying to get out of bed, and a patient starting to experience cardiac rhythm changes. It's impossible to be in all the places you need to at a time with nursing. You just show up and give everything you have, knowing that if you had just one or two fewer patients you might have been able to concentrate your attention more closely on subtle vital sign and/or mentation changes, holding that dying person's hand in their last breath, or be able to spend more time to educate your patient at discharge on disease management and prevention. Nurses are often not afforded the time we need to provide enhanced care resulting in poor outcomes, readmissions, and ultimately contributing to medical-related errors. Errors are such a liability and so common that many nurses, myself included, carry privately purchased malpractice insurance because we know the healthcare organization who tasked us unsafely to begin with won't back us in court. While this isn't true in all cases, how about we

recenter healthcare around patients and not "turning rooms" to get the next medical reimbursement payment hospitals seek. I realize this bill won't solve all the problems in our healthcare system but it's a start in a better direction. We have a unique opportunity to stand up for what should be valued most; patients who are often experiencing the most difficult time periods of their life and who rely on frontline healthcare workers to provide their best possible outcomes.