

Submitter: Casey Edwards

On Behalf Of:

Committee: House Committee On Behavioral Health and Health Care

Measure: HB2697

My name is Casey Edwards and I support HB 2697. I have been a pediatric nurse in Portland for 10 years. I currently work in a Pediatric ED attached to an adult ED in Portland.

During my entire career, I have never experienced a work environment that provided for safe staffing during nurse meals and breaks until 6 months ago we were allowed a break nurse pilot program.

Up until that point, I always needed to “finish my work” before going to a meal break as my nurse break buddy still carried their full assignment, giving them up to 7 children to care for. I felt the need to apologize if something unexpected occurred during my break that my buddy had to take care of. I didn’t get designated rest breaks in one position where I worked for 5 years, but was encouraged not to report that by the institution and the unit staff all fell in line.

Despite the ratio for nurse to patients in my work area being 1 nurse to 2-4 patients outlined in our staffing plan year after year, it was willfully ignored by our leadership team and rejected, then adjusted to meet the budget.

Daily facing this challenge increases fatigue and burnout, as well as moral dilemmas for nurses. Now, with our temporary pilot in place, the break nurse has only my patient assignment during my breaks, complying with our safe staffing ratios.

Passing HB 2697 will give us a way to permanently improve our care through staffing with specific language around breaks, and real OHA oversight when facilities don’t comply. Greater accountability by the state and facilities via HB 2697 will improve nurse morale and retention.

In the emergency department environment, we are caring for Oregon’s most vulnerable patients during the most stressful experiences of their lives.

Space to care for patients is already too scarce, our population is growing, and the patients coming in are sicker and more complex than ever. In addition, many folks coming in for emergency care during these times have less reserves to treat staff humanely with respect and consideration.

Implementing more oversight into staffing in the ED would likely result in increasing staffing by hospitals to meet safe ratios, including unpredictable events like multiple

traumas or burgeoning crises like the RSV surge this winter.

This includes creating more fluid and responsive staffing models and involving technical and service staff on their own staffing committees as per HB 2697. Our colleagues deserve more representation and decision making when it comes to their assignments and integration into the healthcare team.

Healthcare facilities should focus on creative operational solutions for patient safety and staff retention. The bottom line is not good for patients. The Oregon hospital work environment needs a major overhaul to avoid ongoing turnover, compassion fatigue, strike, and expenses from hiring travel nurses and staff. If you or a loved one was hospitalized tonight, I know you'd want a rested and supported healthcare team in place.

In the wake of the COVID-19 crisis, I hope that Oregonians can respect the requests of healthcare workers for safe and fair staffing, and show that Oregon healthcare facilities can attract and retain superior staff.