



Chair Nosse, Vice-chairs Nelson, Goodwin, and members of the committee Behavioral Health and Health Care,

My name is Cassie Barton and I have been a pharmacist at OHSU for over 10 years. Pharmacy touches every patient in the hospital. Every medication a patient receives is checked multiple times by a pharmacist. We help choose correct antibiotics and dose them correctly, we ensure every medicine is needed, prevent countless errors every shift. We ensure we know what medications you are taking before you enter the hospital, continue the ones you need while here, reconcile all new prescriptions on discharge and help ensure access and appropriate discharge medicines. We are a vital members of the team.

We are not staffed appropriately to do this job safely. There are hundreds of open shifts per month, and that impacts the amount of care and attention we can give each patient. We often need to double, working 16 hours or more a day. Alternately if there is no one to pick up the shift, management will consolidate, leaving one pharmacist to care of and arrange care for twice or three times as many patients. We simply can not practice safely and at the top of our license when we can not keep up with basic order verification. Even when we do all this extra staffing we are not paid overtime, often working for less than straight rate of pay, but thats a story for another day.

Pharmacy is not only department impacted as we well know. It can take hours to get a room cleaned which delays any new patients taking that bed because our environmental services colleagues have minimal staff. ORs are often closed and when open our colleagues are working 24h shifts. Last shift a patient came through the ED with a heart attack and needed the cath lab immediately, but we only had one bed available and it was full. All other hospitals except one were on STEMI divert (not taking these patients) and it took over 30 minutes just to get the one other hospital on the phone to accept a transfer. She SHOULD have gotten into our cath lab and the procedure should have begun within that time if we are following guideline care. We have



trouble getting discharges out the door because care management/social workers don't have the bandwidth to coordinate the next step in patient care.

And this all happens while we sit on billions in assets and reserves. OHSU and all nonprofit organizations need to live up to their missions- to treat each patient with the best care we can provide. Without adequate staffing we are letting far too much fall through the cracks. Please pass this bill so we at least have a seat at the table where these decisions to compromise patient safety are made- and let us help to correct them. We interact daily with patients and want to do our jobs safely. OHA should be able to hold parties accountable for not enforcing staffing ratios. HB 2697 would make sure that staffing concerns are dealt with at the hospital to ensure quality outcomes for patients.

Thank you for your considering and I urge you to vote yes HB 2697

Cassie Barton, PharmD, BCCCP, FCCM
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