

HB 4045 - Public Safety Workforce Stabilization Act

ATTN:

Chair Grayber,

Vice-chairs Lewis and Tran,

and Members of the Committee on Emergency Management, General Government, and Veterans

HB 4045 Testimony

Introduction

For the record, my name is Danielle Moreno and I work as a Mental Health Registered Nurse (MHRN) at Oregon State Hospital (OSH), where I have worked for nearly 12 years. The first thing most people say to me when I tell them I work at OSH is, “That must be a very scary place to work.” I write to you today in support of HB 4045 to include OSH workers that provide direct care for patients.

I started my profession here at OSH as a new-graduate nurse in 2011. I chose this occupation and specific work field because I believe that mental health is vital to the overall health and wellness of individuals, and I believe I possess the unique qualities that are necessary to thrive in this specialty such as patience, grit, interpersonal skills, emotional intelligence, and crisis management. The work that MHRNs do at OSH is important because, as the sole forensic psychiatric hospital in Oregon, we care for a significantly underserved population who often have limited social, emotional, and economic resources. The care we provide helps meet the needs of these individuals, bridge disparities, and decrease recidivism.

Day-to-Day Work

Throughout my nearly 12 years at OSH, I have worked on various units in maximum security, medium security, and presently an area called the Treatment Mall, where clinicians from various backgrounds offer treatment groups to patients each day. My daily responsibilities consist of providing nursing interventions on the mall for behavioral and/or medical emergencies, developing curriculum to lead treatment groups focused on emotional regulation, coping skills, and the importance of medication, and working with the unit Interdisciplinary teams to establish and maintain working relationships and daily communication.

The High-Risk, High-Stress Environment at OSH

The patients at OSH suffer from a variety of mental illnesses and may suffer from delusions, hallucinations, personality disorders, etc. Furthermore, many have violent histories including assaults against staff as well as other patients. Therefore, as soon as MHRNs and any staff walk into work, our stress levels and awareness immediately surge. We must be always vigilant as there is continuously a potential for violence to occur at any moment in our daily work environment, often without provocation or warning.

In the first 6 years I worked at OSH, most of my work was on maximum security units. Again, I was a new-graduate nurse and like many others at OSH, I was placed into the most difficult, dangerous, acute, high-risk area in the hospital. It didn't take long to learn that MHRNs would move out of maximum security as soon as they were eligible for transfer due to the number of assaults that would occur, sometimes in the double digits in a single day.

While working in maximum security, I was directly involved in many high-stress and traumatizing situations such as intervening during patient assaults on staff and/or patient assaults on each other, being assaulted myself by a patient who knocked me on the ground, kicked me in the face and pulled my hair with such serious force that it nearly caused scalp separation, having multiple behavioral emergencies occurring simultaneously because the patients coordinated assaults on different staff, preventing further self-harm behavior and providing medical care to a patient after they split their forehead open and exposed their skull by smashing their head repeatedly on a hard surface, manually restraining a pregnant patient who was self-harming by slamming her body into walls and punching her stomach, and being a first responder and providing CPR to a patient who had committed suicide by strangulation.

Eventually I was able to transfer into the Treatment Mall department where I currently work and have for the past 6 years. In this area, there is typically anywhere from 30-60+ patients mingling at any given time and potentially only one MHRN. There have been numerous times that I and other Treatment Mall MHRNs have been directly involved in significant patient behavioral and medical emergencies while in this heavily populated and volatile environment – leading to significant injury and trauma for MHRNs. Beyond physical violence, MHRNs at OSH routinely are victims of various forms of abuse.

Examples of Daily Traumas and Abuse

-Assault by a patient including being punched, kicked, spit on, hair pulled, items thrown at (chair, clipboard, full milk carton, table, etc.)

-MHRNs being directly involved in containing patients who are fighting each other – punching, kicking, biting, placing each other into choke holds

-Emotional abuse by a patient using intimidation, manipulation, or belittlement; threats to kill us and/or our loved ones

-Sexual harassment and/or sexual assault by a patient such as being stalked or groped

-Verbal abuse by a patient such as being called derogatory names and/or racial slurs

-Fear of MHRN's life and the life of her 9-month-old fetus when a highly aggressive patient began threatening her with physical violence before punching the table she was sitting behind towards her, causing it to strike her stomach. The patient then attempted to physically advance toward her again before other staff were able to contain them.

The Pandemic and it's Detrimental Affects

Since the pandemic, I think that stress levels have increased for majority of individuals in many aspects of their lives – work, family, friends, etc. Here at OSH, the pandemic has caused

staffing numbers of both MHRNs and floor staff to be significantly impacted. We are currently operating far below our base numbers, which has directly affected the level of patient care, continuity of care, incidents of aggression, decrease of staff morale, and increase in MHRN burn-out. Many shifts, the MHRNs are leading units of 20+ patients with only one MHRN and an LPN or agency MHRN as the second license. This significantly increases the stress and workload of our OSH MHRNs, further exacerbating burn-out. As a result of working at OSH, the mental health of myself and other MHRNs have been impacted by trauma, PTSD, anxiety, depression, insomnia, etc. Often, these detrimental impacts have even led to losses of close personal relationships outside of work. To provide patients with proper mental health care and treatment, we too need to practice self-care and feel that our mental health is also valued. I believe that the long-term effects of the pandemic will continue to perpetuate this alarming issue, with possibly no rebound to a pre-pandemic state.

Passing of HB 4045

Incentives

If MHRNs at OSH were granted enhanced benefits by the passing of HB 4045, I believe it would greatly increase staffing numbers and retention by enticing nurses to come work here and/or remain working here. Because the mental health population has been historically underserved with a high turn-over rate, this could increase the workforce of MHRNs, which would allow for better patient care now and for the foreseeable future.

Why OSH Should Qualify

Our occupation as MHRNs at OSH should be added to this new category in PERS because we too work in a high-risk, high-stress environment like other individuals who currently qualify for these benefits such as police officers, correctional officers, fire fighters, etc.

Additionally, the great majority of patients that OSH currently serves, and who MHRNs are ultimately responsible for, have been evaluated by one or more of these groups, who currently receive these benefits, before coming to us for further treatment.

The assaults and abuse that occur to OSH MHRNs and staff on a routine basis currently go without any legal repercussion, unlike the individuals who already receive these benefits, despite many of our patients being considered “stable” and/or “coherent” at the time of their assault/abuse. If OSH MHRNs received the same benefits that the other individuals who serve our patients receive, it would greatly improve our morale as it would feel like a morsel of inclusivity and equitability for the high-risk environment we endure daily.

Conclusion

It is a discerning yet realistic and daily thought that I could leave work in an ambulance due to the abundance of violence that occurs at our workplace. Most of the examples I shared with you today have all been my own personal traumas. And this only scratches the surface. The great majority of MHRNs at OSH have experienced similar if not worse circumstances. Personal trauma is only one part of our experience here at OSH; we also carry the weight and secondary trauma of watching and/or hearing about the traumatic events that occur to our colleagues. Retaining a workforce at OSH has been crucial to the safety of staff and patients given the constant high-risk environment, yet the staffing numbers remain critically low. By passing HB 4045, you could have a direct positive impact on our long-term staffing numbers at OSH, conceivably saving lives.