

Date: February 14, 2024
To: The House Committee On Judiciary
From: Oregon Nurse
Re: Testimony in support of HB 4088-2

Members of the Committee,

Over the last few years data has shown healthcare workers now suffer more nonfatal injuries from workplace violence than workers in any other profession. In 2018 alone, healthcare workers accounted for a staggering 73% of injuries reported due to violence. The alarming increase of workplace violence has led to endeavors designed to prioritize workplace safety and those victimized, many collaborating on prevention and system transformation. Institutions such as the IHI have called this topic a matter of urgent priority across the spectrum of healthcare providers. But our hospital administrations, and our overall system, in Oregon have not caught up to these challenges.

We need HB 4088-2 to address workplace violence in a multi-pronged way. Allow me to tell my story in illustration of how wrenching, as well as lasting, assaults on hospital workers can be. I share the story to say — among other things — this level of severity of our violence issues is not tolerable and we have tools at our disposal, like those offered in the bill, to impact the problem.

Last summer I was 18 weeks pregnant. I was assigned a patient with known aggressive behavior who had been in four-point restraints throughout her hospitalization. I requested a change in assignment, stating my concern for the safety of my pregnancy and the known risks of injury from aggressive patients. I was refused. After this patient returned from her colonoscopy, she needed to be transferred from a gurney back into bed and therefore was out of restraints at the time. The patient was displaying significant agitation and aggressive behavior, actively screaming, kicking, and punching at staff. I was assisting this transfer with three other nurses when the patient's leg came out of my grasp and kicked me directly in the abdomen.

I developed vaginal bleeding almost immediately. Over the following days I also developed significant abdominal cramping and pain that increased with any physical activity. The injury gave my pregnancy multiple complications which included weekly scans and tests. I could not work — the abdominal pain was so bad and the bleeding so persistent. However I had difficulty filing workers' compensation and was told that the event at work was not actually covered. This despite having provider's documentation that my symptoms were a direct result of the patient assault. In late July, I attempted to return to work on light duty, struggling to cope with the trauma associated with the event and the continued severe pain.

I eventually developed significant preeclampsia and was hospitalized in September. Despite being only 32 weeks pregnant, my preeclampsia was too severe to continue safely with the pregnancy and labor was induced. My baby was born in respiratory distress and immediately transferred to the NICU where she was hospitalized for 33 days. Throughout this time, her respiratory stability was incredibly fragile. Her status changed daily, and as a mother to a newborn, the experience of watching her struggle to survive was traumatizing. I spent 12 hours at the NICU every day throughout her entire hospitalization, trading out only with my partner.

The baby progressed and fortunately was discharged. What came next was devastating. My employer had never brought it to my attention that there is a strict 30-day window for adding a dependent onto our insurance for coverage. It never crossed my mind that I would face difficulty having my baby covered when the time came to see the total hospitalization cost. Recall I too was hospitalized — from the time of my own hospitalization to when the baby was discharged, I had spent 40 days in the hospital, with my baby's health and survival being my priority. I even mentioned wishing to speak with a social worker for mental health support, due to the duress of the entire experience. A bill did come in January for the baby's hospitalization totaling \$206,313.08.

I am in a financial crisis now, it will affect the family for decades. It culminates seven months of being physically assaulted at work, being racked with pain and pregnancy complications, being hospitalized for a severe health crisis leading to a traumatic birth, and being a parent to a premature baby who had spent 33 days fighting for her life in the NICU.

It's clear I was failed by multiple systems. My employer failed me. Their responsibility under their own policy to have a safety treatment plan in the first place, for a patient like that, failed me. Being able to access my rights to refuse an assignment failed me. Getting some follow-up on me and my situation, of several kinds and at several points, failed me. The idea of being met with an investigation of the original incident — and a promising, offered path of reporting the incident — failed me.

So the story is many things. It's a call to action for education on insurance, the right to refuse an assignment, mental and emotional health support after a healthcare worker is physically or verbally assaulted, support filing for workers' compensation or disability, and workplace violence prevention.

The last of these of course occasions testifying on House Bill 4088-2, which I do hope you support, because of some new directions it provides for the strength of Oregon law on workplace violence. Some of us need that, and mightily. Thank you.

—Oregon Nurse