



Chair Salinas and members of the committee, my name is Chandra Ferrell I am a member of SEIU local 49 and I work at Samaritan Albany General Hospital as an obstetric technician (ob tech). I'm here asking you to support HB 2945 because this bill would provide a voice for those who assist with the care of patients and need better representation in staffing committees to address the issues chronic understaffing.

I have been working as an ob tech for 13 years and I want to share with you an example of time when I experienced inadequate staffing and what that led to. Often times when floating to other departments of my hospital I am given a 1:1 assignment. 1staff/1patient ratio. My hospitals policy regarding 1:1's is that you must have eyes on the patient at ALL times. Lately my hospital has been increasing the responsibilities of the CNAs that are doing these 1:1s. On Sunday March 10<sup>th</sup> for example, I was floated to medical/surgical floor and given a 1:1 patient with an additional assignment of a close observation patient. I immediately went to the shift charge nurse and questioned my assignment because it goes against my hospitals 1:1 policy. Ultimately the close observation patient was assigned to a CNA but since these two patients were located in a shared room I had to assist with care because of his timely medical needs. This particular close observation patient was requiring frequent help with the urinal. He was given a medication that made him urinate every 15 minutes requiring me to leave my 1:1 patient to assist him safely so he wouldn't fall. I did utilize the call light but with his urgency, we couldn't wait for another CNA. So I was forced to go against my hospitals policy for several hours until I asked to switch assignments with another staff member.

I take my job very seriously and having to make these decisions to keep my patients safe and forced to knowingly go against hospital policy is simply unacceptable. If something adverse would have happened to either patient during my watch I would have been devastated. Especially since it could have been avoided with adequate staffing.

We need to improve our nurse staffing committee structure to make sure that we better incorporate the voices of more direct care providers like myself. Having two CNA's on the staffing committee would allow for more frontline staff to be heard and potentially address the staffing issues we so often deal with.

Right now hospitals around the state are working their CNAs to the brink of mental and physical exhaustion. Because of this "Culture of acceptance" cycle we are stuck in. As care givers we can't ignore the text messages we get from staffing office almost daily asking for help. They offer up anything they can to get you to come in. At what cost though, tired overworked care givers. That's when most of the accidents happen.

Please support HB 2945 and commit to safe staffing of healthcare workers in Oregon hospitals by supporting the voices of more direct care providers like myself on staffing committees.

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