



**Testimony in Support of HB 3011**  
**February 23, 2021**  
**House Committee On HealthCare**  
**Jacqueline Dillon, RN MSN PCCN**

Greetings Chair Prusak, Vice-Chairs Salinas and Hayden, and members of the committee.

My name is Jacqueline Dillon, and I member of Oregon Nurses Association (ONA). Today I submit, to you, testimony in support of HB 3011 as one of ONA's 15,000 registered nurses, Nurse Practitioners, and professional member affiliates throughout the state.

I support HB 3011, Oregon's Nurse Staffing Law serves as a national model, providing high quality patient care, resulting from the ongoing collaboration between nursing professionals and the facilities in which they work.

My Personal Experience as a nurse has seen the utter disregard for staffing plans and the staffing law. I was the Staffing cochair for years at Good Samaritan Regional Medical Center until February of 2020. When I resigned, we had yet to have a staffing plan approved. We had one routine evaluation and a few evaluations triggered by complaints. The Staffing plans would fail, management would revise the staffing plan and send it back in without any input from the direct care staff. It would fail again, and the process would repeat. In the OR there had been five failed staffing plans with no improvement for the nurses or consequences for the hospital. In the meetings if there was something management did not like it would be "tabled". I tried my hardest but there is not much you can do when it comes to disagreeing with your supervisors and they know that the law is not being enforced. The inspections do not happen as they should and when they do, the facilities are not held accountable. We need the staffing law to be enforced, we need direct care nurses to be heard as the law describes and for facilities to respect the law and its intention to provide safe staffing, and better patient outcomes.

As a charge nurse I have had to try and divide high acuity teams that were too large, to nurses knowing they had to many patients and to high of acuities to follow the staffing plan. I also knew there was a 6% risk of death for patients when a shift has a nurse staffing shortage of just 8 hours. Positive patient outcomes are not the only benefit from proper nurse staffing. When nurses deal with inadequate staffing levels, they are more likely to leave their positions. Retaining nurses makes fiscal sense for any organization. Costs to an organization to retrain a specialty nurse can be more than \$80,000 (Hairr, Salisbury, Johannsson & Redfern-Vance, 2014).

As a nurse who thought they would retire a bedside nurse, I burned out. I started to feel that by being the co-chair of the staffing committee and working in a place that I knew was not prioritizing patients or nurses that I was complicit in the shortcomings and the outcomes. Eventually I could

take it no more and had to leave. If we want the benefits of our staffing bill, we must enforce our staffing bill.

Unfortunately, insufficient funding to support OHA's implementation has prevented effective oversight of the current law. This bill, which received broad Senate and House support during our 2020 legislative session, would provide the necessary funding to bring the department into compliance and to ensure staffing plan deficiencies are addressed in a timely manner.

I support HB 3011, and we ask that you vote favorably to move the bill out of committee.

Hairr, D. C., Salisbury, H., Johannsson, M., & Redfern-Vance, N. (2014). Nurse Staffing and the Relationship to Job Satisfaction And Retention. *NURSING ECONOMIC\$*, 32(3), 142-147.