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February 20, 2023

Testimony: HB 2702

Dear Representatives Nosse, Goodwin, Nelson, Bowman, Conrad, Dexter, Diehl, Javadi, Morgan, Pham, and Tran:

My name is Jason Robert Beck and I am a nurse at Rogue Regional Medical Center.

I've been a nurse on the Medical Oncology unit at Rogue Regional Medical Center for over five years now. I like my job, trust my manager, and enjoy my coworkers' company. People work hard on my unit, and I have a lot of respect for anyone who sticks it out – but many people do not. I have no idea how many nurses have left our unit since I began in September 2017, but I'm guessing it's many, many dozens. I don't really know. I never blame folks for leaving, though my own view is that the grass may not always be greener.

The last couple years have been especially taxing as coworkers left for lucrative travel nursing positions. As a result, our hospital needed travel nurses to replace the nurses who had left. Many of the first travel nurses who showed up to replace those nurses who had left to become travel nurses were not helpful. They were often inexperienced and disinterested in the teamwork our unit is known for, but more than willing to show up and make thousands of dollars more than the local nurses per pay period. I occasionally told a few travel nurses that if they were caught up there was a good chance another nurse wasn't, and that we would all appreciate a hand. This didn't always go well.

Lately our ratios have been especially taxing. I'm a certified chemotherapy nurse. Ours is the only unit besides pediatrics that hangs chemotherapy in the hospital. Before the pandemic, chemo nurses usually took just three patients a shift if we were scheduled to hang chemo. This now never happens. In fact, because many of our qualified chemo nurses have left, there are shifts when we now get five patients as well as two chemo hangs, an obvious red flag to anyone even remotely paying attention. I'll add here that we also DO NOT GET PAID A SINGLE EXTRA CENT to hang chemotherapy, though we are forced to be chemo certified to work on our unit after we've been employed for two years.

A typical shift these days for me is 5, occasionally 6, patients. One of those patients may be an end-of-life patient, another might be a cancer patient starting inpatient chemotherapy that might require frequent titrations, the rest are typically a hodgepodge of whatever the hospital sends our way. We deal with angry or sad families, we deal with social problems, we see patients who abuse drugs and alcohol, and we see death every day. We get yelled at frequently.

Somehow now dealing with four patients seems easy, as we've all gotten used to five or six, but there's no way any of this is safe.

I'll be clear here: I like my job, and for now I have no interest in leaving, but if I'm still getting assigned five and six patients a shift a year from now, then like a lot of nurses I'll be moving on.

My biggest fear is that I'll be exhausted and make an error that hurts a patient; it's strange to think something like that happening might end up being my fault.

To me it seems like the hospital should take steps to prevent these potential mistakes instead of waiting for them to happen and figuring out why.

Please support HB 2697.

Appreciatively,

Jason Robert Beck