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Attn: Members of the House Committee on Behavioral Health and Health Care

My name is Judy Storfjell and I am a nurse at Oregon Health and Science University.

I have been in my position as a post liver transplant coordinator for 15 years. I have approximately 800 post-transplant patients who I manage, at various levels of acuity. Historically there have only been two, yes two, nurses for this patient load. Approximately 5 years ago my co-worker retired and it took 6 months to get a new hire. That nurse then went on maternity leave, which is fine, but no assistance was given to me, I was managing 800 patients. Flash forward to today, and we now have three RN's in post liver transplant with one going out on maternity leave. The acuity of the patients we are transplanting is increasing, and post outpatient care is much, much more complicated. I do not remember the last time I worked a 40 hour work week, the last time I got a lunch break, the last time I did not have to work on the weekend. I average 105 hours a pay period. This is just not right, or safe.

I am tired; so very tired.

A 2020 study (Cho et al) found that nurses who took care of more patients, and perceived staffing in their unit to be insufficient, reported they were unable to perform all of their duties. They cited an inability to provide complete care for their patients which, in turn, violated their personal values and nursing's professional standards. Of the nurses surveyed, 43% rated the quality of nursing care they were able to provide as fair or poor; 42% were dissatisfied with their job; and 40% intended to leave within a year. HB 2697 takes aim, directly, at this horrific situation and provides nurses with certainty that they will never face the conditions I have experienced. Thank you for considering this important bill.

Judy Storfjell