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To the House Committee on Behavioral Health and Health Care in Support of HB 2701

Good afternoon, Chair Nosse, Vice Chairs Goodwin and Nelson, and Committee Members:

My name is Nicole Hudson and I am a nurse at Providence Willamette Falls Medical Center. For the past year we have seen an increase in the number of patients we see in the Emergency Department, as well as seeing those patients being sicker than they've ever been. Combine that that with rapid population growth in our area and you'll find an ER that is using every feasible space to treat patients.

It is not uncommon for us to have all of our 20 rooms full of medical admissions waiting for a room to become available in an inpatient unit as well as multiple patients in behavioral health crisis, often with at least one or two ICU admissions being held in the ER due to staffing challenges or a lack of space in the ICU.

These additional patients fill our 10 hallway beds almost around the clock now, and are often just as unstable as the patients we have in ER rooms and on monitors. Broken hips, cardiac emergencies, patients needing a sedation for traumatic injuries and a variety of other life-threatening issues are all regular occurrence.

When we run out of rooms and hallway beds, we have to start treating patients in triage rooms and out in the lobby. One weekend those patients included people having heart attacks that needed to be transferred, a man in a diabetic crisis that ended up going to ICU, and multiple patients requiring surgeries. All in the lobby. None of them on monitors. All at risk of worsening and possibly dying.

In these cases, it's the triage nurse that is responsible for providing care and monitoring these patients, as well as checking in any new patients that arrive in the ER. At times this is a patient load of over 20 patients – a patient load FIVE TIMES what they would be assigned in a typical patient assignment.

It's beyond unsafe for our patients, and there is nothing more that we can physically do in those moments.

One weekend, when we were filled to capacity, these patients faced 12-16 hour wait times; in pain, worried and feeling forgotten. These are the most unsafe times any of us have ever experienced in the ER.

We often have staff unable to take lunch breaks because there is no one to take over and care for their patients. We have staff working well over their shift times, many times up to 16 hours straight because there is no one to take over their patient assignment when they leave.

What we do is already a hard job, and we embrace it, but nurses are leaving the bedside because they feel like they're failing. It is the system that is failing us, and it's failing our patients.

It's heartbreaking to feel like you can't provide your patients with the quality of care that they deserve.

Our patients deserve so much better.

I urge you to pass HB 2697.

Respectfully,

Nicole Hudson