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February 20, 2023

Testimony: HB 2697

Dear House Behavioral Health and Health Care committee members:

My name is Susan Long and I am a nurse at St. Charles Medical Center, Bend.

Lately, nurses have been facing a patient-to-nurse numbers game without any sensitivity of acuity. 1 nurse to 4+ patients that don't take into account fall risk, isolation status and ordered medical treatments are a far too common occurrence. Late in December of 2022, our unit was six staff short. Every nurse had 5 patients and it was a shift focused on basic survival for the patients and the staff. Many days feel like this now, and when we are being staffed without sensitivity for the acuity of the patients, your other patients don't get the care they should have gotten from you. Cancer care and the act of giving chemotherapy requires knowledge and an aptitude to understand the emotional state of the patient and their family. When we are treated like technicians that just provide the medication, the patient experience will reflect that.

Day after day, for the past year, I might get 5-30 minutes of inconsistent break coverage so I never know, from one day to the next, if I will get my rest or meal breaks. I turn patients, feed them, and help them to the toilet regardless of my own health, thirst or hunger.

I have worked for more than 43 years as a bedside nurse but the anxiety I feel going to work now makes for sleepless nights prior to my workdays, and though I am not religious, I pray as I drive to work that I won't miss something that could cause patient harm.

The travelers that come to fill holes have created another set of issues for those of us that remain. I personally feel a lack of camaraderie, this comes from working with others over time. I knew my fellow staff, their skill level, and who could be a resource for me. That is now gone in our department. A nurse is not just a technician that fills a position. Skills in caring for complex patient needs are far more than the sum of the tasks we must perform, but the ability to connect with those we serve in a vulnerable time for them, and their families. This is often the part of nursing the media celebrates, stories written about and it's the hardest part of my job but it's what keeps me at the bedside. You can't define or measure it, it's never part of productivity but this is essential to a healing environment. I see this as the art of being a bedside nurse and it's being lost in a numbers game. I only hope someone will listen!

I could go on and on, but if I am feeling anxious, resentful, frustrated, (and I have a pretty full emotional tool box!), we don't have to look far to see why we can't fill positions and why so many nurses are leaving.

We need help. HB 2697 is the help we need.

Urging your support,

Susan Long, bedside nurse St Charles Medical Center since 11/1980