

Testimony for ONA's Safe Staffing Legislation

I have worked as a nurse at the same Portland hospital for 26 of my 29 years of nursing. The last 22 years I have spent at bedside in Critical Care. I am a member of the American Association of Critical Care Nurses. I hold a Critical Care Nurse certification and have had many years of additional training in the care of neurologically compromised patients, open heart recovery, various ventricular assist devices, heart transplant recovery, CRRT, VA & VV ECMO. Most recently I have had a front row seat to profound human suffering as a Covid ECMO nurse.

Over the years staff and ancillary support staff have been eliminated to cut costs. Currently as a critical care nurse you : answer phones, monitor telemetry, administer medications, titrate IV meds ,provide all patient care and repositioning, collect and run labs, report critical values , monitor and troubleshoot invasive life saving equipment, document every 15 mins in the electronic medical record, troubleshoot any computer problems , take broken equipment out of service and describe what is broken into a report, leave your patients to go off unit to take out trash and dirty linens, leave patients and go off unit to get CRRT fluids (recycle and dispose of the boxes the fluid comes in), assist physicians in bedside surgical procedures,update physicians, update families, handle angry families, police mask wearing, police visitation rules, handle combative patients, feed patients, bathe patients, provide oral care, provide bowel care , provide wound care , collaborate with discharge planners, social workers , dietitians , Chaplains, Pacific Northwest Transplant Bank, take patients off unit for CT, MRI , interventional radiology, participate in hospital wide cardiac arrest response team a.k.a. "Code nurse", provide post mortem care, collaborate with the transplant bank to ready a patient for donation, collaborate with the county medical examiner, help families grieve losses, help coworkers process witnessing distressing events, precept students, precept new nurses, complete mandatory electronic education while on shift, and the list goes on.

If you are able to step away for a bathroom break, hydrate yourself, or eat very quickly you ask another critical care nurse to " watch" your patients knowing you will need to hurry because they are drowning in patient care already so it is doubtful they can monitor and respond to your patient's needs. It is routine to get to work early before your 12 hr shift to prepare yourself and routine that you will stay way past your shift to handoff to the next shift and complete documentation that still needs completion. It is not uncommon to not get breaks and meal breaks. It is also common to be asked to work more shifts to " help the unit out" due to lack of appropriate numbers of nurses. I often felt like a one man show. I felt guilty that I could not provide the quality of care that I would want for my loved ones.

Patient acuity continues to escalate and nurses are expected to do more , with less, for more patients all in the name of saving money for the hospital. Further, To meet community needs my hospital has a "NO Divert" policy in place. The influx of patients continues without regard to staffing shortages. Having a bed available is not the same as having a nurse to monitor, report, and provide safe patient care.

In October of 2022 I left critical care . I was profoundly depressed and angry that I could not provide the quality of care that I felt every patient deserved. When I observed my fellow nurses I saw their distress at how hopelessly overwhelming patient care has become. I felt that quantity of care, not quality of care, was all that mattered.

I now work in a unit at the same hospital with considerably less acuity. Staffing shortages with more stable patients is much less stressful than shortages in an ICU. Controlled staffing ratios with transparency and accountability is a must!

Do you want to be a patient where nurses are overwhelmed and unrested ? Would you want your loved one in an ICU where there were clearly not enough nurses to provide care?