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RE: Testimony in Support of HB 2697

To the House Committee on Behavioral Health and Health Care

My Name is James Bourquin and for the past 6 years I have worked in the ER of a 25 bed Critical Access hospital, Coquille Valley Hospital. Prior to that I was at another Critical Access Hospital, Curry General in Gold Beach. My career spans 26 years as a Registered Nurse working throughout Oregon: Emanuel Portland, St Charles Bend, Mercy Roseburg, Mercy Medford.

Prior to becoming a Nurse I was a Respiratory Therapist for 17 years, primarily at Emanuel Portland and Bess Kaiser Portland.

During this time there has been one glaring message sent from Hospital Administrations: Do More with less staff. It has been clear patient safety, quality care, and nurse safety have no place in the staffing matrix of hospital administrators.

There will be numerous letters pointing to how safe staffing results in better outcomes for patients. I am not going to use my letter to point these out to you. My message is to say without HB2697 we will never have safe staffing. I will point this out with many examples starting with the last 6 years here at Coquille Valley Hospital. Here nurses are at the whim of the ever changing Nursing management and administration.

We have a 7 bed ER that we expand to 8 beds utilizing a room that is not approved for patient care. This room has no call light system, oxygen, suction, or equipment for safe patient care but we have been forced to use that room for patient care. Of course that depends on the current chief nursing officer and ER/MS manager. Those positions change frequently as were are on our third ER/MS nursing manager and second chief nursing officer since January 2022.

The various management have clearly chosen to ignore the staffing law we have as there is nothing to force them to follow this law. As staff we have presented the current law pointing out minimum staffing requirements only to be ignored. What has been the result?

They have staffed the ER with just one (1) nurse. We handle trauma, cardiac arrest patients, seriously ill patients all of these we do our best to stabilize and ship. A serious trauma patient needs 2 to 4 nurses feverously working together to save that life and get them to another facility. We do it with 1 nurse who also is responsible for 6 other patients while providing inadequate care to the trauma patient. It is not possible to accomplish all the tasks required to

save that trauma patient and multiple Oregonians have suffered as a result. Who cares—only the traumatized nurse who can only fail to provide the care to deserving Oregonians! Hospital administrators and nurse managers have been unwilling to respond to these critical times. Here at Coquille our current management is trying to do better, but as history has shown here they last a short time before some out of state CNO or nurse manager comes in and returns us back to seriously unsafe staffing. I have unfortunately been witness to the senseless deaths of Oregonians here at CVH and more so at Curry General Hospital.

Curry General Hospital is far worse than CVH as they see even worse trauma, and staff with 1 nurse. I have had 2 level 1 traumas there with only myself and the MD to care for. GI bleeds that with inadequate staffing and supplies died for no reason but they showed up asking for care at Curry General Hospital.

These are not isolated to these 2 hospitals. While working cardiac ICU at Emanuel I was forced to care for three stable ventilated patients when staff was short. Aside from the stress and anxiety I faced fortunately nothing bad happened.

Salem Hospital has also resorted to the 3 ventilated patients staffing matrix. While working there through a staffing agency I was given the assignment of 3 “stable” ventilated patients. These patients were not so lucky as those at Emanuel. One of the patients had a cardiac arrest and while coding that patient one of the other 2 had stroke and died. The third ventilated patient, I spent less than 30 minutes with for 12 hours. That patient had to lay in his feces for hours as no one was available to pick up his care. I had worked routinely as an agency nurse at Salem Hospital for 2 years but never returned there after that night.

No nurse wants to be in these situations but without a true staffing law we will be. We are at the mercy of Hospital administrators and nursing managers who seem to have no regard or concern for patient safety. They have even less regard for the nurses they force into these situations. We have a staffing crisis because nurses leave the field when forced to work under these conditions.

Over my 26 years of nursing and 17 years as a Respiratory Therapist I have witnessed such disregard for patient safety. I could give you hundreds of examples that I have experienced and have seen other nurses suffer. I can only add my voice to the thousands of other nurses begging you to correct this injustice. Not just for us but for the people who voted you into office. Their lives literally depend upon it!!

Sincerely

James H Bourquin BSN,RN, CCRN, CEN, BSRT, RRT