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On Behalf Of: Oregon Nurse  
Committee: House Committee On Behavioral Health and Health Care  
Measure: HB2697

I work as a charge nurse in a busy, fast-paced multi-specialty procedural unit at OHSU. Our department can have as many as 11 procedures going on simultaneously. At this location, we run 3 to 4 anesthesia rooms; the rest are moderate nurse sedation rooms. One of my duties includes working closely with an endoscopy charge nurse in order to meet staffing requirements for two locations. On any given day, the staff is reassigned to cover patient care needs with skill mix taken into consideration. One of the challenges we charge nurses face in this ambulatory outpatient procedure environment includes covering sick calls from nursing staff and support staff (e.g., techs, health unit coordinators, and patient assistants). Since we do not have a float pool, we rely on our managers to text out our needs first thing in the morning. Incentives have supported these staffing needs to help meet our staffing plan. However, when we do not have extra staff volunteering to come in on these days, charge nurses fill in the gaps by providing breaks in procedure rooms and doing the many vital tasks that come up to keep the day moving. Escalation of care is an example of why this background is essential. In the event of the need to activate escalation of care due to a procedure complication, the charge nurse needs to be present and supportive to staff for fluid care coordination. When the charge nurse is the break nurse in another procedure room because of a staffing sick call, the charge nurse is not available and cannot leave their patient to act in this capacity or facilitate other unit demands. As with any escalation of care, many helping hands usually arrive to help. The charge nurse is vital to managing this support.

Please support nurses by passing HB 2697. —Oregon nurse at Oregon Health & Science University