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On Behalf Of:

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During the pandemic we were chronically short CNAs on my floor at OHSU which caused the nurses to have to take ENTIRE care of patients. This occurred at a time when a new outpatient care unit opened and took away all of our lighter acuity patients and we were backfilled with heavy total care medicine patients(think persons with addiction problems who are immobile) also Covid isolation patients as well. Also we began getting an increase in heavy complex trauma patients, lots of social issues which takes time away from care. Gunshots and car wrecks as ppl were going crazy during the pandemic and we were bearing the brunt of it. So we were in a situation where our acuity increased, by my estimation as charge nurse in an acute care floor, it at least doubled and our staffing was not increased it actually decreased. At one point during the pandemic we had 3 nurses out on short term disability in day shift alone on my unit. This led to us being chronically short nurses (less than the "grid") as well as CNAs. I quit as soon as I could and joined float pool. I floated over there last week to do charge and the acuity is even higher with patient with tracheostomies and ENT patients. They increased the staffing but it is still not enough because they were starting from a deficit to begin with. Out of 9 nurses on my shift that day I worked with I estimated at least 6 of them were considering leaving.