

Chair Nosse, Vice Chairs Goodwin and Nelson, and Members of the House Committee on Behavioral Health and Health Care, I am Brian Pinelle, the Chief Nursing Office and Chief Operating Officer at Mercy Medical Center in Roseburg.

It is well documented in the literature that healthcare is experiencing significant staffing challenges as it relates to the profession of nursing. According to the Bureau of Labor Statistics (2022), the need for employed RNs is expected to grow by 194,500 RNs annually between the years 2020-2030. Further, The Advisory Boards 2022 Clinician Survey found that 36.1% of Registered Nurses (RNs) indicated they plan to leave the profession within the next year. Reasons for this include burnout and emotional toll of the role, demanding nature of the job, and poor work/life balance. Such statistics certainly suggest that change is needed at the bedside.

A challenge that will need to be overcome by nurses leaving the profession is to deal with the intellectual and experiential loss at the bedside. Mandating ratios cannot overcome this loss. The focus must be on the wellbeing of the healthcare worker with essential levels of support. To accomplish this will require innovative models of healthcare delivery that promotes collaboration between direct healthcare providers so each can function at the top of their license.

Current staffing levels at MMC are close, but not exactly as presented in HB 2697. Despite our staffing levels being close, MMC continues to experience challenges in recruiting external nurses and continues to see current RNs leaving the bedside. This is evidence to suggest that simply mandating ratios will not increase recruitment efforts and keep RNs at the bedside.

At MMC, we are looking to employ the use of the Licensed Practical Nurse (LPN) in the acute care setting. Such a model of care will provide flexibility in staffing models to meet the healthcare demands of our community. This team based model of care will reduce the workload of the RN allowing them more time to focus on “high-level patient management issues thereby improving patient care” (Robinson et al, 2023). HB 2697 does not take into consideration the use of an LPN within their proposed ratios thus eliminating this role and any flexibility in staffing that such a team based model of care affords the acute care setting. The LPN model of care, enhances the RNs ability to critically think and use their clinical judgement in promoting individualized patient care. Mandating ratios provides “cookie cutter” patient care that is not individualized and promotes task based nursing, eliminating any critical thinking and clinical judgement exercised by the RN. To function at the maximum level of their licensure, RNs need to be able to exercise their ability to critically think where they are able to delegate appropriate patient care to other healthcare team members, such as the LPN.

HB 2697 would eliminate our ability to deploy other models of care that would benefit meeting the needs the communities we serve.