27 February 2023

To the House Committee on Behavioral Health and Health Care,

I appreciate the opportunity to provide testimony about HB2697, a bill that will improve enforceability of safe staffing in hospitals. I have been working as a bedside nurse for 20 years on the Labor & Delivery unit at OHSU. I recently served a 2-year term on our Unit Base Nurse Practice Committee, where we focused on meal & rest breaks as well as our annual staffing plan revisions. I would like to share a little bit about this experience. As a magnet hospital, we ostensibly value shared governance. Being in the state of Oregon, we have some remarkable nurse staffing laws on paper, which appear to promote active participation in staffing plans by bedside nurses via shared governance (Nurse Practice) committees. Our unit committee managed to reach a consensus about how to safely staff our unit. Our goals are not radical or over-indulgent; we are advocating to adhere to our professional organizational staffing standards, and to provide consistent legally-due breaks. Still, unnecessary barriers have prevented implementation.

Amidst the stress of providing patient care during the Covid-19 pandemic, my colleagues and I went to great lengths to promote and implement our staffing plan. We collected and analyzed data, developed a tailored staffing acuity tool to address data limitations; we calculated the safe number of nurses needed for baseline shift staffing, and we worked closely with the hospital-wide staffing committee to ensure that our plan met legal obligations and institutional criteria. We collaborated with our management team and liaised with the business office to translate our numbers into accurate FTE projections on our unit. The data we collected included review of dozens upon dozens of "staffing variance reports," which are filed by unit nurses anytime they are concerned about unsafe staffing numbers. We identified patterns and strove to address them through advocating for additional positions.

We have escalated concerns to the upper echelons of hospital leadership and still we do not have commitment to adequate FTE for our unit, nor has the hospital approved meal/break nurses. We continue to experience obstructions; and whether intentional or not, these are a threat to both the patient experience and retention of nurses. The staffing committee has been supportive of our plan and our needs, but they relay to us that they have "no fiscal authority" to approve or facilitate implementation of our plan. It seems like the hospital administration is delaying and deferring. OHSU been repeatedly cited by OHA for violations related to missed breaks, dating back to 2017, yet citations have not led to change.

Just last week we had smoke-evacuation machines introduced to our operating rooms. Here is an example of a problem in healthcare (staff exposure to intraoperative smoke), which had legislation passed to require compliance (in last year's session), which prompted action. Admittedly, the staffing challenge is larger and more complex; and realistically there is no way to legislate teamwork. Nonetheless, perhaps setting sufficient financial penalties could elevate this important topic before more nurses leave their hospital posts. Please hear our stories and pass this important legislation – HB 2697, especially the aspects to ensure accountability.

Sincerely yours,
Janice Snyder, RN
Portland, OR 97202