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Good evening,

Chair Nosse and other committee members

My name is Nancy Deyhle, I have been a registered nurse at the bedside for 39 years, I work in the critical care unit in a level II trauma center in Oregon. I am currently the direct care RN co-chair for the nurse staffing committee. I have been very involved in upholding the current law and have worked diligently in our staffing committee to have a highly functioning staffing committee and to uphold the letter of the current law. Our current law was effective years ago but as the years in health care have changed and hospital staffing has dramatically changed, we need to revamp the current law.

I strongly support House Bill 2697.

As a Registered Nurse in the state of Oregon I am licensed by the Oregon State Board of Nursing and work under the rules of the Nurse Practice Act Division 45. I have a legal responsibility to uphold the requirements of the Nurse practice act. I am also a certified nurse in critical care through the American Association of Critical Care nurses.

Currently in healthcare the nurse turnover is very high- 15 to 35 percent. Our unit has always had travelers over the past 20 plus years but now we are relying on about 30-40 percent of staff as travelers who stay approximately 13 weeks. Replacement of a critical care nurse to a fully qualified and competent intensive care nurse would cost a facility about \$40,000 to \$100,000 dollars. We should avoid this as much as possible, wasteful healthcare dollar spending.

We have lost staff for so many reasons, a common theme for this exodus is that nurses do not want to work under the current conditions with heavy workload accompanied by frequent requests from hospital management to care for more patients than a nurse feels, in their professional judgment, they can safely care for. Nurses are also asked to care for patient populations that they are not skilled and competent to care for, because too often in the eyes of management a RN is an RN and they devalue the years of experience and knowledge a nurse has for their specialty. Nurses are demoralized because we know unsafe nurse to patient levels is linked to delay in response to call lights, medication administration delays, delay in appropriate hygiene or dressing changes, delay in pain assessment and intervention, increase length of stay, poor patient outcomes, potential disability to patient and worse of all increase risk of death.

Lack of adequate meal and break coverage is another cause of nurse fatigue and workplace dissatisfaction, we need legislation that closes the loopholes hospitals exploit to maintain the dysfunctional "buddy break" system which leaves units understaffed and patients vulnerable. Nurses are giving the dangerous choice of leaving their patients in the care of an already overburdened colleague or skipping their mandated meal and rest breaks. All the laws surrounding meal and rest breaks for our job class are being broken daily in hospitals around the state.

Current staffing law requires us to recognize differences in patient acuity and nursing care intensity. Many hospitals do not have a valid, reliable system to do this. Also when you do have system that measures acuity and intensity at times this important part of nursing assignments are overridden.

We are now in a constant state of crisis, with hospitals choosing to keep patients in the ED for many hours, or even days. We have the wrong patients, in the wrong environment, being cared for by the wrong nurses and this is dangerous. Nurses at my hospital have been raising their concerns about ED boarders for nearly a year, and the only response is "It is a problem everywhere." Hospitals will claim this is the only way to operate, but that is not true, there are solutions to the ED boarder problem, but since they impact the bottom-line hospital executives are content to perpetuate the problem.

Nurses who have remained working at the bedside over the past few years are physically and emotionally exhausted, demoralized, etc. The increase in mandatory overtime, workplace injury, violence in workplace, less than professional behavior of staff, etc. is distressing and leading to moral injury and burnout. We are begging for someone to HEAR our concerns and intervene.

I have had the opportunity to be involved in Oregon Health Authority Audits of the hospitals Nurse staffing process and for complaint investigations. Both audits I was involved in lead to a list of deficiencies that the hospital made a plan of correction to take care of. The plan of corrections in our facility are taken very seriously and are being worked on on a continuous basis. The process for this audit and the plan of correction approval is convoluted and difficult to follow.

When a complaint is filed to the Oregon Health authority regarding nurse staffing and the law the response from Oregon Health authority is varied. Personally, I filed a complaint with good evidence supplied on my complaint intake form in June 2022. Subsequently I received numerous emails from Oregon Health Authority asking me to send more evidence to them. Some of the requested information would be proprietary information of the hospital and not appropriate for me to share. I feel like the burden of proof falls on the complainant. This complaint was filed in June 2022 and to my knowledge has not been investigated yet.

Another complaint that is being investigated by the Oregon Health Authority was noted to have been reported in February 2022. The onsite investigation at the hospital level was started in October 2022. The unit was noted to be deficient in various areas in November,2022. A plan of correction was submitted to OHA in January 2023 and in February 2023 this plan of correction was denied. We are currently working on a resubmission of our plan of correction due in March 2023. It has been over one year since the initial complaint was filed.

I am in support of HB 2697. Please help us achieve safe minimum nurse staffing levels, enforcement of legally required meal and rest breaks, enforcement of the law by a government agency that is responsive to the law and complaint process.

Thank You,

Nancy Deyhle RN, CCRN