Everyone here, thank you for your time. My name is Reid, I'm a BSN RN nurse with about 4 years of work experience as a bedside nurse in Oregon. I have ER, Medical-Surgical, IMCU, Float Nursing, and Travel nursing experience. I currently work in an ER in the Portland area. My wife is a BSN RN as well with similar credentials. I also worked previously as an HR Manager, so I understand what sorts of things increase or decrease organization retention.

When my wife and I came out of nursing school 4 years ago, we worked full-time as bedside nurses in local hospitals. Less than 5 years later, we are both actively in the process of leaving bedside, probably permanently, which is something we never thought we would be doing because we love being able to care for patients during the scariest moments of their lives, but do not believe we can safely do so anymore and worry about our licenses and our safety every shift.

More times than we can count, me and my wife have been placed in work situations where we were asked to care for far more patients than we originally ever agreed to or were promised at hire, and placed in situations where we know from experience that if we report an unsafe staffing situation, we will experience no actions from the organization to fix the problem, and likely WILL face retaliation from our employers for doing so. Let me tell just one story:

This is just one of my nightmare shift stories I could tell you. This was a REAL shift I worked, and this is an example of why I now ONLY work as a per diem RN and not a full-time bedside RN, and why my wife is currently leaving bedside nursing.

Night shift 6p-6am CVIMCU; Normal ratio: 1 to 4

1 am comes around, my buddy RN goes on 1hr break

My patients: 2x very confused dementia patients trying to ambulate constantly and were fall risks each with no sitter and on blood thinners, 2x pts with IV abx that were regularly demanding my attention, 1x VAD pt whose heart pump could have easily died and killed him quickly, and 3x "total care patients", 1 of whom would regularly verbally threaten healthcare workers like myself and was very demanding. This night I was responsible for ALL of the care for all of them.

My buddy goes on lunch, hospital won't provide break nurse, so I have to care for EIGHT patients.

My charge RN is also on lunch AND has to help another unit so her time is split.

My CNAs: all gone for the night, sent home at 0100

Health Unit Coordinator: gone

1st Call Doc: Difficulty reaching them by pager

My other RNs on the floor: also working 1:8

1 pt was seconds from falling, could've easily died if they had.

I reported this unsafe situation to my employer, and even though just weeks before I

had received an absolutely glowing job performance evaluation, and even though I had 10+ more experienced nurses tell me I needed to report the situation, I had my employment threatened and was told it was because I was not experienced enough that I couldn't handle all of these patients. I saw truly many other nurses on my unit retaliated against for reporting unsafe working conditions, and many have left. I have never seen an unsafe staffing report to an employer actually lead to a change in working conditions, and I have seen many times where it has led to retaliation. I also feared about my license during the entirety of this shift, and on others.

I hear CNOs and Executives and Politicians here today saying they have gratitude for us frontline workers, they "hear us", but this all rings kind of hollow, like calling us "heroes"; I would ask you all, if this bill is not the answer, then WHERE are your SOLUTIONS to prevent situations like the one I just described, which I believe we all would agree are unsafe but COMMON in our state and which I KNOW are driving nurses away from work with the most unstable patients in our state? So if you're going to turn down this bill, please share with me SOLUTIONS, and then ENACT them. ENFORCE them. Staffing plans alone aren't sufficient.