

February 28, 2023

House Bill 2697 Testimony: Support

My name is Kelly Smith-Haley. I am a registered nurse at Kaiser Sunnyside Medical Center in Clackamas on the Labor & Delivery and Postpartum units. It is my honor and privilege to be a nurse. But I am appalled by the lean staffing models hospitals employ which impact my ability to care for my patients.

From my decade of experience in 3 different Oregon hospital systems, I can confidently say that **hospitals skimp on staffing**. Though ratios are recommended by professional organizations, though our Kaiser contract specifically bargained for them, though research shows that higher patient-nurse ratios result in poorer patient outcomes- hospitals routinely use lowering staffing as an area to pad their budgets.

We can all agree that a well staffed hospital is crucial which is why Oregon already has a Nurse Staffing Law. Hospital Nurse Staffing Committees (HNSCs) are required, where bedside nurses and nurse managers collaboratively write minimum Nurse Staffing Plans for each hospital unit. OHA surveys compliance and follows up with hospitals who need to plan revisions. The intention is to create safe care experiences for patients and nurses alike.

On paper, this is a great idea. But I am my department's representative on Sunnyside's HNSC and I can tell you it is NOT ENOUGH. This important work is treated by upper management as a box to check, not an actual commitment to change. In this largely performative committee, no plans have been passed since February 2022. Complaints about staffing violations are read each meeting with frequent and repetitive infringements and **nothing** done about them. Management regularly cite not having the budget for plans compliant with OHA break guidelines and labor won't pass them without them. Half of units have no passed plans, the rest are frequently ignored. Our two most recent OHA surveys and complaint investigations deemed our plans insufficient which set off a bureaucratic volley of corrections and re-surveys... which are still not resolved.

Our Postpartum unit was a unicorn- one of few in the hospital that actually had a passed, compliant nurse staffing plan with ratios and a plan for rest and meal break coverage. Nurses had assignments with a maximum of 3 parent-baby couplets (6 patients) for a 12 hour shift. A mid-shift nurse would come in for 6 hours in the middle to provide helping hands for procedures and timely discharges and cover nurse breaks while maintaining the safe, approved, and bargained ratios. The typical practice of "buddy breaking"- where I cover a colleague's assignment while they get breaks, and they cover mine resulting in double to triple patient loads- didn't exist. Patients got better care, and so did I at work. When I came to Kaiser and experienced this, it felt too good to be true...

**And it was.** Because this November, Kaiser upper management cut those mid-shift nurses because the role "couldn't be financially coded to a patient assignment." There was no input of staff, no replacement plan for break coverage, and no guidance from the very committee who

were legally required to create the plan in the first place. A complaint has been filed with OHA, but there is no other recourse available for the violation. In less than a month after the rollout - our charge nurses are spending 12 hours at work without breaks, nurses are back to buddy-breaking, and set ratios being violated.

The current iteration of HNSCs are **pointless**. Hospitals are wasting time and money by having meetings and jumping through survey hoops just to invalidate plans with zero accountability when it suits their bottom lines. The result is less care and staff burnout day in and day out. It puts our patients at risk and causes healthcare staff to work less or leave entirely to preserve some sense of selves.

We desperately need legislation for minimum hospital staffing with CONSEQUENCES for noncompliance. This bill protects the workforce delivering care, which will improve the concurrent recruitment and retention crises management will have you believe makes this bill unachievable. Healthcare needs life support NOW and hospitals are not doing the right thing on their own. My career, our communities, *your* life in our care depends on us taking action. Thank you for listening and for your service.