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On Behalf Of: Oregon Nurse
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During the flu outbreak over the fall and early winter that completely overwhelmed the hospital systems in Portland, we had a patient come into our ED with a complaint of an allergic reaction. That day there were no beds in the hospital and several patients were being seen in the hallways and other areas not designed for patient care. The fellow, who was speaking in complete sentences and not in distress at the time, was put into an unmonitored room because all of the monitored beds had patients in them, most of whom had been waiting for days to receive the type of care they needed.

The nurses in ED were operating outside of their ratios, with the charge nurse doing triage as well as watching several of the hallway patients in addition to their job as charge. The float nurse was being pulled to assist with the hallway patients. The nurse who manages the psych pod, who already has to deal with behavioral patients, also had med-surg boarders in their pod, including one patient who was borderline needing ICU care (ICU patients are typically a 1-RN-to-2-patient ratio and this nurse had 5 patients).

This nurse was in charge of the patient with the allergic reaction. After 20-30 mins of being back in the department, a housekeeper found the patient pulseless and not breathing. He was rushed to the code room where he received CPR and got a breathing tube placed. He had to be emergently transferred to a bigger hospital for critical care.

There are several staffing changes that could have changed this patient's outcome, like 1) increased staff in the ED, like nurses to manage the hallway patients, which would have allowed the float and/or charge to monitor the patient more carefully, 2) another inpatient nurse could have teamed with resource to open beds in an atypical location, opening up more monitored beds in Emergency.

Three years of crisis has driven most of the experienced staff from the hospital. I fear that Providence will try to implement staffing solutions that are so unsafe and stretch the nurses so much further that more situations like this will occur, as large percentages of the remaining nurses are forced from the field. -RN in Portland-area Providence hospital