

Nancy Deyhle
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Dear Chair Nosse, Vice Chair Goodwin and Nelson and Committee Members,

My name is Nancy Deyhle and I have been a nurse for 39 years working in a hospital in Springfield, OR in the critical care unit.

I had hoped to testify this evening in strong support for HB 2697 but it appeared that numerous people wanted to testify and time ran out for those of us who expressed a wish to speak. I listened intently to both sides of this argument, those in favor and those opposed.

This current health care crises is the worst I have seen in my 39 years of nursing. We heard testimony of health care workers losing their life to suicide and we heard from health care workers who found that the current situation was too difficult for them to work in and hence they left the bedside. If I had been granted two minutes of time to speak I would have used one of those minutes for us to stop and reflect on the losses of life expressed in this meeting and for a co-worker I had who also lost her life to suicide this year. I have lost many esteemed colleagues this past year for multiple reasons, but a common theme expressed by these health care workers is that they do not want to and can not work in the current healthcare conditions. It is morally and ethically wrong to treat our healthcare workers in this manner and worst of all to treat patients in this manner.

I hold a Registered Nurse license and as such I work under the Oregon State Board of Nursing (OSBN) Nurse Practice Act Division 45 Standards and Scope of practice for the Registered Nurse. This requires me to follow certain rules to maintain my license. Over the past years I have had to stand my ground more frequently to uphold this agreement I have with the OSBN when asked to do things which in my professional judgement I would be in the violation of the nurse practice act.

As the co-chair of the nurse staffing committee I have worked diligently with my colleagues to establish hospital wide staffing plans that meet the goal of current staffing law. We have been successful in doing this but every day these plans are tested or broken. We are asked to take into consideration patient populations for each unit, skills and competencies of the nurse caring for these populations, acuity and intensity of the patient population, adequate plans for meal and breaks coverage, non-direct care tasks completed by nurse staff members, and establish a minimum staffing grid for each census point. Yearly we are required to reevaluate our plans or if we have a change in patient population and we are to look at annual quality review data. This work is done and looks great on paper but the reality is that on almost a daily basis one or more of these plans are violated.

These violations lead to missed moments of nursing care with our patients, delays in response time to patient care needs, delay in medication administration, increased length of stay, potential for hospital acquired injury or infection, etc etc etc. This leads to ethical and moral bankruptcy and eventual loss of skilled staff at the bedside.

Please support HB 2697.

Thank You, Nancy Deyhle