

Submitter: Krista Smith

On Behalf Of:

Committee: House Committee On Behavioral Health and Health Care

Measure: HB2697

Hi, I would like to provide testimony in support of this bill. I have been a nurse for 15 years, half of that time in ICU and half in the recovery room. I have seen time and time again hospitals “stretch” the designated ratios which in turn spreads the amount of care and time we are able to give to each of those patients. My patients are sicker now more than ever, so when we spread this time over increasingly complex patients, it really limits the quality of care that we are able to give to each patient. Often we are left rationing our time to the most pressing concern. When I worked in ICU, there were days I knew I didn’t do everything I was supposed to, I did my best and hoped that was enough.

Nursing is in a very precarious state. Now more than ever nurses are looking to leave the profession. Nurses that could have another 20-30 years at the bedside are leaving the profession all together. We don’t have a nursing shortage, WE HAVE A SHORTAGE OF NURSES WILLING TO WORK IN UNSAFE ENVIRONMENTS. Fixing the work environment will work to retain these nurses at the bedside which would improve the nursing shortage. Nurses want to care for patients, but when we’re put in a state where we cannot properly care for these most vulnerable people we look to leave those environments instead of continuing to perpetuate harm.

The way the law is now still does not provide adequate staffing for units. These staffing committees are run by managers with little staff involvement. Even if staffing grids are developed it’s not uncommon for those to be stretched. Changes to staffing guidelines are made without opportunities for staff input. Even when I have submitted for things to be discussed or changed, they have been ignored.

“We found that each additional patient in a nurses’ workload was associated with 16% higher odds of death and longer lengths of stay.” (This was from the following article: Patient outcomes and cost savings associated with hospital safe nurse staffing legislation: an observational study (Karen B Lasater, Linda H Aiken, [...], and Matthew D McHugh)). The more that nursing is stretched and the conditions are not improved, patients lives remain at stake.

This law would improve care for Oregonians despite claims from the hospitals and healthcare organization stating otherwise. It would retain experienced staff at the bedside. It would improve conditions in Oregon hospitals. And bottom line, it would save lives.