

March 13, 2025

Senator Deb Patterson, Chair

Senator Cedric Hayden, Vice Chair

Senate Health Care Committee

RE: Support SB 24-1

Chair Patterson, Vice Chair Hayden and Members of the Senate Health Care Committee,

For the record, Jenee Gillespie. I am a ODOC registered nurse located at Eastern Oregon Correctional Facility (EOCI). My Hire date was 12/2008. EOCI has over 1300 AICs, currently. I started with DOC at age 23, as a new nurse graduate. In my first five years, I worked full time before becoming a job share nurse. I made the decision to go job share when I was pregnant with my first son. Now I am a mother of three, ages 11, 9, and 3. My job share allows me to have some more control over my work schedule and being mandated.

Currently I am on a swing shift. I serve as a lead nurse, take "call" monthly, which means I am available 24 hours a day by phone to provide support when needed, and I instruct CPR and "Stop the Bleed" trainings.

Years ago, I represented ODOC nurses, and provided testimony during a legislative session, to discuss impacts of mandates and staffing issues on nurses. At that time, I felt heard by legislators, but sadly the outcome from that work session did not create a change that my coworkers or I were able to see or feel, personally.

I would like to highlight the increasing acuity of our patients. Working for ODOC has allowed me to see things over the last 16 years, which gives me a different perspective than the newcomers. Although the population is less now than when I started, I feel we are struggling to meet all the needs of the patients and the demands of the institution. Each of the twelve State correctional facilities have unique needs, and EOCI needs help. We do well with what we have, but we simply don't get the same level of resources as other institutions, like Coffee Creek Correctional Facility (CCCCF), for example.

Contracted nurses are called "Agency nurses". Contractors are filled often, those people come in and help fill a basic post. They are trained to the bare minimum and really only able to do a portion of what state RNs are doing. That leaves veteran staff picking up a lot of extra duties, while we onboard new contractors and inherit whatever they don't complete when they leave. Extra duties lead to staying late, coming in on days off, skipping lunch and comp breaks and overall increased stress levels.

We also struggle with retaining and recruiting providers. Currently, we have a part-time provider, seeing patients and a part-time provider doing chart reviews. Patients are going

months without seeing providers, medications are not being renewed, and ultimately the lack of providers available is creating backlash to the nursing staff. When patients aren't seen by providers, the nurses are having to see them more frequently at sick call to monitor their conditions. The interDOC messaging system, called "Kytes" have increased tremendously.

We also are doing so much with mental health on a daily basis. I wish I could have a body camera so that I could record how much of our job is actually related to mental health. Pulling charts, taking off orders, updating charts, doing suicide risk assessments, suicide watch checks and documenting on our paper charting system. Recently, we were notified by our managers that on days that Behavioral Health Services (BHS) staff are not on site. When BHS is not available, the responsibility of updating suicide watches falls to the nurses. Although we have never been trained on this, they directed us to the paperwork we will need to fill out in the event BHS is gone. We have guys come up multiple nights throughout the week that are having mental health issues after the mental health department has already closed for the day. These encounters sometimes lead to giving protocol medications but more often than not. It's just a counseling session, helping them navigate their feelings. This is time consuming and can be very difficult.

MAT line has created a great deal of work for nurses. The biggest hit is the length of time it takes to medicate and manage these patients. I believe this also is being directly reflected in the amount of segregation admits we are seeing related to drug charges.

I wish I had more time to discuss all the things we are doing as nurses, but it would be way too long. People are getting tired and burnt out. We need change. I am also always willing to have visitors come and hang out with fellow nurses and myself to get a better picture of what we do in our daily jobs.

Ultimately, being a corrections nurse isn't just a job for me. It is something different than that. If I had to explain it to anyone, I would explain it as more of a calling. Taking care of this population can be very challenging at times, but it's also one of the most rewarding things I have ever done in my life. I feel passionately about correctional healthcare and giving great care. I support the dash one amendments to SB 24, and I sincerely ask for your support as well.

Please support the dash one amendments to SB 24.

Thank you.

Jenee Gillespie RN

AFSCME Local 2376 Member