

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,

My name is Jennifer Bruning, I have been an RN at Eastern Oregon Correctional Institution for 20 years, 10 years of this as a job share/part time nurse. I began my career working mostly evening shifts, working with two other coworkers to cover posts such as the infirmarium nurse, desk nurse, or segregation nurse. All these nurses had medication lines and saw unscheduled sports injuries, mental health emergencies, and unscheduled emergencies that couldn't wait for the next day.

I now work full time as a nurse on day shift, working Sunday-Wednesday 10-hour shifts. My husband, whom I have been married to for 15 years, is a retired corrections officer with 24 years of service. During Covid in 2020, we frequently would both be mandated to work 10-, 12-, or 16-hour shifts and did not have enough family support to have reliable daycare for our three young children. We made the decision for my husband to retire in 2022, so that I could return to work full time. He could then be available to watch the children, making my work schedule more flexible.

Now, I start my day at 5:30am, so I get up at 4:00am to get ready. About once a week, I do my part to help cover some of the shortages on night shift. We usually split these shifts with the evening shift nurses who stay over until 2:00am, some of them having started work at noon the day before. I get up at midnight to make it to work by 2:00am on those days, and I usually go to bed shortly after getting home at 5:00pm. I sacrifice any time with my family that evening, so I can rest and have the energy to finish the rest of my workweek.

When my eight-year-old son was a baby in 2017, I worked long hours on the weekend so that I could be home with him all week. For a period of 18 months, I and one of my coworkers were mandated for one or both of the days, so I worked 16 hours shifts every single weekend, due to short staffing.

Now, on day shift during the weekend, there are four nurses on shift, with three of the nurses having an hour or longer medication line, which also includes the administration of MAT medication. During these times, the only nurse left is the infirmarium nurse while the rest of the nurses are at Medline from 6:10am to about 7:45am. The infirmarium nurse then draws 6-8 labs on Saturdays, see emergencies, answers the phone, in addition to caring for the needs of their up to eight patients in the infirmarium. Frequently, night shift nurses stay on overtime to help with the 6:00am workload on weekends.

Over five years ago, we used to do sick call (nurse triage) three days a week—Monday, Wednesday, & Friday. We also had two nurses regularly scheduled for this post. Currently, we must offer sick call seven days a week. There is only one nurse scheduled for this task. occasionally two nurses may be assigned, if the spot is put up for overtime. The sick call nurse sees anywhere from 10-20 patients between 8:00am-11:00am, often after doing a Medline for over an hour before sick call and with no

breaks in between patients. These patients frequently have multiple problems they want to address during their appointment, and the nurse must paper chart and follow up on every patient and issue by 2:00-4:00pm in the afternoon.

EOCI in Pendleton currently has only one part time provider who works 3 days a week and one provider who works full time but is not currently able to see patients, only review charts and labs. This means approximately 1300 patients have one provider to see them for their health needs. Most of the workload is being shifted to the nurses, who must try to make sure that patients' medications are not expiring and those that are sickest are seen by the nurse practitioner if needed.

On weekends there aren't any mental health staff onsite, so the nurses are expected to see any mental health emergencies and to evaluate patients that are on suicide watch. In July of last year, DOC has added more paperwork to the requirements for this task. This same nurse must do a check on every patient in segregation, offer sick call to everyone housed in segregation, do two medication lines, issue any in cell meds to patients, as well as check on any diabetics or patients who were involved in altercations with each other. Segregation is not located near Medical, causing the nurse to walk back and forth across the compound 2-4 times per shift to get all their duties done.

About 60% of the time, I spend my lunch break charting on my sick call or infirmary patients, so that I can get off work on time. About 40% of our staffing at EOCI are contracted nurses, called "agency nurses". These nurses are only trained to one or two of the nursing posts available, and they do not have the expectation that they work on other duties that management demands of the regular staff. Agency nurses are also exempt from being mandated.

We have always done more with less, as is the nature of working for the state. We have fewer permanent nurses and Medical providers staffed in Medical than I have ever seen in my career. With 10 years left until I am able to retire, I hope to see positive changes to our work culture. Improving staff safety and incentives for retention is a great place to start.

Please support the dash one amendments to SB 24. We need your help.

Jennifer Bruning  
AFSCME Local 2376 Member