

Submitter: Nonika McCallister

On Behalf Of:

Committee: Senate Committee On Human Services

Measure, Appointment or Topic: SB1168

Chair Gelser Blouin, Vice-Chair Linthicum, and members of the committee,
My name is Nonika McCallister, I'm a nurse, and a former member of the Oregon Nurses Association. I'm here to testify in support of SB 1168.

When I started working in home health in 2019, the nurses were required to see 4 people in a day. We also had a team of office support staff including schedulers who would group visits geographically, and staff to help us order supplies for each patient. Even with this support, 4 patients was a challenge at times because things like patient complexity and drive time varied immensely day to day. Over the past 4 years, expectations of the nurses has more than doubled. Daily visits increased to 6 patients in an 8 hour day. The company removed most support staff. Nurses were required to do supply orders for each patient. We were required to do our own scheduling and patient communication prior to and after visits. Complexity of patients being discharged from hospitals has dramatically increased. This means more time in the patients home providing care as well as after visits completing documentation. Drive times increased. For example in one day I would be assigned patients in Beaverton, as well as in Amboy Washington.

I was penalized both financially and morally for not meeting these productivity requirements. I dropped to part-time employment because it was the only way to lower my daily requirements, causing me to lose benefits. However, I continued to work 50 hour weeks in order to complete my assignments because I refuse to compromise the care that I provide to patients or risk causing them harm due to a rushed mistake. I constantly felt overworked and burned out. The actions from management told me daily that I was failing. I needed to do better, try harder. I regularly missed dinners with my family, often charting until 10 or 11pm. I spent the weekends preparing for when and how to see patients for the following week. And I let management bully me into not reporting any of those overtime hours because it lowered my productivity and made them look bad. This all deeply affected both my professional and personal life. The pressure to compromise care was so unrealistic that I not only quit that position, but I have not yet returned to bedside nursing. I can honestly describe the experience as significantly traumatic in my life.

Quotas have absolutely no place in health care. Caring, compassion, and connection are necessary parts of healing and can not be rushed. This is something the healthcare industry will never prioritize on their own because they see no profit in it. SB 1168 makes paying home health or hospice workers on a per-visit basis illegal, and ensures that caregivers are not unfairly punished for failing to meet dangerous productivity metrics. We need SB 1168 because the healthcare industry will continue to push the limits of caregivers past the point of safety and nurses will continue to leave bedside care unless laws and boundaries are established to keep every one of

us safe - patients, nurses, and all clinicians.

I urge you to support SB 1168. Thank you for your time and for considering my comments

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