

Submitter:	Brittany Brandenburg
On Behalf Of:	Registered Nurses
Committee:	House Committee On Health Care
Measure, Appointment or Topic:	HB4074
Submitter:	Brittany Brandenburg
On Behalf Of:	Myself and RN professionals of Oregon
Measure, Appointment or Topic:	HB 7074

HB4074

I am an ONA Registered Nurse on a Neuroscience med/surg floor in the Portland Metro Area. I have been in my current position for nearly 4 years. I was a witness to this profession before the staffing ratio law went into effect, and it is an understatement to say that nursing is an unpredictable environment with many moving parts and variables. I have found that since the safe staffing law went into effect, we have had more reasonable and manageable workloads with improved patient care and outcomes as well as improved RN mental health/burnout prevention. When we add more patients to nurses assignments, we see nurses overworked, nursing mental health deteriorate leading to burnout and call outs, dissatisfied patients, and poorer healthcare outcomes and coordinated care.

An overworked nurse(1:5) can miss critical signs of a patient decompensating/deteriorating. An overworked nurse(1:5) cannot provide adequate training to future nurses at a pace that caters to the learner (Oregon's future nurses). An overworked nurse(1:5) cannot provide thorough patient education to patients and their families. An overworked nurse(1:5) cannot provide adequate basic hygiene care to patients, an already problematic area of caregiving in the hospital setting. An overworked nurse (1:5) cannot manage a post-op patient (on my floor craniotomy/craniectomy/cranioplasty, spinal surgeries, shunt revisions, tracheostomies, etc) safely while managing 4 other patients simultaneously. An overworked nurse (1:5) cannot provide safety and manage fall prevention tactics as smoothly. There are days when I have a patients with a metastasized brain cancer--often terminal, stroke patients with hemiplegia (inability to use half of their body), patients with lumbar drains (draining cerebrospinal fluid off of their brains because it's produced in excess often peri-op), patients with psych backgrounds who are combative and violent, patients who are confused and jumping out of bed who are at high risk of falling and injuring themselves--prolonging their hospitalization, unstable neuro patients who are being worked up because no other hospital could figure out what was wrong with them so they transfer them to the hospital I work at for us to monitor as they're being worked up for a diagnosis. Many of these patients require frequent labs, close and frequent monitoring through specialized assessments

When nurses are required to have more patients such as said amendment from 1:4 to 1:5 in med/surg environment, we are ultimately doing our patients, nurses, doctors, ancillary teams, hospitals, future Oregonians seeking and needing care and our own wellbeing a disservice to provide what would be improved quality and safety around care. I strongly oppose this amendment, and encourage the committee to do the same.

Brittany Brandenburg, RN-BSN
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