

Dear Chair Prusak, Vice Chairs Salinas and Hayden and members of the House Health Care Committee,

I am writing in support of HB 3011 and HB 3016 that address nurse staffing in the state. I am the recent past Chair of the Oregon Nurses Association Cabinet on Health Policy and in the fall of 2019, ONA held a conference for nurses from around the state to meet together and discuss their concerns about the lack of full implementation of the Nurse Staffing Law, passed in 2017.

As I listened to the conversation, I was troubled by several things. First, OHA had very few resources to survey hospitals and write conclusions about what they observed. In addition, there was no requirement that the surveyors be nurses, or understand the patient care setting.

Secondly, the original bill was not addressing any staffing issues in long term care. I believe this was an oversight in the original bill.

Thirdly, the nurses in the room that day had many concrete ideas about ways to ensure that the staffing law was fully implemented. Nurses are experts in caring for patients in health care settings and they know when they are stretched to a point that they cannot provide the needed level of care. The staffing law was meant to give them the support they needed to require that more staff be available, and they knew it had fallen short.

Finally, in reading the OHA staffing survey results, I was struck by the many pages of the report that focused on details around the staffing committee membership, meeting times and minutes. Buried, many pages into the report, were comments about actual staffing. And the report went nowhere for action. HB 3011 would provide the additional staff support to address these ongoing and dangerous problems.

HB 3016 addresses the real-time needs of nurses who need structure and predictability in nurse staffing implementation, especially in the case of statewide emergencies. During times of pandemic and catastrophe, nurse should be able to focus on patient and community needs not whether there will be transparent communication about risks, supplies, and reasonable workforce accommodations. Every minute lost is literally a matter of life and death.

Though I am now retired, I practiced for most of my 42-year career in hospitals in the mid-Willamette Valley. In different hospitals, staffing was managed differently. In every setting, when the number of nurses was not adequate to provide the level of care that patients needed, the stress on staff nurses was palpable. When staffing is adequate, nurses are able to provide high quality care and the outcomes for their patients reflect that quality.

Please pass HB 3011 and HB 3016 to address the intent of the Nurse Staffing Bill passed in 2017.

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