



Hospital Nurse Staffing

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Senate Health Care and Human Services Committee
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Chair Monnes Anderson and Members of the Committee:

Thank you for the opportunity to submit written testimony regarding Oregon's hospital nurse staffing law.

Oregon was the first state in the country to establish a staffing law that defines a process to determine nurse staffing in each hospital through a Hospital Nurse Staffing Committee (HNSC). Each hospital in the state must have a HNSC that is made up of 50 percent direct care staff nurses and 50 percent nurses who serve in administrative roles. HNSCs are charged with developing a staffing plan to determine the ratio of nurses to patients in each unit of the hospital. The nurses serving on the committee are expected to consider the needs of the patient, the skill mix of the nurses and existing national standards when developing the staffing plan. It is important to note that this is not a one-size-fits-all approach. The collaborative committee structure relies on the judgment of the nurses in a facility—both those who work at the bedside and those who work in administration—to build a staffing plan that meets the unique needs of their patients and their hospital.

After 10 years of working with the hospital staffing law in its current form, ONA members throughout the state have made it clear that they think it is time to make improvements to strengthen the law. The proposal ONA will bring to the 2015 Legislature is intended to build upon, strengthen, and improve the existing framework of our current law, and is a product of a two year review process led by ONA members from across the state.

National research, even more so today than when Oregon passed our first nurse staffing law 10 years ago, links appropriate levels of nurse staffing to improved patient outcomes and reduced length of stay for patients—saving money for hospitals and improving working conditions for nurses. Despite compelling data and an existing law, problems with staffing persist. In a recent survey of our membership, only 19 percent of the participants noted that staffing was sufficient all the time, while nearly 40 percent of respondents reported that in the past 5 years staffing on their unit has gotten worse.

Data collected by ONA through Staffing Request Documentation Forms (SRDF), which allows direct care nurses to report incidents of inadequate staffing and its impact on patient care, reinforces the same troubling trend. Each year, more of these forms are submitted. In more than 80 percent of the instances in which nurses filed a report of inadequate staffing, they note that the result of insufficient staffing included patient care being either delayed or omitted.

In several instances that ONA is aware of, complaints related to hospital nurse staffing have been filed with the state, but it has taken the state months to even begin an investigation. The combination of a trend showing increased instances of inadequate and potentially unsafe staffing, coupled with limited enforcement, leaves nurses very concerned about both the safety and quality of care that patients receive in Oregon hospitals.

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Our proposal to improve Oregon's hospital nurse staffing law is built on our fundamental belief that all patients deserve safe and high-quality care.

ONA is seeking to clarify in the law that the Hospital Nurse Staffing Committee is the final authority within a hospital on nurse staffing, and that the plan approved by the committee must be implemented by the hospital. Elements of transparency and accountability will build public awareness and staff knowledge about staffing, and enhanced enforcement will help ensure that audits are reliable and robust, and that complaints are investigated in a timely and thorough manner.