

Better Staffing for Nurses and Patients

Recommendations for improving Oregon's Nurse Staffing Law: These recommendations build on Oregon's collaborative staffing committee structure, while empowering staffing committees, enhancing transparency, improving enforcement, increasing accountability and adding necessary requirements and clarifications.

Empower Staffing Committees: *Clarify that staffing committees have final say in staffing plans. Modify membership of staffing committees. Incorporate a role for nurse-to-patient ratios.*

- Hospital Nurse Staffing Committees (HNSCs) decisions' must be implemented by their facility
- A vote must be taken to confirm any HNSC impasses
 - HNSC must notify Health Care Regulation Quality Improvement (HCRQI) of an impasse
- Impasses trigger an upwardly adjustable HCRQI-established ratio at the unit level
 - The ratio remains in place until HNSC approves a staffing plan
- Include a non-voting advisory position on HNSC for a non-supervisory, non-RN, direct care staffer affected by staffing plan

Clarifications and Housekeeping: *Enhance staffing committees' functionality. Ensure good governance.*

- Changes to unit-level plans must be done collaboratively with direct care and unit-level admin staff and must be approved by HNSC vote
- HNSC must meet at least quarterly or as requested by fifty percent of the HNSC
- Nurses on HNSC must be released from assignments to attend HNSC meetings and offered paid time
- Regular review of staffing plan by HNSCs must be completed annually, or more frequently as determined by HNSC, and submitted to the state
 - Review must include: patient outcomes, SRDF submissions, complaints, staff overtime, hours per patient day, deviations from staffing plan, and other factors determined by HNSC

Appropriate RN Staffing

For Patients: Saves Lives

Each additional patient added to the average RN workload increases the likelihood of a patient death by 7%. (*Aiken and colleagues, 2014*)

For Nurses: Improves Work Environment

Nurses tend to have a more positive perception of their work environment when it employs nurse ratios or staffing plans. (*Cox, 2005*)

For Hospitals: Saves Money

Increasing the number of RNs can reduce the length of patients' hospital stays and adverse events, saving nearly \$3 billion nationally. (*Needleman, 2011*)

Additional Staffing Plan Requirements: *Create more comprehensive staffing plans.*

- Staffing plan must consider admissions, discharges, transfers, breaks and additional non-direct care required tasks
- Staffing will be determined based on 24 hour census consideration
- Plans cannot rely *solely* on external benchmarking measures
- Replace “acuteness” with “acuity” in staffing plans
 - Include concept of workload intensity for nursing staff

In 2013, ONA nurses reported
1143 incidents of unsafe
staffing, a **114%** increase
from 2010.

Enhance Transparency: *Increase access to staffing information.*

- Investigation and audit reports, staffing plan annual reviews, violations and plans of correction must be readily available on HCRQI website
- Staffing law and instructions on how to report a violation must be posted in every patient room
- Current unit’s RN and aide-to-patient ratio must be publically posted in each unit

Improve Enforcement: *Ensure regular and meaningful regulation.*

- Require facilities to be audited at least once every 5 years
 - Require 20 percent audited annually
- Require HCRQI to initiate on-site investigation within 60 days of receiving staffing complaint
- Require HCRQI to re-survey facilities with approved corrections plans within 60 days of implementation of correction plans
- Require HCRQI to interview co-chairs of HNSC and other staffing committee members from the direct care and management sides

Increase Accountability: *Create a collaborative advisory board to ensure best practices.*

- Create a 13 member advisory board to HCRQI
- Advisory Board will identify trends and problems with nurse staffing based on audits, complaints, investigations and annual staffing plan reviews submitted to HCRQI
- Advisory Board will resemble collaborative staffing committee model and include representation from staff nurses and nurse managers, as well as member(s) of the public
- Advisory Board will set ratio for units that do not have a national specialty standard
- Advisory Board will report to the legislature annually

Changes to Mandatory Overtime: *Establish reasonable limits on use of mandatory overtime.*

- Specify that no shift may require a nurse to work beyond the agreed-upon shift, or more than 12 hours in a 24 hour time period, including time called back to work
- Specify that facilities may not require a nurse to work an overtime assignment if, in the nurses’ judgment, it would jeopardize patients or employees
- Require 10 hours off after a nurse works 12 hours in a 24 hour period
- Prohibition on scheduling non-emergent cases after hours

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