

**PRELIMINARY STAFF MEASURE SUMMARY****CARRIER:**

Senate Committee on Senate Health Care

**REVENUE: No revenue impact (introduced)****FISCAL: May have fiscal impact, statement not yet issued****Action:****Vote:****Yeas:****Nays:****Exc.:****Prepared By:** Zena Rockowitz, Administrator**Meeting Dates:** 2/16

**WHAT THE MEASURE DOES:** Replaces hospital staffing plan committee with hospital nurse staffing committee to develop and approve a written hospital-wide staffing plan for nurses. Specifies that selection of committee is by union or by each nurse specialty or unit. Includes one nonvoting member that is not registered nurse. Specifies plan must have adequate and minimum number of staff each shift, requires additional staff if nurse is performing a duty not related to nursing or is on break, prohibits staff requirements to be based on benchmark data, and requires submission of plan to Oregon Health Authority (OHA). Directs committee to consider complaints, overtime, number of hours of care to patients served, and shifts staffed differently from the plan. Specifies circumstances for replacement staff. Specifies plan must be reviewed at least once every year. Requires hospital to post ratios on premises. Establishes 13-member Nurse Staff Advisory Board under OHA which can prescribe ratios if the nurse staffing committee reaches an impasse. Directs OHA to conduct random annual audits of not less than 20 percent of hospitals and audit each hospital every five years. Requires committee to be established, each hospital to post material, and OHA to adopt rules by January 1, 2016. Requires development of hospital-wide staffing plans by January 1, 2017.

**ISSUES DISCUSSED:**

- Worker and patient safety
- Hospital budget and finances used to determine staffing
- Transparency and accountability of staffing committees
- Tightening enforcement and increasing audits
- Complexity of determining staffing

**EFFECT OF COMMITTEE AMENDMENT: -1 Amendment:** Calls for an equal number of hospital nurse managers and direct care staff. Requires those direct care staff to be composed of all registered nurses and one direct care staff member. Clarifies that ratios are adopted, not prescribed. Requires considering nationally recognized evidence-based guidelines established by professional nursing specialty organizations to adopt ratios. Removes requirement that hospital posts in conspicuous place a list of on-call nursing staff. Includes medical technician in replacement staff provisions. Removes requirement to interview an equal number of nurse managers and direct care registered nurses in event of audit. Changes implementation date of hospital wide-staffing plan to July 1, 2017.

**BACKGROUND:** A number of studies have shown an association between low number of registered nurses in hospitals and higher patient mortality, adverse patient outcomes such as medical complications, and nurse burnout and job dissatisfaction. One study by the New England Journal of Medicine in 2011 looked at mortality by factors which increase workload for nurses and found that risk of death increased by two percent for each shift with below-target staffing, and four percent for each shift with high patient turnover. The Agency for Health Care Research Quality reviewed several studies and reported that for every additional full time registered nurse per patient day there was a relative risk reduction in hospital-related mortality by 9 percent in intensive care units and 16 percent in surgical patients.

Quality measures related to nurse staffing have been developed by the National Quality Forum, the Agency for Health Care Research Quality, and the Joint Commission. A federal regulation (42CFR 482.23) directs hospitals which

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***This summary has not been adopted or officially endorsed by action of the committee.***

participate in Medicare to have adequate numbers of licensed registered nurses, licensed practical nurses, and other personnel to provide nursing care to all patients. Oregon is one of thirteen states that address nurse staffing in order to deliver the appropriate quality and mix of patient care and is one of seven states which require staffing committees in hospitals.