

**STAFF MEASURE SUMMARY****Senate Committee On Health Care****Fiscal:** Fiscal impact issued**Revenue:** No Revenue Impact**Action Date:** 04/20/15**Action:** Do Pass With Amendments And Requesting Referral To Ways And Means.  
(Printed A-Engrossed.)**Meeting Dates:** 02/16, 04/13, 04/20**Vote:**

Yeas: 5 - Knopp, Kruse, Monnes Anderson, Shields, Steiner Hayward

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**WHAT THE MEASURE DOES:**

Establishes hospital nurse staffing committee (committee) in each hospital to replace hospital staffing plan committee to develop written hospital-wide staffing plan for nurses. Requires equal number of hospital nurse managers and direct care staff on committee with direct care staff composed of all registered nurses and one direct care staff who is not registered nurse but whose services are covered by plan. Permits collective bargaining unit to select members. Upon impasse, permits committee to invoke 30-day period for hospital to respond with data. Directs Oregon Health Authority (OHA) to provide mediator if impasse occurs. Requires imposing penalty against hospital after 90 days of mediation. Specifies when committee meets and to whom it is open. Requires plan to be available to nursing staff. Establishes 12-member Nurse Staffing Advisory Board (board). Directs board to provide advice, identify trends and concerns, make recommendations and review OHA enforcement powers. Requires plan be based on measurement of hospital unit activity, total diagnoses for each hospital unit, consider tasks not related to providing direct care, and not to base solely on external benchmarking. Requires committee to review plan annually and consider patient outcomes, complaints, hours of nursing care compared with patients served over 24 hours, aggregate hours of overtime and percentage of shifts for which staffing differed from plan. Requires committee to report on whether staffing plan is meeting health care needs and modify plan. Specifies plan does not apply in emergencies. Creates requirements for overtime work and replacement staff. Directs hospital to post notice and maintain records to ensure compliance. Requires annual audits by OHA and on-site investigation upon complaint within 60 days. Requires OHA to post audits on website. Creates implementation dates. Declares emergency, effective on passage.

**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:**

Replaces original measure.

**BACKGROUND:**

A number of studies have shown an association between the low number of registered nurses in hospitals and higher patient mortality, as well as adverse patient outcomes such as medical complications, nurse burnout and job dissatisfaction. One study conducted in 2014, of over 400,000 patients aged 50 years or older who underwent surgeries, found that an increase in workload by one patient increased the likelihood of a patient dying within 30 days of admission by seven percent. Another 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. A federal regulation (42CFR 482.23) directs hospitals which 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.