

Hospital Nurse Staffing at OHA

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OHA's Role in Nurse Staffing

- **Implement statutes**

- Supporting Nurse Staffing Advisory Board (NSAB)
- Drafting and adopting administrative rules
- Reaching out to stakeholders through www.healthoregon.org/nursestaffing and webinars
- Answering stakeholder questions

- **Regulatory activities**

- Conducting random surveys
- Investigating complaints
- License & Certify hospitals and other health care facilities



Nurse Staffing: Common Areas of Concern

- Hospital Nurse Staffing Committee operations
- Nurse Staffing Plans
- Replacement Staff
- Nurse Staffing Waiver Standards
- New Overtime Rules

Hospital Nurse Staffing Committees (HNSCs)

- HNSC develops hospital-wide staffing plan implemented by hospital. Mediation is available in case of impasse.
- HNSC meets at least quarterly
- HNSC composition:
 - 2 co-chairs: 1 nurse manager & 1 direct care RN
 - 1 direct care RN per specialty/unit + 1 LPN/CNA and an equal number of nurse managers
 - Selection process for direct care members and co-chairs in rule
- HNSC members are released from assignment and paid for HNSC meetings
- Administrative rules lay out specific requirements for:
 - HNSC's written charter
 - Meeting minutes
- Quorum & equal voting requirements
- Observers & limited exclusions
- Implementation completed by January 1, 2016

Hospital Nurse Staffing Plans

- Plan must be developed by HNSC & reviewed at least annually
- Plan must consider:
 - Competency necessary to meet patients' needs
 - Acuity & intensity
 - Meal & rest breaks
 - Unit activity including rates of, admissions, discharges & transfers
 - National standards & guidelines
 - Total diagnoses for unit
- Plan must set minimum staffing of no less than 1 RN : 1 additional nursing staff member (RN, LPN or CNA) on duty in a unit when a patient is present
- Plan must include a process for initiating limitations on admissions/diversions
- Plan cannot rely *solely* on external benchmarking measures
- Hospital must implement HNSC's plan (exception for emergencies)
- Implementation completed by January 1, 2017



Hospital Nurse Staffing Plans

- Annual review HNSC must consider:
 - Patient outcomes
 - Complaints
 - HPPD
 - Reports indicating a pattern of required OT for nonemergency care
 - Deviations from staffing plan
 - Additional factors determined by HNSC
 - OT
- After review HNSC issues written report to hospital
- HNSC modifies staffing plan as needed



Hospital Nursing Staff Replacements

- Hospitals maintain and post/publish a list of on-call replacements for vacancies & unexpected shortages. List must:
 - Provide sufficient replacements on a regular basis
 - Be available to the person responsible for obtaining replacements
 - Lists can include off-duty staff, nurse staffing agencies, and others
- When developing the list hospital needs to explore all reasonable options and document these efforts
- When a hospital learns of the need for replacements the hospital must make every reasonable effort to secure voluntary replacements before requiring overtime. Hospitals must document efforts to secure voluntary replacements. Reasonable efforts include, but are not limited to:
 - Seeking replacements when the vacancy becomes known; and
 - Contacting all available resources on the on-call list



Nurse Staffing Waivers

- OHA can only waive elements of the nurse staffing plan. Waivers are not available for other requirements of the nurse staffing laws.
- This waiver standard differs significantly from the pre-2015 standard.

Old Standard

Waivers were available based on patient care needs or the nursing practices of the hospital

New Standard

Waiver must be necessary to ensure the hospital is staffed to meet the health care needs of its patients.

- Waiver requests must be:
 - Submitted to OHA in writing;
 - State why the hospital is seeking the waiver;
 - Explain how the waiver is necessary for the hospital to meet patient health care needs; and
 - Verify that the HNSC was notified of the waiver request before it was submitted to OHA



Nurse Staffing Member Overtime

- “Require” means to make compulsory as a condition of employment including previously scheduled hours or hours actually worked on call or on standby
- Hospitals may not require nursing staff members to work
 - Beyond the agreed-upon and prearranged shift, regardless of shift length;
 - More than 48 hours in any hospital-defined work week;
 - More than 12 hours in a 24-hour period;
 - During the 10-hour period immediately following the 12th hour worked during a 24-hour period. This work period begins when the nursing staff member begins a shift; or
 - During the 10-hour period immediately following any agreed-upon and prearranged shift in which the nurse worked more than 12 hours in a 24-hour period.

Maximum
Required
Hours

Nurse Staffing Member Overtime

- Calculation of Hours Worked:
 - Time in required meetings or training counts as hours worked in the Maximum Required Hours
 - Time spent on call or on standby when a nursing staff member is required to be at the hospital counts as hours worked in the Maximum Required Hours
 - Time spent on call or on standby when a nursing staff member is not required to be at the hospital does not count as hours worked in the Maximum Required Hours
- Voluntary overtime is allowed

Nurse Staffing Member Overtime

- Hospitals can require one additional hour if:
 - A vacancy in the next shift becomes known at the end of the current shift; or
 - To avoid potential harm to a patient if the nurse leaves or transfers care
- Hospitals must have mandatory overtime policies
 - That require mandatory overtime occurrences be documented; and
 - Policies must be provided to new nursing staff and readily available to all nursing staff
- Nursing staff members can report a pattern of required overtime in nonemergency circumstances to the HNSC.

Nurse Staffing Member Overtime

- Maximum Required Hours and Calculation of Hours Worked do not apply in
 - National or state emergencies when the hospital's facility disaster plan is implemented
 - In the following emergency circumstances:
 - Sudden and unforeseen adverse weather conditions;
 - An infectious disease epidemic suffered by hospital staff;
 - An unforeseen event preventing replacement staff from approaching or entering the hospital; or
 - Unplanned vacancies of at least 20% of the Oregon State Hospital (OSH) direct care nursing staff if the OSH determines the remaining direct care staff hospital-wide cannot ensure patient safety
- OSH has to seek replacements in the emergency described above
- RNs cannot place patients at risk of harm in violation of Board of Nursing rules
- Nursing staff members are RNs, LPNs & CNAs

Nurse Staffing Information: www.healthoregon.org/nursestaffing

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