



Oregon Association  
of Hospitals and  
Health Systems

## Oregon Association of Hospitals and Health Systems

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## Oregon Nurses Association

# Hospital Nurse Staffing Committee Guidelines First Edition

These guidelines for establishment and operation of a Hospital Nurse Staffing Committee are developed jointly by the Oregon Association of Hospitals and Health Systems and the Oregon Nurses Association. This document is intended to provide guidance for hospitals and nurses as they work together to establish Hospital Nurse Staffing Committees under HB 2800, codified as ORS 441.160 to 441.170. Hospitals and nurses may choose to establish different policies and procedures so long as they comply with the terms and spirit of the law.

### **Statement of Purpose:**

All hospitals and professional registered nurses are accountable for promoting the health and safety of those in their care. It is in the best interest of patients, nurses and the hospital to ensure that there are sufficient numbers of qualified nursing staff to meet the nursing care needs of the patient. A Hospital Nurse Staffing Committee is most likely to meet the needs of patients if hospitals and nurses create a strong and collaborative partnership.

Hospital Nurse Staffing Committees that work in an open manner, communicate decisions and recommendations in a timely manner and seek appropriate consultation and feedback are fulfilling the intent and spirit of the law.

### **The Staffing Plan:**

The Hospital Nurse Staffing Committee shall have as its primary consideration the provision of safe patient care and adequate nursing staffing. In addition, the law provides that the plan shall:

- Be based on an accurate description of individual and aggregate patient needs and requirements for nursing care;
- Consider the specialized qualifications and competencies of the nursing staff. The skill mix and the competency of the staff shall ensure that the nursing care needs of the patients are met and shall ensure patient safety.
- Be consistent with nationally recognized evidence-based standards and guidelines established by professional nursing specialty organizations and recognize differences in patient acuteness.
- Include a process for periodic quality evaluation to determine whether the staffing plan is appropriately and accurately reflecting patient needs over time.
- Establish minimum numbers of nursing staff including:
  - o licensed practical nurses and certified nursing assistants
  - o required on specified shifts.
- Include a formal process for evaluating and initiating:
  - o limitations on admission or diversion of patients to another
  - o acute care facility when, in the judgment of the direct care
  - o registered nurse, there is an inability to meet patient care
  - o needs or a risk of harm to existing and new patients.

### **Specialties:**

The law provides that the Hospital Nurse Staffing Committee shall include at least one direct care registered nurse from each hospital nurse specialty or unit. The hospital designates the specialty areas of the facility for purposes of direct care registered nurse representation on the Committee. Collaboration between the hospital and direct care registered nurses is encouraged in the selection of these specialty areas.

### **Hospital Nurse Staffing Committee Selection:**

The law provides that to the extent possible the committee shall include equal numbers of hospital nurse managers and direct care registered nurses.

The law also provides that direct care RNs select their own representatives on the Hospital Nurse Staffing Committee. Consider the following process to accomplish this selection:

- After the hospital has identified the specialty units the direct care nurses will initiate a process for selecting representatives to the Hospital Nurse Staffing Committee. If the direct care nurses are unable to select their representatives in a timely manner then the hospital may assist the direct care nurses by initiating a process for the direct care nurses to select their representatives to the Hospital Nurse Staffing Committee.
- Any process for selection of direct care nurse should consider the following criteria:
  - The selection process allows any direct care nurse in a specialty unit to be nominated to serve as the representative from that specialty unit.
  - The selection process allows every direct care nurse in a specialty unit to have a reasonable opportunity to participate in the selection process of the direct care nurse who will represent them.
  - The selection process allows ample time for the direct care nurses in each specialty unit to become knowledgeable of the nominees and consider who would best represent them.
  - The selection process is documented and those documents are maintained.
  - The selection process is lawful under both state and federal laws.
- Every effort should be made to secure an alternate for each direct care RN specialty area committee member so that the work of the committee can continue in cases of scheduled or unscheduled absence.
- Hospital nurse executives will be responsible for recruiting and assigning nurse managers to the Hospital Nurse Staffing Committee.

**Committee Leadership and Terms:**

- It is recommended that the Hospital Nurse Staffing Committee have co-chairs with one being from the nurse administrative staff and one from the direct care nurse representatives. Each group ought to select its co-chair.
- The Hospital Nurse Staffing Committee should set terms for members of the committee. These terms should be the same for all members but the Committee could consider staggering initial terms so all terms do not end at the same time. Each co-chair may have an alternative (vice co-chair) to fulfill the duties of the co-chair in case of scheduled or unscheduled absences.
- The co-chairs should agree upon any third-party facilitator.

**Hospital Nurse Staffing Committee Meeting Attendance:**

The Hospital Nurse Staffing Committee should consider establishing expectations for attendance. These expectations might include:

- If a member or the member's alternate is absent from two consecutive meetings, the reasons for absence will be evaluated. If absence occurs because a direct care registered nurse is unable to secure replacement staff, the nurse manager or designee shall be responsible for ensuring that the committee member is relieved of his/her unit assignment for the meetings if they are scheduled on work time.
- If the absence of the committee member or the member's alternate results from failure to attend without notice, vacation or other scheduled absences, the co-chair for that group shall determine the intention of the committee member to meet the expectations of the Hospital Nurse Staffing Committee. If needed the direct care RN's from a specialty may initiate a process for the replacement of a direct care RN committee member.
- The nurse executive may replace an administrative staff representative.

Hospital Nurse Staffing Committees should establish policies addressing attendance and participation at committee meetings by outside observers.

Hospital Nurse Staffing Committees in Health District and other public hospitals should ensure they comply with the state Public Meetings law.

### **Scheduling of Meetings and Released Time:**

- Hospital Nurse Staffing Committee meetings should be scheduled with sufficient notice so that all members can make any necessary arrangements to attend (2 weeks in advance is recommended).
- All Hospital Nurse Staffing Committee work shall be compensated time. Each Hospital Nurse Staffing Committee will determine any additional parameters for non-meeting paid time.

### **Hospital Nurse Staffing Committee Agenda, Meetings, Quorum:**

- The Hospital Nurse Staffing Committee co-chairs should develop the Hospital Nurse Staffing Committee agenda and disseminate it to the facility direct care Registered Nurses and nurse managers at least one week in advance of the meeting. Committee members may recommend additional items for the agenda but the co-chairs retain the authority to set priorities and order the agenda items.
- The Committee may invite participation by non-committee members in Hospital Nurse Staffing Committee discussions and decisions as deemed appropriate and necessary by the Committee.
- It should be accepted practice for members of the administrative or the direct care RN group to request a recess from a meeting. Private discussions among smaller groups of the committee members should be considered an appropriate reason to take a break.
- Quorum for the purpose of a meeting shall consider including both co-chairs (or their designee) and a majority of all committee members.
- Quorums for the purpose of a final vote on adoption or modification of the staffing plan should consider including both co-chairs (or their designee), a majority of both the direct care nurse committee members and a majority of nurse manager committee members.

**Minutes and Documentation:**

The Hospital Nurse Staffing Committee should maintain written documentation of the Committee's deliberations.

The minutes of the Hospital Nurse Staffing Committee should be prepared by the co-chairs and published to the Hospital Nurse Staffing Committee members for review prior to the subsequent meeting at which they will be approved. Following the Hospital Nurse Staffing Committee's approval, minutes shall be made available to direct care Registered Nurses and nurse managers within the facility by electronic or printed copy or both. Posting procedures should be determined by the Hospital Nurse Staffing Committee.

**Getting Started:**

Recommended approaches for beginning the work of the Hospital Nurse Staffing Committee are:

- Adopt procedures and processes to conduct the business, vote and resolve disagreements.
- Review of the law (2001, 2005) and applicable administrative rules;
- Review of current hospital staffing and the current staffing plan in place, including review of staffing by unit and specialty and review of any staffing plan critique or evaluations that have been conducted.
- Review of nurse staffing reports.
- Review of relief staffing protocols, time off replacement procedures;
- Review of patient classification approaches and nursing work load estimates;
- Review of procedures for diversion or limitation on patient admission and utilization of those procedures.
- Review of data related to nurse sensitive patient outcomes.

**Subcommittees:**

- The Hospital Nurse Staffing Committee may utilize sub-committees to deal with issues when additional expertise is sought, when a specific issue would delay work on other issues, or when research, evidence and/or data is needed.
- Members of the nursing staff such as LPN's, CNA's, nurse executives, or others outside the nursing staff with appropriate expertise may be invited to participate in sub-committees.

**Decision Making:**

- Different methods of decision making may be considered by the committee. Some issues may lend themselves to consensus while others require a vote. When formal votes are utilized, the Hospital Nurse Staffing Committee shall determine if a quorum is required (See section on Staffing Committee Agenda, Meetings, Quorum).
- Only official members of the committee (direct care RNs and nurse managers, as specified in ORS 441.162) may participate in final decision making.
- Any committee member may request a vote on an issue.

**Impasse, Lack of Agreement:**

- Procedures for resolving disagreement shall include but not be limited to: seeking additional information, seeking consultation from a broader group of hospital staff members, straw votes, testing competing alternatives, and third party facilitation.

**Final Disclaimer:**

It is important to note that these guidelines do not establish mandated procedures, nor do they constitute legal advice from either organization or its legal counsel.

It is possible that either the Oregon Association of Hospitals and Health Systems or the Oregon Nurses Association may have additional suggestions that are beyond this agreement. We agree that this is an appropriate member service provided that those additional suggestions are properly attributed to the organization of origin.