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Bill Analysis
Legislative Service Commission

Sub. H.B. 346*

127th General Assembly

(As Reported by S. Health, Human Services, and Aging)

Reps. Hughes, R. Hagan, DeGeeter, Yuko, Strahorn, Flowers, Peterson, Setzer, Oelslager, S. Williams, Fende, Skindell, Bacon, Batchelder, Beatty, Boyd, Brown, Celeste, Chandler, Combs, DeBose, Distel, Driehaus, Dyer, Evans, Gerberry, Goyal, Harwood, Heard, Jones, Letson, Luckie, J. McGregor, Okey, Patton, Sayre, Schneider, Slesnick, Szollosi, White, B. Williams, Yates

BILL SUMMARY

- Requires each hospital to create a written nursing services staffing plan.
- Requires each hospital to create a nursing care committee to recommend the staffing plan and specifies the committee's duties and membership.
- Specifies the matters to be considered by a committee in formulating its recommendation.
- Requires staffing plans to be reviewed at least once a year.
- Requires a hospital to provide copies of its staffing plan to each member of the nursing staff and any person who requests it, and requires the hospital to post a notice informing the public of the availability of the plan.
- Specifies that the bill is not to be construed to limit, alter, or modify any of the terms, conditions, or provisions of a collective bargaining agreement entered into by a hospital.

* This analysis was prepared before the report of the Senate Health, Human Service, and Aging Committee appeared in the Senate Journal. Note that the list of co-sponsors and the legislative history may be incomplete.

CONTENT AND OPERATION

Written nursing services staffing plan

(R.C. 3727.53 and 3727.55)

The bill requires each hospital to create an evidence-based written nursing services staffing plan that guides the assignment of nurses¹ hospital-wide. The staffing plan must, at a minimum, reflect current standards established by private accreditation organizations or government entities. The plan must be based on multiple nurse and patient considerations that yield minimum staffing levels for inpatient care units² that ensure that the hospital has a staff of competent nurses with the specialized skills needed to meet patient needs. These considerations must include (1) the recommendations of the hospital's nursing care committee, which must be given significant weight (see "Nursing care committee" below), and (2) the matters that must be addressed in the committee's recommended plan (see "Nursing services staffing plan recommendation" below). The hospital must also identify a model for adjusting the staffing plan for each inpatient care unit to provide staffing flexibility in meeting patient needs.

The staffing plan must be implemented no later than 90 days after the hospital-wide nursing care committee is convened. However, if the hospital's next fiscal year starts not later than 180 days after the date on which the committee convenes, implementation may be delayed until the first day of that fiscal year.

Nursing care committee

(R.C. 3727.50(A))

Each hospital must convene a hospital-wide nursing care committee no later than 90 days after the bill takes effect or, if the hospital is not treating patients at that time, 90 days after the hospital begins to treat patients. The bill requires the hospital to select the members of the committee, subject to all of the following:

- (1) The hospital's chief nursing officer must be included as a member;

¹ As used in the bill, "nurses" includes both licensed registered nurses and licensed practical nurses (R.C. 3727.50(C)).

² "Inpatient care unit" means a hospital unit, including an operating room or other inpatient care area, in which nursing care is provided to patients who have been admitted to the hospital (R.C. 3727.50(B)).

(2) At least 50% of the committee's membership must consist of registered nurses who provide direct patient care³ in the hospital;

(3) The number of registered nurses included as committee members must be sufficient to provide adequate representation of all types of nursing care services provided in the hospital.

Duties of nursing care committee

(R.C. 3727.51(B) and 3727.52)

A nursing care committee must do both of the following:

(1) If the hospital has a nursing services staffing plan, evaluate that plan;

(2) Recommend a staffing plan that is consistent with current standards established by private accreditation organizations or government entities.

Nursing services staffing plan recommendation

A nursing care committee must address all of the following in its nursing services staffing plan recommendation:

(1) The selection, implementation, and evaluation of minimum staffing levels for all inpatient care units that ensure that the hospital has a staff of competent nurses with the specialized skills needed to meet patient needs in accordance with evidence-based safe nurse staffing standards.

(2) The complexity of complete care, assessment on patient admission, volume of patient admissions, discharges and transfers, evaluation of the progress of a patient's problems, the amount of time needed for patient education, ongoing physical assessments, planning for a patient's discharge, assessment after a change in patient condition, and assessment of the need for patient referrals.

(3) Patient acuity and the number of patients cared for.

(4) The need for ongoing assessments of a unit's patients and its nursing staff levels.

³ The bill defines "direct patient care" as care provided by a nurse with direct responsibility to carry out medical regimens or nursing care for one or more patients (R.C. 3727.50(A)).

(5) The hospital's policy for identifying additional nurses who can provide direct patient care when patients' unexpected needs exceed the planned workload for direct care staff.

The committee member who is the chief nursing officer of the hospital must establish a mechanism for obtaining input from nurses in all inpatient care units who provide direct patient care regarding what should be included in the staffing plan recommendations.

Yearly review

(R.C. 3727.54)

At least once a year, the nursing care committee must do both of the following:

(1) Review how the most current nursing services staffing plan (a) affects inpatient care outcomes, (b) affects clinical management, and (c) facilitates a delivery system that provides, on a cost-effective basis, quality nursing care consistent with acceptable and prevailing standards of safe nursing care and evidenced-based guidelines established by national nursing organizations.

(2) Make recommendations, based on the most recent review, regarding how the most current staffing plan should be revised, if at all.

Copies and public access to the staffing plan

(R.C. 3727.56)

The bill requires a hospital to provide copies of its nursing services staffing plan as follows: (1) free of charge to each member of the hospital's nursing staff and (2) for a fee not exceeding actual copying costs to any person who requests a copy. In a conspicuous location in the hospital, a notice must be posted informing the public of the availability of the staffing plan. The notice must specify the appropriate person, office, or department to be contacted to review or obtain a copy of the plan.

Collective bargaining

(R.C. 3727.57)

The bill states that it is not to be construed to limit, alter, or modify any of the terms, conditions, or provisions of a collective bargaining agreement entered into by a hospital.

COMMENT

Current law does not establish hospital nurse staffing standards, however Ohio law does require all hospitals to be either certified by the federal Medicare program or accredited by the Joint Commission⁴ or American Osteopathic Association (R.C. 3727.02(A)). These entities have minimum nurse staffing requirements for certification or accreditation. For example, under Medicare, each hospital must have an organized nursing service that provides 24-hour nursing services. The nursing service must have both (1) adequate numbers of licensed registered nurses, licensed practical nurses, and other personnel to provide nursing care to all patients as needed and (2) a procedure to ensure that licensed hospital nursing personnel have valid, current licensure. (42 Code of Federal Regulations 482.23.)

HISTORY

ACTION	DATE
Introduced	10-09-07
Reported, H. Health	02-07-08
Passed House (93-1)	03-12-08
Reported, S. Health, Human Service, and Aging	---

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⁴ The Joint Commission was formerly known as the Joint Commission on Accreditation of Healthcare Organizations, and prior to that, as the Joint Commission on Accreditation of Hospitals.