
Detailed Fiscal Analysis

Written nursing services staffing plan

The bill requires each hospital to create a written nursing services staffing plan that guides the assignment of nurses hospital-wide. The plan must be based on multiple nurse and patient considerations that yield minimum staffing levels for inpatient care units that ensure that the hospital has a staff of competent nurses with the specialized skills needed to meet patient needs. The staffing plan must, at a minimum, reflect current standards established by private accreditation organizations or governmental entities. The considerations on which the plan must be based must include: (1) the recommendations of the nursing care committee, which must be given significant weight, and (2) the matters that must be addressed in the committee's recommended plan. 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.

A copy of the staffing plan, and subsequent changes to it, must be provided, free of charge, to the hospital's nursing staff. The staffing plan must be made available to any other person who requests it at a cost not exceeding the cost of copying the plan.

Nursing care committee

The bill specifies that each hospital must assemble a hospital-wide nursing care committee. Membership of the nursing care committee must include, but is not limited to, the hospital's chief nursing officer and registered nurses who provide direct patient care in a number sufficient to adequately represent all types of nursing care services in the hospital. A nursing care committee must do both of the following: (1) if the hospital has a nursing services staffing plan, evaluate that plan, and (2) recommend a staffing plan that is, at a minimum, consistent with current standards established by private accreditation organizations or governmental entities. The bill specifies what the committee must address in its nursing services staffing plan recommendation.

Yearly review

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 affects inpatient care outcomes, clinical management, and 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, and (2) make recommendations, based on the most recent review, regarding how the most current staffing plan should be revised, if at all.

Fiscal effects

Government-owned hospitals

According to the Ohio Hospital Association (OHA) web site, there are currently 22 government-owned hospitals in Ohio. Government-owned hospitals are owned either by counties or the state. According to OHA, most hospitals already have a nursing care committee and they create nursing services staffing plans. Also, the nursing services staffing plan is a recommendation. According to OHA, hospitals would still be able to staff within their current budgets. For any hospital that does not have a nursing care committee, there could be additional costs. However, the costs should be minimal. The bill specifies that the nursing care committee must do both of the following: (1) if the hospital has a nursing services staffing plan, evaluate that plan, and (2) recommend a staffing plan that is consistent with current standards established by private accreditation organizations or governmental organizations. Hospitals must be certified by the federal Medicare program or accredited by either the Joint Commission on Accreditation of Hospitals or the American Osteopathic Association. These entities currently have minimum nurse staffing requirements that the hospitals would be required to meet, so coming up with a nursing services staffing plan should not be overly time consuming.

There could be minimal costs associated with providing the nursing services staffing plans free of charge to the hospital's nursing staff, providing hospitals do not currently do this. The staffing plan must also be made available to any other person who requests it at a cost not exceeding the cost of copying the plan. The cost of copying would likely be offset by the fee charged to requestors for the plan.

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