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Bill Analysis
Legislative Service Commission

Sub. H.B. 346
127th General Assembly
(As Passed by the House)

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.
- 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.

CONTENT AND OPERATION

Written nursing services staffing plan

(R.C. 3727.53, 3727.55, and 3727.56)

The bill requires each hospital to create an evidence-based written nursing care services staffing plan that guides the assignment of nurses¹ hospital-wide.

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

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. The staffing plan must, at a minimum, reflect current standards established by private accreditation organizations or government 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 (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.

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

Nursing care committee

(R.C. 3727.50(B), 3727.51, and 3727.52)

Each hospital must assemble 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. Members of the nursing care committee must include, but not be 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.

Duties of nursing care committee

A nursing care committee must do both of the following:

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

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(A)).

(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.

(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 chief nursing officer of each 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.

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 provide nurse staffing standards, however Ohio law does require all hospitals to be either certified by the federal Medicare program or accredited by either the Joint Commission on Accreditation of Hospitals (The Joint Commission) or the 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

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