

Nurse Staffing Survey Tools

Including:

- Nurse Staffing Needs List
- Time Block Selection
- Staffing Data Review
- Personnel Survey Tool
- Personnel Survey Tool Document List
- Written Staffing Plan Review
- Annual Staffing Plan Review
- Replacement Staffing List Review
- Replacement Staffing Usage Review
- Posting Survey Tool
- HNSC Meeting Review
- HNSC Charter Review
- HNSC Composition Review
- HNSC Cochair Interview
- Maximum Hour Review
- Nurse Staffing Workbook

Oregon
Health
Authority



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August 4, 2016

Dr. Denton, Administrator
 General Hospital
 123 Long Life Road
 Boring, Oregon 97009

Re: Nurse Staffing Survey Needs List

Dear Dr. Denton,

| We Need | Provide these items within 1 hour of the end of the Entrance Conference: | Received |
|---------|---|----------|
| | 1. List of hospital patient care areas, inpatient and outpatient units, including satellite locations, where nursing services are provided. For each unit include <ul style="list-style-type: none"> • the scope of service • the number of beds and number of patient treatment areas • shift hours • any hospital-wide nurse staffing plans used this year and last year • any unit nurse staffing plans used this year and last year • the contact information for the nurse manager | |
| | 2. List of all key administrative and management staff, including titles. | |
| | <ul style="list-style-type: none"> • List of all current nursing staff (RNs, LPNs and CNAs), included contracted nurses and travelers, including primary unit, shift assignment, and hire or contract date. | |

| | | |
|--|---|--|
| | 3. All policies and procedures related to hospital nurse staffing services. | |
| | 4. A copy of any policy regarding on-call hours for <input type="checkbox"/> All specialties and units <input type="checkbox"/> Each of the following specialties and units: <hr/> <hr/> <hr/> <hr/> <hr/> | |
| | 5. A copy of any policy regarding nurse education and training hours. | |
| | 6. A copy of the hospital policy regarding mandatory overtime. | |
| | 7. Documentation showing the hospital's process for obtaining replacement nursing staff for <input type="checkbox"/> All specialties and units <input type="checkbox"/> Each of the following specialties and units: <hr/> <hr/> <hr/> <hr/> <hr/> | |
| | 8. The hospital's policy regarding the process for evaluating an initiating limitations on admission or diversion of patients to another hospital. | |
| | 9. The hospital nurse staffing committee charter. | |
| | 10. Documentation showing any nurse staffing waiver in effect and the documentation used to support the waiver request. | |

| | | |
|--|---|--|
| | <p>11. Nursing staffing committee roster or membership list, including</p> <ul style="list-style-type: none"> • Titles • Indication of whether members are managers or direct care nursing staff • Each direct care members' specialty or unit | |
| | <p>12. Nurse staffing committee meeting minutes from the last 4 hospital nurse staffing committee meetings.</p> | |
| | <p>13. Copies of all complaints filed with the hospital nurse staffing committee in the current year and the prior year.</p> | |
| | <p>14. Reports from the hospital nurse staffing committee filed with the hospital administration following annual review of the nurse staffing plan for the past 2 years.</p> | |

| We Need | Provide these items within 2 hours of the end of the Entrance Conference: | Received |
|------------|---|----------|
| | <p>15. Job descriptions for nursing staff that includes documentation of the required licensure and indicates the specialized qualifications and competencies of the nursing staff for</p> <p>____ All specialties and units</p> <p>____ Each of the following specialties and units:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> | |
| | <p>16. Nursing staff work schedules for the past 3 months for</p> <p>____ All specialties and units</p> <p>____ Each of the following specialties and units:</p> <p>_____</p> | |

| | | |
|--|---|--|
| | <hr/> <hr/> <hr/> <hr/> | |
| | <p>17. Timesheets and timecards or documentation showing actual hours worked for the past 3 months for all nurse staff members in</p> <p>___ All specialties and units</p> <p>___ Each of the following specialties and units:</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> | |
| | <p>18. Documentation of any variance between the time scheduled on the work schedule and the time worked for the past 3 months from</p> <p>___ All specialties and units</p> <p>___ Each of the following specialties and units:</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <p>For each of those variances provide documentation showing whether nursing staff was replaced, nursing staffing worked voluntary overtime, nursing staff worked mandatory overtime, nursing staff worked short, or how patient needs were met during that shift.</p> | |
| | <p>19. Documentation showing the hospital's efforts to obtain replacement nursing staff any time replacement nursing staff was used or sought within the past 3 months for</p> | |

| | | |
|--|---|--|
| | <p>___ All specialties and units</p> <p>___ Each of the following specialties and units:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> | |
|--|---|--|

| We Need | Provide these items within 4 hours of the end of the Entrance Conference: | Received |
|---------|--|----------|
| | <p>20. The hospital's current list of on-call (replacement) nursing staff or staffing agency contacts used to obtain replacement nursing staff for</p> <p>___ All specialties and units</p> <p>___ Each of the following specialties and units:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Documentation showing when and how the list was updated within the past 6 months.</p> | |
| | <p>21. Documentation showing any efforts within the past 2 years to expand the list of on-call (replacement) nursing staff and staffing agency contacts.</p> | |
| | <p>22. Documentation of any instance in which the hospital limited admissions or diverted patients to another hospital within the past year.</p> | |
| | <p>23. Documentation showing whether nursing staff members' on call hours require nursing staff members to be on-premises for</p> | |

| | | |
|--|--|--|
| | <p><input type="checkbox"/> All specialties and units</p> <p><input type="checkbox"/> Each of the following specialties and units:</p> <hr/> <hr/> <hr/> <hr/> <hr/> | |
| | <p>24. Documentation showing all overtime worked by any and all nursing staff members for the past 3 months for</p> <p><input type="checkbox"/> All specialties and units</p> <p><input type="checkbox"/> Each of the following specialties and units:</p> <hr/> <hr/> <hr/> <hr/> <hr/> | |
| | <p>25. Documentation showing all mandatory overtime worked by any nursing staff members in the past year from</p> <p><input type="checkbox"/> All specialties and units</p> <p><input type="checkbox"/> Each of the following specialties and units:</p> <hr/> <hr/> <hr/> <hr/> <hr/> | |
| | <p>26. Documentation showing any additional hours worked by nursing staff members within the past year due to staff vacancies that became known in the preceding shift or to as described in ORS 441.166(4) from</p> <p><input type="checkbox"/> All specialties and units</p> | |

| | | |
|--|---|--|
| | <p>____ Each of the following specialties and units:</p> <hr/> <hr/> <hr/> <hr/> <hr/> | |
| | <p>27. Documentation showing any additional hours worked by nursing staff members within the past year to avoid potential harm to an assigned patient as described in ORS 441.166(4) from</p> <p>____ All specialties and units</p> <p>____ Each of the following specialties and units:</p> <hr/> <hr/> <hr/> <hr/> <hr/> | |
| | <p>28. Documentation showing any additional hours worked by nursing staff members within the past 2 years due to a national or state emergencies or circumstances requiring the implementation of a facility disaster plan, including documentation showing the nature and extent of the emergency or circumstances requiring implementation of the facility disaster plan.</p> | |

If you need this information in an alternate format,
please call our office at (971) 673-0540 or TTY (971) 673-0372.

Time Block Selection

Hospital Nurse Staffing Data Review Instructions

For each unit surveyed you will review data for three specific blocks of time. The survey sample will include one block from each of the categories below.

If a unit does not operate in all categories, choose three blocks from categories when the unit does operate.

If a unit operates only sporadically in one category make sure to select a block of time when the unit did operate during that category.

| Blocks | Category A | Category B | Category C |
|--------|--------------------|--------------------|--------------------|
| 1 | 6:00 AM - 9:00 AM | 3:00 PM - 6:00 PM | 12:00 AM - 3:00 AM |
| 2 | 7:00 AM - 10:00 AM | 4:00 PM - 7:00 PM | 1:00 AM - 4:00 AM |
| 3 | 8:00 AM - 11:00 AM | 5:00 PM - 8:00 PM | 2:00 AM - 5:00 AM |
| 4 | 9:00 AM - 12:00 PM | 6:00 PM - 9:00 PM | 3:00 AM - 6:00 AM |
| 5 | 10:00 AM - 1:00 PM | 7:00 PM - 10:00 PM | 4:00 AM - 7:00 AM |
| 6 | 11:00 AM - 2:00 PM | 8:00 PM - 11:00 PM | 5:00 AM - 8:00 AM |

| Units surveyed | Date selected | Block selected |
|----------------------|----------------|----------------|
| <i>Example: NICU</i> | <i>8/22/16</i> | <i>B3</i> |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Hospital Nurse Staffing Data Review

Page of

total pages

Facility

Date

Surveyor #

| Unit | Date | Block | # RN staff or hrs per staffing plan | # RN staff or hrs actually worked | # LPN staff or hrs per staffing plan | # LPN staff or hrs actually worked | # CNA staff or hrs per staffing plan | # CNA staff or hrs actually worked | Staffing plan meets standards? <small>(see Written Staffing Plan Review form)</small> | Evidence of attempts to meet plan <small>(see Replacement Staffing Usage Review form)</small> |
|------|------|-------|-------------------------------------|-----------------------------------|--------------------------------------|------------------------------------|--------------------------------------|------------------------------------|--|---|
| | | | | | | | | | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No |
| | | | | | | | | | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No |
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| | | | | | | | | | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No |

Deficiencies observed? Yes No

Nurse Staffing Personnel Survey Tool

Facility _____ Date _____

Page of
total pages

Unit _____ Block (same as blocks selected in Hospital Nurse Staffing Data Review) _____

Surveyor # _____

| Employee Name | Status (FT/PT/Float/Traveler) | Regular or Replacement staff | RN, LPN or CNA | Current licensure? | Hire date | Date Nursing Dept Orientation Completed | Date Unit Orientation Completed | Evidence of Qualifications per hospital requirements | Evidence of Competencies per hospital requirements | Records reviewed (list A-J) | Discrepancies (note any attachments) |
|---------------|-------------------------------|------------------------------|----------------|--|-----------|---|---------------------------------|--|--|-----------------------------|--------------------------------------|
| | | | | <input type="radio"/> Yes <input type="radio"/> No | | | | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | | |
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| | | | | <input type="radio"/> Yes <input type="radio"/> No | | | | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | | |

Deficiencies observed? Yes No

Nurse Staffing - Personnel Survey Tool Document List

| Document Location | |
|-------------------|-----------------------------------|
| A | Personnel files |
| B | Electronic personnel files |
| C | Electronic training records |
| D | Policy & Procedures manual |
| E | Nurse Staffing Plan |
| F | Department/Unit manager files |
| G | Contract files |
| H | Office of DON/CNO/Nurse Executive |
| I | Staff development office |
| J | Other: |

Written Staffing Plan Review

Facility _____

Surveyor # _____

Page _____ of _____

total pages

Current plan shows consideration of:

| Unit/Specialty Description | Approval date | Specialized qualifications and competencies | Provides for skill mix and level of competency to meet health care needs of patients | Activity measure including rate of admissions, discharges & direct care RN to complete these tasks | Based on total diagnosis for unit and NS required to manage those diagnoses | Recognized standards for patient acuity and nursing care | Consistent w/ national standards (date of) | Recognizes differences in intensity | Establishes minimum numbers of RNs, LPNs, & CNAs required on specified shifts- 1:1 or greater | Includes process for limiting admissions/ diversions to another hospital | Considers non-direct care tasks including meals & rests | Not solely based on external benchmarking data--how was data used? |
|----------------------------|---------------|--|--|--|---|--|--|--|---|--|---|--|
| | | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No |
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Notes:

Deficiencies observed?

Yes No

HNSC's Annual Staffing Plan Review

Facility

Surveyor #

Page of

Annual Review shows

total pages

Unit/Specialty
Description

Review Date

| Unit/Specialty Description | Review Date | Patient outcomes | Non-OT NS complaints served/24-hour period | HPPD to # of patients | Aggregate mandatory OT hours worked | Aggregate voluntary OT hours worked | % of shifts for which staffing differed from NS plan | Was anything else considered? | engaging in mandatory OT in nonemergencies | Report of unit mandatory OT in nonemergency | Complaints re: mandatory OT | Date HNSC submitted annual report / evaluation | recommended? | Changes implemented? | Changes implemented? |
|----------------------------|-------------|--|--|-----------------------|-------------------------------------|-------------------------------------|--|--|--|--|--|--|--|--|--|
| | | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | | | | | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No |
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Notes:

Deficiencies observed?

Yes No

Replacement Staffing List Review

Facility _____ **Date** _____ **Page** _____ **of** _____
total pages

Unit _____ **Surveyor #** _____

| | | |
|---|--|--|
| Central list | <input type="radio"/> Yes <input type="radio"/> No | Date of List |
| Unit list | <input type="radio"/> Yes <input type="radio"/> No | Date of List |
| If there is a Central list and a Unit list, are the names on the list the same? | | <input type="radio"/> Yes <input type="radio"/> No |
| If there is more than one list, how are the various lists utilized? | | |
| Written update policy | <input type="radio"/> Yes <input type="radio"/> No | Comments: |
| Evidence of updates in accordance with policy | <input type="radio"/> Yes <input type="radio"/> No | Comments: |
| Evidence of updates | <input type="radio"/> Yes <input type="radio"/> No | Date of Last Update: |
| Comments: | | |
| List includes: | | |
| off-duty employees | <input type="radio"/> Yes <input type="radio"/> No | |
| non-employees | <input type="radio"/> Yes <input type="radio"/> No | |
| staffing agencies | <input type="radio"/> Yes <input type="radio"/> No | |
| other: | | |
| Evidence of efforts to add names to list | <input type="radio"/> Yes <input type="radio"/> No | Comments: |

Deficiencies observed? Yes No

Replacement Staffing Usage Review

Facility _____ **Date** _____

Page _____ **of** _____
_____ total pages

Unit _____ **Surveyor #** _____

| | | | | | |
|--|--|--|----------------|--|--|
| Date of Vacancy: | | Vacancy Discovery Date: | | # of Vacancies: | |
| Shift: (Block _____) | | Vacancy Discovery Time: | | # of Vacancies filled: | |
| Documentation of on duty staff contacted | <input type="radio"/> Yes <input type="radio"/> No | Results of contact: | Vacancy filled | <input type="radio"/> Yes <input type="radio"/> No | |
| Documentation of off-duty staff contacted | <input type="radio"/> Yes <input type="radio"/> No | Results of contact: | Vacancy filled | <input type="radio"/> Yes <input type="radio"/> No | |
| Documentation of paid on-call staff contacted | <input type="radio"/> Yes <input type="radio"/> No | Results of contact: | Vacancy filled | <input type="radio"/> Yes <input type="radio"/> No | |
| Documentation of contacts on replacement staff list (OAR 333-510-0125) | <input type="radio"/> Yes <input type="radio"/> No | Results of contact: | Vacancy filled | <input type="radio"/> Yes <input type="radio"/> No | |
| Voluntary Overtime used? <input type="radio"/> Yes <input type="radio"/> No | Mandatory Overtime used? <input type="radio"/> Yes <input type="radio"/> No | Administrator asserts emergency exception to Mandatory Overtime rules? <input type="radio"/> Yes <input type="radio"/> No | | | |
| Replacement's name is on Replacement list? <input type="radio"/> Yes <input type="radio"/> No | | | | | |

Other details: _____

Deficiencies observed? Yes No

Nurse Staffing - Posting Survey Tool

Facility

Date

Unit

Surveyor #

| Posting | Specifications | Locations observed | Online? | Date observed |
|--------------------------------|---|--------------------|----------|---------------|
| Complaint Notice | <ul style="list-style-type: none"> ● Summarizes provisions of ORS 441.152-441.177 ● Visible to the public ● Includes OHA's complaint phone #, email address, and website address | | X | |
| Anti-Retaliation Notice | <ul style="list-style-type: none"> ● Summarizes provisions of ORS 441.181, 441.183, 441.184, and 441.192 ● Clearly visible ● Posted where notices to employees and applicants for employment are customarily displayed | | | |
| Replacement Staffing | <ul style="list-style-type: none"> ● Post a list of on-call nursing staff or staffing agencies to provide replacement staff ● Sufficient to provide replacement nursing staff | | | |
| OT Policy | <ul style="list-style-type: none"> ● Mandatory OT policy readily available & provided to new NS members | | | |

Deficiencies observed?

Yes No

Hospital Nurse Staffing Committee Meeting Review

Facility _____ **Date** _____ **Surveyor #** _____

| | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Meeting dates: | | | | | | | | | | | | |
| Minutes | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No |
| Quorum present? | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No |
| Attendance listed | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No |
| Motions made listed | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No |
| Vote outcomes noted | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No |
| Voting record shows equal numbers of Direct Care and Managers voting | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No |
| Discussion summarized | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No |
| Observers listed | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No |
| Observer exclusions noted | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No |
| Minutes approval date | | | | | | | | | | | | |

Meetings were at least quarterly? Yes No

Notes:

Deficiencies observed? Yes No

Hospital Nurse Staffing Committee Charter Review

Page of
total pages

Facility

Date

Surveyor #

| | | | |
|---|--|--|--|
| Charter Provided | <input type="radio"/> Yes <input type="radio"/> No | Charter Date: | |
| Charter States: | | | |
| How meetings are scheduled | <input type="radio"/> Yes <input type="radio"/> No | How decisions are made | <input type="radio"/> Yes <input type="radio"/> No |
| How agendas are determined | <input type="radio"/> Yes <input type="radio"/> No | Who participates in decisionmaking | <input type="radio"/> Yes <input type="radio"/> No |
| How members are notified of meetings | <input type="radio"/> Yes <input type="radio"/> No | How input from specialties/units is submitted | <input type="radio"/> Yes <input type="radio"/> No |
| How HNSC monitors, evaluates and modifies plan (i.e. annual review) | <input type="radio"/> Yes <input type="radio"/> No | | |
| Charter or cochaIRS should confirm: HNSC members are released from assignments to attend HNSC meetings | <input type="radio"/> Yes <input type="radio"/> No | Charter or cochaIRS should confirm: HNSC members are paid for HNSC meeting time | <input type="radio"/> Yes <input type="radio"/> No |
| Charter or cochaIRS should define: How units are counted and defined for purposes of being represented on the HNSC. | Description: | | |
| Charter or cochaIRS should define: How units are counted and defined for purposes of having a plan | Description: | | |
| Attach a list of locations where nursing services are regularly performed. Are all locations represented on the HNSC? | | | <input type="radio"/> Yes <input type="radio"/> No |
| <i>Highlight on the list any location where nursing services are regularly performed that is not represented on the HNSC.</i> | | | |

Deficiencies observed? Yes No

Hospital Nurse Staffing Committee Cochair Interview Form

Hospital/CAH Name _____

Date/time _____ Surveyor Number _____

Interviewee name/Title _____

Primary work unit _____ Primary shift _____

Length of employment _____

- When was the last committee meeting? _____
- How soon after the committee meeting are minutes approved? _____

- How soon after minutes are approved are they made available? _____

- Please describe the selection process for direct care RNs on the committee.

- Please describe the selection process for the direct care non-RN on the committee.

- What is the policy and process for releasing committee members so that they can attend committee meetings? _____

-
- Which units are represented by direct care staff on the committee?

- Which units have a nurse staffing plan?

- In which units are nursing care services provided?

- Has the hospital implemented the hospital-wide nurse staffing plan created by this committee? ___ Yes ___ No

- If any parts of the plan have not been implemented, please explain why

- What, if any, feedback has the committee received from the hospital administration about the plan?

-
- What, if any, feedback has the committee received from direct care staff members about the plan?

- What, if any, complaints has the nurse staffing committee received?

- How has the committee addressed those complaints?

- Do you have any other information you would like to share about nurse staffing at this hospital?

Hospital Nurse Staffing Maximum Hour Review

Page of

total pages

Facility _____ Date _____ Surveyor # _____

| Unit | Block Reviewed: | | | | | | | |
|-------------------------------|---|--|--|---|--|--|-------------------------------------|--|
| Nurse Staff Member (NSM) name | Total # of hours worked on shift during which block | NSM was on call prior to shift? | NSM was on call following shift? | Total # of hours NSM worked during 24-hour period | Documented voluntary OT? | Time between end of last work and beginning of shift | Total # of hours worked during week | NSM's hours violated OT section (circle one) |
| | | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | | <input type="radio"/> Yes <input type="radio"/> No | | | A B C D E 0 |
| | | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | | <input type="radio"/> Yes <input type="radio"/> No | | | A B C D E 0 |
| | | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | | <input type="radio"/> Yes <input type="radio"/> No | | | A B C D E 0 |
| | | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | | <input type="radio"/> Yes <input type="radio"/> No | | | A B C D E 0 |
| | | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | | <input type="radio"/> Yes <input type="radio"/> No | | | A B C D E 0 |
| | | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | | <input type="radio"/> Yes <input type="radio"/> No | | | A B C D E 0 |
| | | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | | <input type="radio"/> Yes <input type="radio"/> No | | | A B C D E 0 |
| | | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | | <input type="radio"/> Yes <input type="radio"/> No | | | A B C D E 0 |
| | | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | | <input type="radio"/> Yes <input type="radio"/> No | | | A B C D E 0 |
| | | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | | <input type="radio"/> Yes <input type="radio"/> No | | | A B C D E 0 |
| | | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | | <input type="radio"/> Yes <input type="radio"/> No | | | A B C D E 0 |
| | | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | | <input type="radio"/> Yes <input type="radio"/> No | | | A B C D E 0 |
| | | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | | <input type="radio"/> Yes <input type="radio"/> No | | | A B C D E 0 |
| | | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | | <input type="radio"/> Yes <input type="radio"/> No | | | A B C D E 0 |

Deficiencies observed Yes No

Nurse Staffing Workbook

Facility _____ Date _____ Surveyor # _____

| Topic | Page |
|---|------|
| 333-510-0045 Nurse Staffing Posting Requirements | 1 |
| 333-510-0105 Hospital Nurse Staffing Committee Requirements | 3 |
| 333-510-0110 Nurse Staffing Plan Requirements | 6 |
| 333-510-0115 Nurse Staffing Plan Review Requirements | 7 |
| 333-510-0125 Replacement Nurse Staffing Requirements | 8 |
| 333-510-0130 Nurse Staffing Member Overtime | 8 |
| 333-510-0140 Nurse Staffing Plan During an Emergency | 10 |

| Standard | Relevant Survey Tool | Deficiencies observed | Tag | Comments & additional documents related to deficiencies: |
|---|--------------------------------------|--|-----|--|
| 333-510-0045 Nurse Staffing Posting and Record Requirements | | | | |
| (1) On each hospital unit, a hospital shall post a complaint notice that: (a) Summarizes the provisions of ORS 441.152 to 441.177; (b) Is clearly visible to the public; and (c) Includes the Authority’s complaint reporting phone number, electronic mail address and website address. | Nurse Staffing - Posting Survey Tool | <input type="radio"/> Yes <input type="radio"/> No | 600 | |
| (2) A hospital shall also post an anti-retaliation notice on the premises that: (a) Summarizes the provisions of ORS 441.181, 441.183, 441.184 and 441.192; (b) Is clearly visible; and (c) Is posted where notices to employees and applicants for employment are customarily displayed. | Nurse Staffing - Posting Survey Tool | <input type="radio"/> Yes <input type="radio"/> No | 605 | |
| (3) A hospital shall keep and maintain all records necessary to demonstrate compliance with ORS 441.152 to 441.177. These records shall: (a) Be maintained for no fewer than three years; (b) Be promptly provided to the Authority upon request; and (c) Include, at minimum: (A) The staffing plan; | | | | |

Nurse Staffing Workbook

| Standard | Relevant Survey Tool | Deficiencies observed | Tag | Comments & additional documents related to deficiencies: |
|--|----------------------|---|-----|--|
| <p>(B) The hospital nurse staffing committee charter;</p> <p>(C) Staffing committee meeting minutes;</p> <p>(D) Documentation showing how all members of the staffing committee were selected;</p> <p>(E) All complaints filed with the staffing committee;</p> <p>(F) Personnel files for all nursing staff positions that include, at minimum, job descriptions, required licensure and specialized qualifications and competencies required for the individual's assigned nurse specialty or unit;</p> <p>(G) Documentation showing work schedules for nursing staff in each hospital nurse specialty or unit;</p> <p>(H) Documentation showing actual hours worked by all nursing staff;</p> <p>(I) Documentation showing all work schedule variances that resulted in the use of replacement nursing staff;</p> <p>(J) Documentation showing how many on-call hours, if any, required nursing staff to be on the hospital premises;</p> <p>(K) Documentation showing how many required meeting, education and training hours, if any, were required of nursing staff;</p> <p>(L) The hospital's mandatory overtime policy and procedure;</p> <p>(M) Documentation showing how many, if any, overtime hours were worked by nursing staff;</p> <p>(N) Documentation of all waiver requests, if any, submitted to the Authority;</p> <p>(O) Documentation showing how many, if any, additional hours were worked due to emergency circumstances and the nature of those circumstances;</p> <p>(P) The list of on-call nursing staff used to obtain replacement nursing staff;</p> <p>(Q) Documentation showing how and when the hospital updates its list of on-call staff used to obtain replacement nursing staff and how the hospital determines eligibility to remain on the list;</p> <p>(R) Documentation showing the hospital's procedures for obtaining replacement nursing staff, including efforts made to obtain replacement staff;</p> <p>(S) Documentation showing the hospital's actual efforts to seek replacement staff when needed;</p> | | <p style="text-align: center;">This deficiency is observed when survey tools are incomplete due to the hospital's failure to maintain or provide requested records.</p> | 610 | |

Nurse Staffing Workbook

| Standard | Relevant Survey Tool | Deficiencies observed | Tag | Comments & additional documents related to deficiencies: |
|---|--|--|-----|--|
| <p>(T) Documentation showing each actual instance in which the hospital implemented the policy described in OAR 333-510-0110(2)(g) to initiate limitations on admission or diversion of patients to another hospital; and</p> <p>(U) All staffing committee reports filed with the hospital administration following a review of the staffing plan.</p> | | | | |
| 333-510-0105 Nurse Staffing Committee Requirement | | | | |
| <p>(1) Each hospital shall establish and maintain a hospital nurse staffing committee. The staffing committee shall develop a written hospital-wide staffing plan for nursing services in accordance with ORS 441.155 and OAR chapter 333, division 510 rules. In developing the staffing plan, the staffing committee's primary goal shall be to ensure that the hospital is adequately staffed to meet the health care needs of its patients.</p> | Hospital Nurse Staffing Committee Composition Review | <input type="radio"/> Yes <input type="radio"/> No | 615 | |
| <p>(2) The staffing committee shall meet:</p> <p>(a) At least once every three months; and</p> <p>(b) At any time and place specified by either co-chair of the staffing committee.</p> | Hospital Nurse Staffing Committee Meeting Review | <input type="radio"/> Yes <input type="radio"/> No | 620 | |
| <p>(3) The hospital shall release a member of the staffing committee from his or her assignment to attend committee meetings and provide paid time for this purpose.</p> | Hospital Nurse Staffing Committee Charter Review <i>and Cochair interviews</i> | <input type="radio"/> Yes <input type="radio"/> No | 625 | |
| <p>(4) The staffing committee shall be comprised of an equal number of hospital nurse managers and direct care staff. Direct care staff members shall be selected as follows:</p> <p>(a) The staffing committee shall include at least one direct care registered nurse from each hospital nurse specialty or unit as the specialty or unit is defined by the hospital to represent that specialty or unit;</p> | Hospital Nurse Staffing Committee Composition Review consider using Unit Classification Survey tool | <input type="radio"/> Yes <input type="radio"/> No | 630 | |
| <p>(b) In addition to the direct care registered nurses described in subsection (a) of this section there must be one position on the staffing committee that is filled by a direct care staff member who is not a registered nurse and whose services are covered by the staffing plan.</p> | Hospital Nurse Staffing Committee Charter Review | <input type="radio"/> Yes <input type="radio"/> No | 635 | |

Nurse Staffing Workbook

| Standard | Relevant Survey Tool | Deficiencies observed | Tag | Comments & additional documents related to deficiencies: |
|--|--|--|-----|--|
| plan, | <i>and Cochair interviews</i> | | | |
| <p>(c) If the direct care registered nurses working at the hospital are represented under a collective bargaining agreement, the bargaining unit shall coordinate voting to allow the direct care registered nurses who work at the hospital to select each direct care registered nurse on the staffing committee;</p> <p>(d) If the direct care registered nurses working at the hospital are not represented under a collective bargaining agreement, the direct care registered nurses belonging to each hospital nurse specialty or unit shall select the direct care registered nurse to represent it on the staffing committee; and</p> <p>(e) If the position that must be filled by a direct care staff member who is not a registered nurse and whose services are covered by the staffing plan is represented under a collective bargaining agreement, the bargaining unit shall coordinate voting to allow the direct care staff members who are not registered nurses to select the direct care staff member who is not a registered nurse to represent them on the staffing committee.</p> <p>(f) If the position that must be filled by a direct care staff member who is not a registered nurse and whose services are covered by the staffing plan is not represented under a collective bargaining agreement, the direct care staff members who are not registered nurses shall select the direct care staff member to represent them on the staffing committee.</p> | <i>Cochair interviews</i> | <input type="radio"/> Yes <input type="radio"/> No | 640 | |
| <p>(5) The staffing committee shall have two co-chairs. One co-chair must be a hospital nurse manager elected by a majority of the staffing committee members who are hospital nurse managers. The other co-chair must be a direct care registered nurse elected by a majority of the staffing committee members who are direct care staff.</p> | | | 645 | |
| <p>(6) The staffing committee must develop a written charter that documents the policies and procedures of the staffing committee. At minimum, the charter must include:</p> <p>(a) How meetings are scheduled;</p> <p>(b) How members are notified of meetings;</p> <p>(c) How agendas are determined;</p> <p>(d) How input from hospital nurse specialty or unit staff is submitted;</p> | Hospital Nurse Staffing Committee Charter Review | <input type="radio"/> Yes <input type="radio"/> No | 650 | |

Nurse Staffing Workbook

| Standard | Relevant Survey Tool | Deficiencies observed | Tag | Comments & additional documents related to deficiencies: |
|--|---|---|------------|--|
| (e) Who may participate in decision-making; (f) How decisions are made; and | | | | |
| (g) How the staffing committee shall monitor, evaluate and modify the staffing plan over time. | | | | |
| <p>(7) Staffing committee meetings must be conducted as follows:</p> <p>(a) A meeting may not be conducted unless a quorum of staffing committee members is present;</p> <p>(b) Except as set forth in subsection (c) of this section, a meeting must be open to all hospital nursing staff as observers and to any other individual as either observer or presenter by invitation of either co-chair of the staffing committee;</p> <p>(c) Either co-chair of the staffing committee may temporarily exclude all non-members from a meeting during staffing committee deliberations and voting; and</p> <p>(d) Each staffing committee decision must be made by majority vote; however, if a quorum consists of an unequal number of hospital nurse managers and direct care staff, only an equal number of hospital nurse managers and direct care staff may vote.</p> | <p>Hospital Nurse Staffing Committee Meeting Review</p> | <p><input type="radio"/> Yes <input type="radio"/> No</p> | <p>655</p> | |
| <p>(8) The staffing committee must document meeting proceedings by keeping written meeting minutes that include, but are not limited to, the following information:</p> <p>(a) The name and position of each staffing committee member in attendance;</p> <p>(b) The name and position of each observer or presenter in attendance;</p> <p>(c) Motions made;</p> <p>(d) Outcomes of votes taken;</p> <p>(e) A summary of staffing committee discussions; and</p> <p>(f) Instances in which non-members have been excluded from staffing committee meetings.</p> | <p>Hospital Nurse Staffing Committee Meeting Review</p> | <p><input type="radio"/> Yes <input type="radio"/> No</p> | <p>660</p> | |
| (9) The staffing committee shall approve meeting minutes prior to or during the next staffing committee meeting. | | | | |

Nurse Staffing Workbook

| Standard | Relevant Survey Tool | Deficiencies observed | Tag | Comments & additional documents related to deficiencies: |
|---|-------------------------------------|--|-----|--|
| (10) The staffing committee shall provide meeting minutes to hospital nursing staff and other hospital staff upon request no more than 30 calendar days after the meeting minutes are approved by the staffing committee. | <i>Cochair interviews</i> | <input type="radio"/> Yes <input type="radio"/> No | 665 | |
| 333-510-0110 Nurse Staffing Plan Requirements | | | | |
| (1) Each hospital shall implement a written hospital-wide staffing plan for nursing services that is developed and approved by the hospital nurse staffing committee established in accordance with ORS 441.154 and OAR chapter 333 division 510 rules. | Hospital Nurse Staffing Data Review | <input type="radio"/> Yes <input type="radio"/> No | 670 | |
| (2) The staffing plan: (a) Must be based on the specialized qualifications and competencies of the nursing staff and provide for the skill mix and level of competency necessary to ensure that the hospital is staffed to meet the health care needs of patients; | Personnel Survey Tool | <input type="radio"/> Yes <input type="radio"/> No | 675 | |
| (b) <i>The staffing plan</i> Must be based on a measurement of hospital unit activity that quantifies the rate of admissions, discharges and transfers for each hospital unit and the time required for a direct care registered nurse belonging to a hospital unit to complete admissions, discharges and transfers for that hospital unit; | Written Staffing Plan Review | <input type="radio"/> Yes <input type="radio"/> No | 680 | |
| (c) <i>The staffing plan</i> Must be based on total diagnoses for each hospital unit and the nursing staff required to manage that set of diagnoses; | | <input type="radio"/> Yes <input type="radio"/> No | 685 | |
| (d) <i>The staffing plan</i> Must be consistent with nationally recognized evidence-based standards and guidelines established by professional nursing specialty organizations such as, but not limited to: The American Association of Critical Care Nurses, American Operating Room Nurses (AORN), or American Society of Peri-Anesthesia Nurses (ASPAN); | | <input type="radio"/> Yes <input type="radio"/> No | 690 | |
| (e) <i>The staffing plan</i> Must recognize differences in patient acuity and nursing care intensity; | | <input type="radio"/> Yes <input type="radio"/> No | 695 | |
| (f) <i>The staffing plan</i> Must establish minimum numbers of nursing staff, including licensed practical nurses and certified nursing assistants, required on specified shifts, | | <input type="radio"/> Yes <input type="radio"/> No | 700 | |

Nurse Staffing Workbook

| Standard | Relevant Survey Tool | Deficiencies observed | Tag | Comments & additional documents related to deficiencies: |
|---|--|--|-----|--|
| (f) <i>The staffing plan must establish minimum numbers of nursing staff provided that no fewer than one registered nurse and one other nursing staff member is on duty in a unit when a patient is present;</i> | | <input type="radio"/> Yes <input type="radio"/> No | 705 | |
| (g) <i>The staffing plan must</i> Must include a formal process for evaluating and initiating limitations on admission or diversion of patients to another hospital when, in the judgment of a direct care registered nurse or a nurse manager, there is an inability to meet patient care needs or a risk of harm to patients; | | <input type="radio"/> Yes <input type="radio"/> No | 710 | |
| (h) <i>The staffing plan</i> Must consider tasks not related to providing direct care, including meal breaks and rest breaks; | | <input type="radio"/> Yes <input type="radio"/> No | 715 | |
| (i) <i>The staffing plan</i> May not base nursing staff requirements solely on external benchmarking data; | | <input type="radio"/> Yes <input type="radio"/> No | 720 | |
| (j) <i>The staffing plan</i> May not be used by a hospital to impose upon unionized nursing staff any changes in wages, hours or other terms and conditions of employment unless the hospital first provides notice to and, upon request, bargains with the union; and (k) <i>The staffing plan</i> May not create, preempt or modify a collective bargaining agreement or require parties to an agreement to bargain over the staffing plan while a collective bargaining agreement is in effect. | <i>This deficiency relates to employment law and should be discussed with counsel.</i> | | 725 | |
| 333-510-0115 Nurse Staffing Plan Review Requirement | | | | |
| (1) The staffing committee shall: (a) Review the staffing plan at least once per year; and (b) At any other time specified by either co-chair of the staffing committee. | HNSC Annual Staffing Plan Review & HNSC Minutes | <input type="radio"/> Yes <input type="radio"/> No | 730 | |
| (2) In reviewing the staffing plan, the staffing committee shall consider: (a) Patient outcomes; (b) Complaints regarding staffing, including complaints about a delay in direct care nursing or an absence of direct care nursing; (c) The number of hours of nursing care provided through a hospital unit compared with the number of patients served by the hospital unit during a 24-hour period; (d) The aggregate hours of mandatory overtime worked by nursing staff; (e) The aggregate hours of voluntary overtime worked by nursing staff; | HNSC Annual Staffing Plan Review | <input type="radio"/> Yes <input type="radio"/> No | 735 | |

Nurse Staffing Workbook

| Standard | Relevant Survey Tool | Deficiencies observed | Tag | Comments & additional documents related to deficiencies: |
|---|--|--|-----|--|
| (f) The percentage of shifts for each hospital unit for which staffing differed from what is required by the staffing plan; (g) Any other matter determined by the committee to be necessary to ensure that the hospital is staffed to meet the health care needs of patients; and (h) Any report filed by a nursing staff member stating the nursing staff member's belief that the hospital unit engaged in a pattern of requiring direct care nursing staff to work overtime for nonemergency care. | Staffing Plan Review | | | |
| (3) Following its review of the staffing plan, the staffing committee shall issue a written report to the hospital that indicates whether the staffing plan ensures that the hospital is adequately staffed and meets the health care needs of patients. If the report indicates that it does not, the staffing committee shall modify the staffing plan as necessary to accomplish this goal. | HNSC Annual Staffing Plan Review | <input type="radio"/> Yes <input type="radio"/> No | 740 | |
| 333-510-0125 Replacement Nurse Staffing Requirements | | | | |
| (1) A hospital must maintain and post or publish a list of on-call nursing staff that may be contacted to provide qualified replacement or additional nursing staff in the event of a vacancy or unexpected shortage. This list must: (a) Provide for sufficient replacement nursing staff on a regular basis; and (b) Be available to the individual who is responsible for obtaining replacement staff during each shift. | Nurse Staffing - Posting Survey Tool and Nurse Staffing - Replacement Staffing List Evaluation | <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No | 745 | |
| (3) When a hospital learns about the need for replacement nursing staff, the hospital must make every reasonable effort to obtain adequate voluntary replacement nursing staff for unfilled hours or shifts before requiring a nursing staff member to work overtime and these efforts must be documented. Reasonable efforts include, but are not limited to: (a) The hospital seeking replacement nursing staff at the time the vacancy is known; and (b) The hospital contacting all available resources on its list of on-call nursing staff as described in this rule. | Nurse Staffing - Replacement Staff/Mandatory OT Review | <input type="radio"/> Yes <input type="radio"/> No | 750 | |

Nurse Staffing Workbook

| Standard | Relevant Survey Tool | Deficiencies observed | Tag | Comments & additional documents related to deficiencies: |
|---|--|--|-----|--|
| 333-510-0130 Nurse Staffing Member Overtime | | | | |
| (1) For purposes of this rule "require" means hours worked as a condition of employment whether as a result of a previously scheduled shift or hours actually worked during time spent on call or on standby. | Nurse Staffing - Replacement Staff/Mandatory OT Review | <input type="radio"/> Yes <input type="radio"/> No | 755 | |
| (2) A hospital may not require a nursing staff member to work: (a) Beyond the agreed-upon and prearranged shift, regardless of the length of the shift; (b) More than 48 hours in any hospital-defined work week; (c) More than 12 hours in a 24-hour period; (d) 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 (e) 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. | | | | |
| (3) Time spent by the nursing staff member in required meetings or receiving education or training will be included as hours worked for the purpose of section (2) of this rule; | Nurse staffing - Replacement Staff/Mandatory OT Review | <input type="radio"/> Yes <input type="radio"/> No | 760 | |
| (4) Time spent on call or on standby when the nursing staff member is required to be at the hospital will be included as hours worked for the purpose of section (2) of this rule; and | | | | |
| (5) Time spent on call or on standby when the nursing staff member is not required to be at the hospital will not be included as hours worked for the purpose of section (2) of this rule. (6) Nothing in this rule precludes a nursing staff member from volunteering to work overtime. | | | | |
| (7) A hospital may require an additional hour of work beyond the hours authorized in section (2) of this rule if: | Nurse Staffing Replacement Staff/Mandatory OT Review | <input type="radio"/> Yes <input type="radio"/> No | 765 | |
| (a) A staff vacancy for the next shift becomes known at the end of the current shift; or (b) There is a potential harm to an assigned patient if the nursing staff member leaves the assignment or transfers care to another nursing staff member. | | | | |

Nurse Staffing Workbook

| Standard | Relevant Survey Tool | Deficiencies observed | Tag | Comments & additional documents related to deficiencies: |
|---|---|--|-----|--|
| <p>(8) Each hospital must have a policy and procedure in place to ensure, at minimum, that:</p> <p>(a) Mandatory overtime, when required, is documented in writing; and</p> <p>(b) Mandatory overtime policies and procedures are clearly written, provided to all new nursing staff and readily available to all nursing staff.</p> | Nurse Staffing - Posting Survey Tool | <input type="radio"/> Yes <input type="radio"/> No | 770 | |
| <p>(9) If a nursing staff member believes that a hospital unit is engaging in a pattern of requiring direct care nursing staff to work overtime for nonemergency care, the nursing staff member may report that information to the staffing committee. The staffing committee shall consider the information when reviewing the staffing plan as described in OAR 333-510-0115.</p> | HNSC Annual Staffing Plan Review | <input type="radio"/> Yes <input type="radio"/> No | 775 | |
| <p>(10) The provisions of sections (2) through (8) of this rule do not apply to nursing staff needs:</p> <p>(a) In the event of a national or state emergency or circumstances requiring the implementation of a facility disaster plan; or</p> <p>(b) In emergency circumstances that include:</p> <p>(A) Sudden and unforeseen adverse weather conditions;</p> <p>(B) An infectious disease epidemic suffered by hospital staff;</p> <p>(C) Any unforeseen event preventing replacement staff from approaching or entering the premises; or</p> | If Facility indicates that an emergency necessitated suspension of overtime rules surveyor will request documentation establishing emergency circumstances. | <input type="radio"/> Yes <input type="radio"/> No | 780 | |
| <p>(D) Unplanned direct care staff vacancies of 20% or more of the nursing staff for the next shift hospital-wide at the Oregon State Hospital if, based on the patient census, the Oregon State Hospital determines the number of direct care staff available hospital-wide cannot ensure patient safety.</p> | <i>Specific to OSH</i> | | 785 | |
| <p>(11) Nothing in section (10) of this rule relieves the Oregon State Hospital from contacting voluntary replacement staff as described in OAR 333-510-0125 and documenting these contacts.</p> | | | | |
| <p>(12) A registered nurse at a hospital may not place a patient at risk of harm by leaving a patient care assignment during an agreed upon scheduled shift or an agreed-upon extended shift without authorization from the appropriate supervisory personnel as required by the Oregon State Board of Nursing OAR, Chapter 851+A162</p> | <i>Governed by Board of Nursing</i> | | | |

| Standard | Relevant Survey Tool | Deficiencies observed | Tag | Comments & additional documents related to deficiencies: |
|---|--|--|-----|--|
| (13) Unit the Authority defines "other nursing staff" as that term is described in ORS 441.166(1), this rule applies only to "nursing staff member" as that term is defined in these rules. | <i>Definition</i> | | | |
| 333-510-0140 Nurse Staffing Plan During an Emergency | | | | |
| (1) A hospital is not required to follow the staffing plan developed and approved by the staffing committee in the event of: (a) A national or state emergency requiring the implementation of a facility disaster plan; (b) Sudden and unforeseen adverse weather conditions; or (c) An infectious disease epidemic suffered by hospital staff. | If Facility indicates that an emergency necessitated suspension of plan implementation surveyor will request documentation establishing emergency circumstances. | <input type="radio"/> Yes <input type="radio"/> No | 790 | |
| (2) In the event of an emergency circumstance not described in section (1) of this rule, either co-chair of the staffing committee may specify a time and place to meet to review and potentially modify the staffing plan in response to the emergency circumstance. | | | | |