

# Selected Nurse Staffing Administrative Rules

For complete list of rules and link to rules go to

[www.healthoregon.org/nursestaffing](http://www.healthoregon.org/nursestaffing)

## 333-510-0105

### **Nurse Staffing Committee Requirement**

- (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.
- (2) The staffing committee shall meet:
  - (a) At least once every three months; and
  - (b) At any time and place specified by either co-chair of the staffing committee.
- (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.
- (4) The staffing committee shall be comprised of an equal number of hospital nurse managers and direct care staff.

members shall be selected as follows:

- (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;
- (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;
- (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;
- (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

(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.

(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 who is not a registered nurse to represent them on the staffing committee.

(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.

(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:

(a) How meetings are scheduled;

(b) How members are notified of meetings;

(c) How agendas are determined;

(d) How input from hospital nurse specialty or unit staff is submitted;

(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.

(7) Staffing committee meetings must be conducted as follows:

(a) A meeting may not be conducted unless a quorum of staffing committee members is present;

(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;

(c) Either co-chair of the staffing committee may temporarily

exclude all non-members from a meeting during staffing committee deliberations and voting; and  
(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.

(8) The staffing committee must document meeting proceedings by keeping written meeting minutes that include, but are not limited to, the following information:

(a) The name and position of each staffing committee member in attendance;

(b) The name and position of each observer or presenter in attendance;

(c) Motions made;

(d) Outcomes of votes taken;

(e) A summary of staffing committee discussions; and

(f) Instances in which non-members have been excluded from staffing committee meetings.

(9) The staffing committee shall approve meeting minutes prior to or during the next staffing committee meeting.

(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.

Stat. Auth.: ORS 413.042, 441.151 & 441.154

Stats. Implemented: ORS 441.154  
Hist.: PH 22-2016, f. & cert. ef. 7-1-16

### **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.

(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;

(b) 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;

- (c) Must be based on total diagnoses for each hospital unit and the nursing staff required to manage that set of diagnoses;
- (d) 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);
- (e) Must recognize differences in patient acuity and nursing care intensity;
- (f) Must establish minimum numbers of nursing staff, including licensed practical nurses and certified nursing assistants, required on specified shifts, 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;
- (g) 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;

- (h) Must consider tasks not related to providing direct care, including meal breaks and rest breaks;
- (i) May not base nursing staff requirements solely on external benchmarking data;
- (j) 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) 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.

Stat. Auth.: ORS 413.042 & 441.155  
Stats. Implemented: ORS 441.155  
Hist.: PH 22-2016, f. & cert. ef. 7-1-16

### **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.

(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;
- (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.

(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.

Stat. Auth.: ORS 413.042 & 441.156

Stats. Implemented: ORS 441.156

Hist.: PH 22-2016, f. & cert. ef. 7-1-16

### **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.

(2) When developing and maintaining the on-call list, the hospital must explore all

reasonable options for identifying local replacement staff and these efforts must be documented.

(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.

Stat. Auth.: ORS 413.042,  
441.155 & 441.166

Stats. Implemented: ORS 441.155  
& 441.166

Hist.: PH 22-2016, f. & cert. ef. 7-  
1-16

### **333-510-0135**

#### **Nurse Staffing Plan Waiver**

(1) At a hospital's request, the Authority may waive any staffing plan requirement set forth in ORS 441.155 provided that a waiver is necessary to ensure that the hospital is staffed to meet the health care needs of its patients.

(2) All requests for a waiver must:

(a) Be submitted to the Authority in writing;

(b) State the reason or reasons for which the hospital is seeking the waiver;

(c) Explain how the waiver is necessary for the hospital to meet patient health care needs; and

(d) Include verification that the hospital notified the staffing committee of the request for a waiver prior to its submission.

Stat. Auth.: ORS 413.042 &  
441.165

Stats. Implemented: ORS 441.155  
& 441.165

Hist.: PH 22-2016, f. & cert. ef. 7-  
1-16