Oregon’s hospital nurse staffing bill, Senate Bill 469, was signed by Governor Brown on July 6, 2015 and is now law. Parts of the law became effective immediately, others will become effective January 1, 2016 and final parts of the law will become effective January 1, 2017. Highlights of important aspects of the law are contained in this document.

Work Hours and Mandatory Overtime

- Hospitals may not REQUIRE a nurse to work beyond the agreed upon and prearranged shift, regardless of the length of the shift.
- Hospitals must provide a 10-hour rest period after a nurse works 12 hours in a 24-hour period. The 24-hour period starts when a nurse begins their shift.
- The law doesn’t affect voluntary overtime – meaning the nurse can decide to work overtime but the organization cannot make it mandatory.
- There are limited exceptions to the “agreed-upon shift,” as there is still an hour of “slush time” at the end of the shift if a vacancy becomes known at the end of a shift or there is potential for harm to patients.
- Time spent on call or hospital standby, where you are required to be on the premises, counts towards hour limits. Time on call or standby away from the hospital premises does not count towards hour limits.
- All overtime provisions apply to members of nursing staff including registered nurses (RNs), licensed practical nurses (LPNs), certified nursing assistants (CNAs) and other members of the nursing staff as defined by the Oregon Health Authority (OHA) in rules.

Enforcement Provisions

- Requires the state to audit each hospital at least once every three years. Many hospitals in the state have never been audited and some have only been audited two or three times. These audits will be in addition to complaint-based investigations.
- Requires the state to initiate on-site investigation within 60 days of receiving a complaint.
- Requires the state to re-survey facilities with approved plans of correction within 60 days of plan implementation to ensure compliance. This makes sure that hospitals aren’t just writing plans of correction without implementing the changes.
- When making an investigation the state will interview both co-chairs of the nurse staffing committee.

- After the investigation the state will provide findings to the hospital and the co-chairs of the staffing committee.

The state will make audits, findings, plans of correction and penalties public record and post them on the OHA website.

Nurse Staffing Advisory Board

The new Oregon hospital nurse staffing law includes provisions for a Nurse Staffing Advisory Board which is to be established within the Oregon Health Authority (OHA) and will consist of twelve members appointed by the Governor.

Of those twelve members, five will be direct-care RNs who work in hospitals, with an additional direct-care member that may be either a direct-care RN or another direct-care staff member who is covered by the staffing plan (LPN, CNA, technichian and so forth). Board members will be chosen from across the state and from varied hospital sizes and types.

The Nurse Staffing Advisory Board will:

- Provide advice to OHA on how the nurse staffing law is being implemented
- Identify trends, opportunities and concerns related to nurse staffing
- Make recommendations to OHA on the basis of those trends and concerns
- Review OHA’s enforcement powers and processes
- Meet quarterly and submit an annual report of recommendations to the State Legislature.

Hospital Nurse Staffing Committees

Hospital nurse staffing committees are extremely important for nurses. The staffing committee is where staffing plans are approved for your unit. Under the new hospital nurse staffing law, the membership of the committee and what it can accomplish have changed.

Some of those changes are:

- A direct-care staff member who is not a nurse but who is covered by the staffing plan (CNA, LPN, technichians) will sit on the staffing committee and will be part of the 50 percent direct-care committee members.

- If the hospital is covered by a collective bargaining agreement, the bargaining unit will select the members of the staffing committee for the direct-care nurses.

- The staffing committee will have two co-chairs (one manager and one direct-care RN). The direct-care RN will be selected by the members of the committee who are direct-care staff.

- The staffing committee must meet at least quarterly and at the request of either co-chair.

- The staffing committee must be open to hospital nursing staff as observers

- Upon invitation from either co-chair, there can be other observers or presenters.

- The hospital shall release a member of the staffing committee from the member’s assignment and provide the member with paid time to attend committee meetings.
Staffing Plans

Each unit within a hospital is responsible for a unit-wide staffing plan. This staffing plan is a living document that details how the unit runs and must be brought to the staffing committee if you want to change the unit’s staffing.

Senate Bill 469 strengthened the language around staffing plans and made some much needed updates.

The new bill highlights are as follows:

- Each hospital shall implement the written hospital-wide staffing plan for nursing services that has been developed and approved by the hospital nurse staffing committee.

- The plan 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.

- The plan must take admissions, discharges and transfers into account and also the time that it takes a direct-care registered nurse to complete an admission, discharge or transfer.

- The plan must be consistent with nationally recognized evidence-based standards and guidelines established by professional nursing specialty organizations. If you need help finding your professional organization’s staffing standards please contact the Oregon Nurses Association (ONA).

- The plan must include a formal process for evaluating and initiating limitations on admission or diversion of patients to another hospital when in the judgement of a direct-care RN or a nurse manager there is an inability to meet patient care needs or a risk of harm to patients.

- Regular review of the staffing plan must occur annually and the reviews must include patient outcomes, reports of inadequate staffing, staffing complaints, staff overtime and deviations from the staffing plan.

Impasse

Occasionally, a hospital-wide staffing committee cannot come to agreement on a staffing plan. In these instances an impasse can be called by either co-chair of the staffing committee. The impasse process starts with a 30-day pre-impasse period during which the committee will continue to develop the staffing plan. During this 30-day period the hospital shall provide the staffing committee with the data it needs to be able to reach a resolution. If, at the end of these 30 days, there is still no agreement on the staffing plan, an impasse is called and one of the committee’s co-chairs will contact the OHA.

Once OHA receives word of the impasse, they will provide the committee with a mediator to assist the committee in reaching an agreement on the staffing plan. If the committee is still unable to reach an agreement after 90 days of mediation, OHA may impose a penalty against the hospital.

New impasse rules must be implemented by January 1, 2016.

For more information about Oregon’s Hospital Nurse Staffing Law or to watch a free webinar on nurse staffing, visit ONA’s website, www.OregonNurseStaffingLaw.org.

If you have questions about the law, please contact ONA’s Professional Services Department at practice@OregonRN.org.