

In 2001 the Oregon Legislature enacted into law the provisions of House Bill (HB) 2800. The law can be found in the Oregon Revised Statutes (ORS) 441.160 through 441.192. The law sets forth requirements for hospital nursing services staffing. These include:

- Specific requirements and limitations with respect to hospital nursing services staffing;
- A requirement that hospitals post a notice of the ORS affecting nurses;
- A mandate to the Oregon Department of Human Services to conduct a random audit of not less than seven percent of all hospitals in the state solely to verify compliance with the requirements of ORS 441.162, written staffing plan for nursing services; ORS 441.166, need for replacement of staff; and ORS 441.192, notice of employment outside of hospital;
- A mandate to the Oregon Department of Human Services to prepare an annual report summarizing the audit findings;
- Provisions for assessment of civil penalties, when applicable; and
- Whistle-blower protection.

The [Health Care Licensure and Certification](#) (HCLC) section of the Department of Human Services is the agency responsible for the licensure of hospitals in the State of Oregon. HCLC was charged with drafting the Oregon Administrative Rules (OARs) for Hospitals that were required to implement the statutes.

As part of the rule-making process, HCLC convened a work group with broad representation of all interested parties to draft rule language. The work group met a number of times and rules were drafted. Two public hearings were held on the proposed rule language, and the rules were filed on December 10, 2002.

The rule-making process resulted in the adoption of two new sections and significant revisions to the OARs for Hospitals for nurse staffing. The rules can be found in the OARs for Hospitals at the following sites:

- 333-500-0056 Annual Random Audits;
- 333-500-0057 Civil Penalties and Table 1-Civil Penalty Assessments;
- 333-505-0005(5) Governing Body Responsibility; and
- 333-510-0045 Nursing Services Staffing

HCLC staff developed a standardized audit process intended to evaluate a hospital's compliance with all of the rules related to nurse

staffing. Five hospitals were randomly selected from the list of hospitals licensed in the State of Oregon. The audits were unannounced - the surveyors did not notify the hospital of the audit prior to their arrival at the hospital. The same two-surveyor team conducted all five audits with the intent of bringing consistency to the process.

The audit process included the following tasks:

- A tour was conducted of one or more hospital units. Clinical staff on the unit was interviewed with respect to the nursing process and staffing.
- Documentation was reviewed and included, but was not limited to, the hospital's written staffing plan for nursing services; individual unit staffing plans; staffing guidelines or matrices for each unit; the daily staffing or payroll reports for each unit to verify actual staff who worked and the number of hours staff worked; nurse staffing policies; nurse staffing committee meeting minutes; quality assurance data; reports of inadequate staffing filed by clinical staff; nurse sensitive outcome data related to infection control, decubitus ulcers, medication errors, and patient satisfaction surveys; job descriptions; and personnel files for evaluation of current licensure/certification, qualifications, in-service training, and performance evaluations.
- Interviews were conducted with nursing administrative, management, and clinical staff.
- The hospital environment was observed for posting of the required notice.

The findings were reviewed against the requirements set forth in the OARs for Hospitals. A narrative report was documented for each hospital audit. A copy of the report was sent to the hospital along with a standard form entitled a Statement of Deficiencies. A copy of both is retained in the hospital's permanent facility file in the HCLC office.

HCLC staff met with members of the work group on April 22, 2003 following the completion of two hospital audits. The purpose of the meeting was to describe the audit process and seek comments and recommendations from the group. As a result of the meeting, the audit process was modified to include recommendations of the group. The remaining three audits were completed and an annual report was drafted.

HCLC met with the work group again on November 5, 2003. The purpose was to review the nursing services staffing audit process, review the draft annual report, and seek comments and recommendations from the work group with respect to format, content, and distribution of the annual report. The group discussed problems identified during the audits and again made recommendations with respect to the audit process and the annual report.

As a result of this meeting the following changes were made to the audit process and annual report format: surveyors are now able to provide cell phone contact to arrange for confidential interviews with clinical nursing staff during the on site audit; the audit sampling time was increased from one week to two weeks, one week from two separate hospital quarters; and the format of the annual report was changed to include the language of each of the Oregon Administrative Rules for Hospitals for Nurse Staffing.

A copy of the final annual report is on file in the office of Health Care Licensure and Certification located in the Portland State Office Building, 800 NE Oregon Street, Portland, OR 97293. The telephone number is (503) 731-4013.

The five audits for fiscal year 2004 were conducted between 02/03/04 and 06/15/04. The licensed bed capacity for the five audited hospitals ranged from 21 beds to 172 beds. The number and type of services provided by the hospitals varied. The staffing plan for nursing services at each hospital corresponded to the level of services provided by the hospital. The number and qualifications of nursing staff members varied accordingly. The complexity of the organization and operation of nursing services corresponded to the size of the hospital organization.

2004 NURSE STAFFING AUDIT REPORT

Oregon Health Services, Office of Public Health Systems, Health Care Licensure and Certification
 Fulfills requirement listed at Oregon Administrative Rules for Hospitals 333-500-0056(2)

FACILITIES	Southern Coos Hospital	Providence Hood River Memorial Hospital	Bay Area Hospital	Willamette Falls Hospital	Harney District Hospital
Location	Bandon, OR	Hood River, OR	Coos Bay, OR	Oregon City, OR	Burns, OR
Licensed Bed Capacity	21	32	172	143	44 – operates fewer than 25 beds
Date of Audit	02/3/04	02/10/04	02/23/04	03/15/04	06/15/04
OREGON ADMINISTRATIVE RULES	Findings	Findings	Findings	Findings	Findings
333-510-0045(1) -Develop & implement <u>written hospital wide staffing plan for nursing services</u> -A process for input from direct care clinical staff in development, implementation, monitoring, evaluation, and modification of plan -Plan includes the number, qualifications, and categories of staff needed for all units -Plan is evaluated & monitored for effectiveness, revised as necessary as part of hospital’s QA process -Written documentation of these activities maintained	Compliant with all requirements with one exception-Failure to document QA activities-Deficiency cited	Compliant	Compliant with all requirements with one exception-Failure to document QA activities-Deficiency cited	Compliant	Compliant with all requirements with one exception-Failure to document QA activities-Deficiency cited
333-510-0045(1)(a) Written staffing plan shall be based on -Nursing care required by aggregate needs of patients -Nursing care required by individual needs of the patient -Indiv/aggregate needs determine number and categories of staff	Compliant	Compliant	Compliant	Compliant	Compliant

2004 NURSE STAFFING AUDIT REPORT

Oregon Health Services, Office of Public Health Systems, Health Care Licensure and Certification
 Fulfills requirement listed at Oregon Administrative Rules for Hospitals 333-500-0056(2)

<p>333-510-0045(1)(b) -Written staffing plan based on specialized qualifications and competencies of nursing staff -Skill mix and competency ensures patient needs are met -Skill mix and competency ensures patient safety</p>	Compliant	Compliant	Compliant	Compliant	Compliant with one exception of incidental finding- One RN working without a current license- Deficiency cited
<p>333-510-0045(1)(c) -Written staffing plan is consistent with the scopes of practice for RNs, LPNs, and CNAs</p>	Compliant	Compliant	Compliant	Compliant	Compliant
<p>333-510-0045(1)(d) -The hospital maintains a list of qualified on call nursing staff and nursing services that may be called to provide qualified replacement or additional staff for emergencies, sickness, vacations, vacancies... to provide a sufficient number of replacement staff on a regular basis -What are the resources used by the hospital -What is the process for replacement -Who's responsible -Does it meet the needs of the hospital</p>	Compliant	Compliant	Compliant with one exception- Failure to have a written policy for replacement of staff- Deficiency cited	Compliant	Compliant
<p>333-510-0045(2) Written staffing plan shall establish minimum numbers of nursing staff personnel on specified shifts (licensed nurses & CNAs)</p>	Compliant	Compliant	Compliant	Compliant	Compliant

2004 NURSE STAFFING AUDIT REPORT

Oregon Health Services, Office of Public Health Systems, Health Care Licensure and Certification
Fulfills requirement listed at Oregon Administrative Rules for Hospitals 333-500-0056(2)

-Minimum number sufficient to meet the nursing care needs of patients -In no case, fewer than 1 RN & 1 other nursing care personnel on duty when a patient is present					
333-510-0045(3) Upon request the Dept. may grant a variance based on patient care needs or nursing practices in the hospital	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Request for Waiver reviewed during audit
333-510-0045(4) After a hospital learns of a need for replacement of staff, hospital shall make every reasonable effort to obtain RNs for unfilled hours or shifts before requiring a RN to work overtime. -Reasonable effort includes the hospital seeking replacement at the time the vacancy is known and contacting all available resources as described in (1)(d) -Efforts shall be documented	Deficiency Cited- Failure to document efforts to replace staff	Deficiency Cited- Failure to document efforts to replace staff	Compliant	Compliant	Compliant
333-510-0045(5) Hospital may not require a RN to work -more than 2 hours beyond the regularly scheduled shift; and -more than 16 hours in a 24 hour time period.	Compliant	Compliant	Compliant	Compliant	Compliant
333-510-0045(6) Exceptions to (5) -national or state emergency or situations requiring use of facility disaster plan -emergency circumstances such as sudden unforeseen adverse weather conditions, infectious disease epidemic of staff, any unforeseen event preventing replacement staff from approaching or entering the premises or if hospital has made all efforts to contact qualified on-call staff and nursing services but is unable to obtain replacement staff in a timely manner	Compliant	Compliant	Compliant	Compliant	Compliant
333-510-0045(7) RN at hospital may not place a patient at risk of harm by leaving a patient care assignment during an agreed upon shift or agreed upon extended shift without authorization of appropriate supervisory personnel as required by the OARs of the BON	Compliant	Compliant	Compliant	Compliant	Compliant

2004 NURSE STAFFING AUDIT REPORT

Oregon Health Services, Office of Public Health Systems, Health Care Licensure and Certification
Fulfills requirement listed at Oregon Administrative Rules for Hospitals 333-500-0056(2)

<p>333-510-0045(8) Hospital may not take retaliatory action against nursing staff if nursing staff</p> <ul style="list-style-type: none"> -discloses or intends to disclose an activity, policy, or practice of the hospital that staff believes is a violation of law or a rule or is a violation of professional standards of practice that may pose a risk to the health, safety, or welfare of patients or the public -provides information or testifies to a body conducting an investigation into alleged violation of professional standards of practice -objects to or refuses to participate in any activity, policy, or practice of a hospital that nursing staff believes is a violation of law, rule, or professional standards -participates in a committee or peer review process, files a report or a complaint of unsafe, dangerous, or potentially dangerous care. 	Compliant	Compliant	Compliant	Compliant	Compliant
<p>333-510-0045(9) Hospital shall post a notice summarizing the provision of ORS 441.162, 441.166, 441.168, 441.174, 441.176, 441.178, and 441.192</p>	Compliant	Compliant	Deficiency Cited- Failure to post notice	Compliant	Compliant
<p>333-500-0056 Random Audits</p> <ul style="list-style-type: none"> -Confidential interviews with administrative staff -Confidential interviews with clinical nursing staff -Review of written staffing plan for nursing services -Actual nursing staff scheduled and working compared with the plan -All applicable committee meeting minutes -Any reports filed by clinical staff regarding staffing inadequacy -Nurse sensitive outcome data -nosocomial infections -pressure ulcers -medication errors 	All areas were addressed-refer to the hospital's individual report for detailed findings	All areas were addressed-refer to the hospital's individual report for detailed findings	All areas were addressed-refer to the hospital's individual report for detailed findings	All areas were addressed-refer to the hospital's individual report for detailed findings	All areas were addressed-refer to the hospital's individual report for detailed findings