

# Your Guide to Oregon's Hospital Nurse Staffing Law



Oregon's Hospital Nurse Staffing Law ensures nurses have a voice in their hospitals' staffing plans and hospitals are staffed to meet patients' needs. Learn more about key sections of the law, how it affects your patients and your work, and search references to the appropriate Oregon statute (ORS) and accompanying rules (OAR) to learn more about your rights under the law.

For more staffing resources and information visit [www.OregonNurseStaffingLaw.org](http://www.OregonNurseStaffingLaw.org)

## Work Hours and Mandatory Overtime

ORS 441.166 and OAR 333-510-0130

- 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 allows a nurse to work more than 12 hours in a 24-hour period if the nurse volunteers to do so. This allows nurses to schedule call time before or after their shifts and work overtime shifts if they choose to.
- 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 nurses are required to be on the facilities' premises, counts towards the 12-hour limit. Time on call or on standby away from the hospital premises does not count towards the 12-hour limit.
- All overtime provisions apply to members of nursing staff including registered nurses (RNs), licensed practical nurses (LPNs), certified nursing assistants (CNAs).

## Hospital Nurse Staffing Committees

ORS 441.154 and OAR 333-510-0105

Hospital nurse staffing committees are extremely important for nurses. Staffing committees develop hospital-wide staffing plans. Oregon's Hospital Nurse Staffing Law defines who can serve on the committee and what it can accomplish.

- Nurse staffing committees must consist of an equal number of direct-care staff and hospital nurse managers.
- A direct-care staff member who is not a nurse but who is covered by the staffing plan (CNA, LPN, technicians) will sit on the staffing committee and will be part of the 50 percent direct-care staff committee members.
- If the hospital is covered by a collective bargaining agreement, the bargaining unit will select the

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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
- Either co-chair, can invite 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

ORS 441.162 and OAR 333-510-0110

- 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 staffing 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 limiting admissions or diverting patients to another hospital when a direct-care RN or a nurse manager determines there is an inability to meet patient care needs or a risk of harm to patients.

## Staffing Plan Review

ORS 441.156 and OAR 333-510-0115

- Staffing plans must be reviewed annually. Reviews must cover patient outcomes, reports of inadequate staffing, staffing complaints, staff overtime and deviations from the staffing plan.

## Nurse Staffing Advisory Board

ORS 441.152

The law includes provisions for a Nurse Staffing Advisory Board which is established within the Oregon Health Authority (OHA). The Board consists 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 a staffing plan (ex. LPN, CNA, technician). Board members will be chosen from across the state and from varied hospital sizes and types.

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## **The Nurse Staffing Advisory Board:**

- Provides advice to OHA on how the nurse staffing law is being implemented
- Identifies trends, opportunities and concerns related to nurse staffing
- Makes recommendations to OHA on the basis of those trends and concerns
- Reviews OHA's enforcement powers and processes
- Submits an annual report of recommendations to the State Legislature.

## **Enforcement Provisions**

ORS 441.157 and OAR 333-510-0035 and OAR 33-501-0040

- Requires the state to audit each hospital at least once every three years. These audits will be in addition to complaint-based investigations
- Requires the state to initiate on-site investigations within 60 days of receiving a complaint.
- Requires the state to re-survey facilities that have submitted approved plans of correction within 60 days of the plan's implementation. This makes sure hospitals implement correction plans.
- When making an investigation, the state must 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.

## **Impasse**

ORS 441.162 and OAR 333-510-0110

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. This 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 co-chairs will contact the OHA.

OHA 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.

For more information about Oregon's Hospital Nurse Staffing Law visit ONA's website [www.OregonNurseStaffingLaw.org](http://www.OregonNurseStaffingLaw.org) or contact ONA at 503-293-0011 or [practice@OregonRN.org](mailto:practice@OregonRN.org).