

Including:

SAMPLE 5-business day notice to hospital administrator and HNSC Co-Chairs - revised for 2021

Hospital Nurse Staffing Committee (HNSC) Cochair Pre-Interview Questionnaire - new for 2021

HNSC Composition Review Tool

SAMPLE Needs List - revised for 2021

Unit Selection Tool - new for 2021

Hospital Nurse Staffing Plan Unit Questionnaire - new for 2021

Meal and Rest Break Practice Tool - new for 2021

Mandatory Overtime Review Tool - new for 2021

Posting Survey Tool

HNSC Cochair Interview - revised for 2021

Unit Onsite Review Tool - new for 2021

Facility Disaster Plan Review tool - new for 2021

Personnel Survey Tool

Personnel Survey Tool Document List

Maximum Hour Review, as needed

Time Block Selection - supplemental tool, used as needed

Replacement Staffing List Review - supplemental tool, used as needed

Replacement Staffing Usage Review - supplemental tool, used as needed

HNSC Charter Review - supplemental tool, used as needed HNSC

Meeting Review - supplemental tool, used as needed

Written Staffing Plan Review - supplemental tool, used as needed

Annual Staffing Plan Review - supplemental tool, used as needed

Staffing Data Review - supplemental tool, used as needed

Nurse Staffing Workbook

SAMPLE SurveyMonkey



Health Care Regulation and Quality Improvement
800 NE Oregon Street, Suite 465
Portland, Oregon 97232
971-673-0540
971-673-0556 (Fax)

May 3, 2021

SENT VIA EMAIL AND REGULAR MAIL

Kazue Togasaki
Hospital Administrator
Healthyville Hospital
5678 NE 2nd Ave
Healthyville, OR 97705

Lillian Holland Harvey
Chief Nursing Officer
Healthyville Hospital
5678 NE 2nd Ave
Healthyville, OR 97705

Mary Breckenridge
Nurse Staffing Committee Co-chair
Healthyville Hospital
5678 NE 2nd Ave
Healthyville, OR 97705

Nancy Skenandore
Nurse Staffing Committee Co-chair
Healthyville Hospital
5678 NE 2nd Ave
Healthyville, OR 97705

RE: Nurse Staffing Survey Notice

Dear Ms. Togasaki, Ms. Harvey, Ms. Breckenridge and Ms. Skenandore:

On May 10, 2021 our office will begin a nurse staffing survey at Healthyville Hospital in accordance with the requirements of Oregon Administrative Rule 333-501-0035. Surveyors will arrive at the hospital at 9:00 AM to begin the survey and surveyors will leave the hospital by 5:00 PM each day they are on-site.

When surveyors arrive at the hospital, they will identify themselves and meet with the hospital administration to describe the survey process and request documents. A full needs list will be provided at that meeting. Please prepare for this meeting by gathering the documents in the attached list and provide the listed documents when surveyors arrive at the hospital. The

hospital should be prepared to provide surveyors with a completed Hospital Nurse Staffing Committee Co-Chair Pre-Interview Questionnaire. The hospital may also provide a completed Hospital Nurse Staffing Committee Composition Review Tool in lieu of the current hospital nurse staffing committee roster or member list.

The surveyors will also select hospital units or specialties to be reviewed during the nurse staffing survey. For each selected unit or specialty the direct care representative and nurse manager must complete the following:

- 1) Hospital Nurse Staffing Plan Unit Questionnaire;
- 2) Meal and Rest Break Practice Tool; and
- 3) Mandatory Overtime Review Tool.

If the direct care representative is unavailable or otherwise unable to complete these tools, a designee may be selected by the direct care nursing staff members to complete the tools on behalf of the direct care representative. The designee must be a direct care nursing staff member who is familiar with the unit's nurse staffing plan, policies, and practices. The unit tools are designed to collect information from both the direct care representative and the nurse manager. The direct care representative and the nurse manager may choose to complete these tools together or independently.

During their time on site, surveyors will need to interview the hospital nurse staffing committee co-chairs Ms. Breckenridge and Ms. Skenandore. Surveyors will also review unit practices in real time with direct care staff member(s) using the Unit Onsite Review Tool. Surveyors will review of relevant records and interview of any other person(s) surveyors deem necessary to determine compliance. Further information about the nurse staffing survey process and sample survey tools are available at www.healthoregon.org/nursestaffing.

As part of the survey hospital staff, patients and family members may participate in a nurse staffing survey interview. The survey interview is currently open for participation and will remain open until 5:00 PM on May 17, 2021. Please make sure staff are informed of the opportunity to participate in the survey interview and receive the survey interview address.

<https://www.surveymonkey.com/r/HealingvilleHospital-2021NurseStaffingSurveyInterview>

If you have questions or concerns about the logistics of the survey, you may contact our office at (971) 673-0540 or mailbox.nursestaffing@state.or.us.

Nurse Staffing Survey Team
Oregon Health Authority
Public Health Division
Health Care Regulation and Quality Improvement

Nurse Staffing Entry List

Provide these items when surveyors arrive at the hospital.	Received
1. The hospital's scope of services or provisions of patient care services document that identifies all services provided by the hospital with each service that has a nurse staffing plan in effect highlighted or otherwise identified with a notation or asterisk.	
2. Hospital and Nursing Department organizational charts reflecting all services.	
3. Current campus map and, if available, map of off-campus locations.	
<p>4. List of hospital patient care areas, inpatient and outpatient units, including on-campus locations and off-campus satellite locations, where nursing services are provided. For each unit include:</p> <ul style="list-style-type: none"> • Scope of service, • Number of beds and number of patient care areas, • Shift hours, • Any hospital-wide nurse staffing plans used during the past 12 months, • List of patient care areas where nurse staffing plans are used, • Nurse staffing plans used for each patient care area during the past 12 months, • List of units which utilize a call program, and • Contact information for the nurse manager. 	
5. List of all key nursing administrative and management staff, including titles.	
6. All policies and procedures related to hospital nurse staffing services.	
7. Any policy regarding nurse education and training hours.	

<p>8. A completed Hospital Nurse Staffing Committee Composition Review tool</p> <p>or</p> <p>Current nurse 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, and • A list that reflects NSC memberships during the past 12 months with NSC members' start/stop term dates and a description of how each direct care member was selected for the committee. Provide this information at the time of the NSC review that will occur during the survey. 	
<p>9. Copies of call complaints filed with the hospital nurse staffing committee during the past 12 months.</p>	
<p>10. Any reports issued by hospital nurse staffing committee during the past 24 months. This includes reports from the nurse staffing committee that summarize the committee's annual review of all nurse staffing plans pursuant to Oregon Administrative Rule 333-510-0115.</p>	
<p>11. A completed Hospital Nurse Staffing Committee Cochair Pre-Interview Questionnaire</p>	

Hospital Nurse Staffing Committee Cochair Pre-Interview Questionnaire

Facility _____

The hospital nurse staffing committee cochairs should complete this pre-interview questionnaire and provide it to the survey team at the entrance conference.

1. When was the last nurse staffing committee meeting? _____

Direct Care Cochair	Nurse Manager Cochair
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2. Please check the box to confirm that the hospital nurse staffing committee meets at least once every three months and at any time and place specified by either co-chair.

3. Please check the box to confirm that the hospital releases staffing committee members from their assignments to attend committee meetings and provides paid time for this purpose.

4. Please check the box to confirm that the nurse staffing committee direct care members are selected in accordance with the requirements based on whether there is a collective bargaining unit.

5. Please check the box to confirm that the nurse manager cochair was elected by a majority of the nurse manager committee members.

6. Please check the box to confirm that the direct care cochair was elected by a majority of the direct care committee members.

7. Please check the box to confirm that the hospital nurse staffing committee charter includes the following:

(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.

**Direct
Care
Cochair** **Nurse
Manager
Cochair**

 8. Please check the box to confirm that the nurse staffing committee meetings are conducted in accordance with the rules on quorums, exclusions and equal voting.

 9. Please check the box to confirm that the nurse staffing committee meetings include at least the following information:
(a) The name and position of each staffing committee member in
(b) The name and position of each observer or presenter in
(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.

 10. Please check the box to confirm that the nurse staffing committee meeting minutes are approved prior to or during the next staffing committee meetings and that they are provided to hospital staff upon request no more than 30 days after approval.

 11. Please check the box to confirm that the nurse staffing committee reviewed all unit nurse staffing plans at least once in the past 12 months.

12. Explain the nurse staffing committee's process for reviewing unit nurse staffing plans (e.g., does the committee review them all at once, a set amount per quarter, etc.?)

Direct
Care
Cochair

Nurse
Manager
Cochair

13. Please check the box to confirm that the nurse staffing committee considered the following when reviewing unit nurse staffing plans:

(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.

14. Please check the box to confirm that the nurse staffing committee made changes to the unit nurse staffing plans, when necessary. If no changes were made, please check the box to confirm that changes were considered and determined unnecessary.

15. If any boxes are not checked, please explain below.

Direct Care CoChair

Signature

Printed Name

Date completed

Nurse Manager CoChair

Signature

Printed Name

Date completed



Nurse Staffing Survey Needs List

Survey & Certification Unit
800 NE Oregon Street, Suite 465
Portland, OR 97232
Voice: (971) 673-0540
Fax: (971) 673-0556
TTY: 711

<http://www.healthoregon.org/nursestaffing>
mailbox.nursestaffing@state.or.us

Facility Name:
Entrance Date:
Surveyor(s):

Type of Survey: Full _____ Revisit _____ Complaint _____

For complaint: # OR _____
Allegation(s):

Entrance Conference

- ___ 1. Introduction of surveyors and staff
- ___ 2. Meeting attendance sign in sheet
- ___ 3. Purpose and scope of survey:
 - a. Describe full survey to evaluate compliance with Nurse Staffing OARs
 - b. Describe how revisit incorporated into full survey.
 - c. If applicable, review complaint allegation(s) and describe how complaint incorporated into survey.
 - d. Projected timeline
 - i. On-site hours 0900 to 1700
 - ii. Some parts of the survey may be completed remotely
 - e. Survey process to include
 - i. Co-chair interviews immediately after entrance to assist in determining whether Nurse Staffing Committee review will be conducted

- ii. Once units are selected, the direct care representative for the unit (or designee) and nurse manager will complete the following tools:
 - 1. Hospital Nurse Staffing Plan Unit Questionnaire
 - 2. Meal and Rest Break Questionnaire
 - 3. Mandatory Overtime Review Questionnaire
- iii. Surveyor/team will complete onsite interview with direct care nursing staff for selected specialty(ies)/unit(s)
- iv. Surveyor/team will have time periods for processing and documentation without hospital staff present
- v. If applicable, Nurse Staffing Committee review, Nurse Staffing Plan reviews, Mandatory Overtime Reviews, and Meal and Rest Break Reviews will be conducted with co-chairs and other hospital staff as desired by the surveyor/team

f. Closing

- i. Will primarily be review of next steps

- ___ 4. Notice of Nursing Staffing Audit/Survey posting
- ___ 5. Nursing Staff Member Interview using SurveyMonkey distribution and management
- ___ 6. Identification of primary contact person(s) for surveyors. Contact person(s):

- ___ 7. Provisions for copies or printing of documents to be made as requested. Contact person: _____
- ___ 8. Request for place to work with adequate table space and accommodations for privacy
- ___ 9. Hospital's payroll/timekeeping work week – day/time through day/time: provide a copy of Time Block Selection
- ___ 10. Questions
- ___ 11. Request Nurse Staffing Committee co-chairs return for interviews after Surveyor/team have reviewed the Hospital Nurse Staffing Committee Composition Review tool, the Hospital Nurse Staffing Pre-Interview Questionnaire or other requested materials provided by the co-chairs

Provide these items when surveyors arrive at the hospital.	Received
1. The hospital's scope of services or provisions of patient care services document that identifies all services provided by the hospital with each service that has a nurse staffing plan in effect highlighted or otherwise identified with a notation or asterisk.	
2. Hospital and Nursing Department organizational charts reflecting all services.	
3. Current campus map and, if available, map of off-campus locations.	
4. List of hospital patient care areas, inpatient and outpatient units, including on-campus locations and off-campus satellite locations, where nursing services are provided. For each unit include: <ul style="list-style-type: none"> • Scope of service, • Number of beds and number of patient care areas, • Shift hours, • Any hospital-wide nurse staffing plans used during the past 12 months, • List of patient care areas where nurse staffing plans are used, • Nurse staffing plans used for each patient care area, • List of units which utilize a call program, and • Contact information for the nurse manager. 	
5. List of all key nursing administrative and management staff, including titles.	
6. All policies and procedures related to hospital nurse staffing services.	
7. Any policy regarding nurse education and training hours.	

<p>8. A completed Hospital Nurse Staffing Committee Composition Review tool</p> <p>or</p> <p>Current nurse 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, and • A list that reflects NSC memberships during the past 12 months with NSC members' start/stop term dates and a description of how each direct care member was selected for the committee. Provide this information at the time of the NSC review that will occur during the survey. 	
<p>9. Copies of all complaints filed with the hospital nurse staffing committee during the past 12 months.</p>	
<p>10. Any reports issued by hospital nurse staffing committee during the past 24 months. This includes reports from the nurse staffing committee that summarize the committee's annual review of all nurse staffing plans pursuant to Oregon Administrative Rule 333-510-0115.</p>	
<p>11. Completed Hospital Nurse Staffing Committee Cochair Pre-Interview Questionnaire</p>	

Complete or provide these items within 2 hours of the end of the Entrance Conference:	Completed / Received
12. Post the “Notice of Nurse Staffing Audit/Survey” in a location(s) visible to nursing staff members. The notice includes the Nursing Staff Member Survey Interview link posting.	
13. List of all employees and contracted RNs, LPNs and CNAs who worked during the past three months to include name, position/title and hire/start date for each selected specialty/unit.	
NOTE: A nursing staff member list will be generated by surveyors upon receipt of item 13 above. It will include the sample of nursing staff members from each specialty/unit for whom timekeeping and qualifications and competencies will be reviewed during the time set for specialty/unit review that will occur during the survey.	

Provide these items for each specialty/unit to be reviewed at the time of the specialty/unit review. This review will be scheduled during the survey.	Received
14. Completed Nurse Staffing Plan Review tool for each selected specialty/unit. This tool must be signed by the unit’s direct care representative on the nurse staffing committee or designee and nurse manager.	
15. Completed Meal and Rest Break tool for each selected specialty/unit. This tool must be signed by the unit’s direct care representative on the nurse staffing committee or designee and nurse manager.	
16. Completed Mandatory Overtime Review tool for each selected specialty/unit. This tool must be signed by the unit’s direct care representative on the nurse staffing committee or designee and nurse manager.	

<p>17. The hospital's current list of on-call (replacement) nursing staff or staffing agency contacts used to obtain replacement nursing staff for each selected specialty/unit. Include documentation showing when and how the on-call list was updated within the past 6 months.</p>	
<p>18. Documentation showing all qualifications met, orientation provided, competencies demonstrated, and training completed for the selected NSMs for each selected specialty/unit.</p>	

Other documents and records may be requested.

If you need this information in an alternate format, please call our office at (971) 673-0540 or TTY 711.

Unit Selection Tool

Facility _____

Date _____

Surveyor _____

Units to Survey _____

This form is for use by OHA to select which units will be audited during the triennial nurse staffing survey. The Nurse Staffing Policy Analyst will complete this tool and provide it to OHA surveyors. OHA surveyors will then select which units to survey based on the information in this form. OHA surveyors may choose to expand the audit based on their findings.

Date of the facility's last triennial survey: _____

Date of the facility's last complaint investigation: _____

	Yes	No	N/A
Did the facility receive a revisit survey for its approved POC?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If no, complete the section below. If yes, leave this section blank and skip to the "if yes" section.

List the units that were audited during the last survey. Write N/A on all excess lines if less than 5 units were audited during the last survey.

From this list, select _____ units to survey. To select the unit for survey, initial on the line next to the unit title.

Unit 1: _____
Initial here to select this unit

Unit 2: _____
Initial here to select this unit

Unit 3: _____
Initial here to select this unit

Unit 4: _____
Initial here to select this unit

Unit 5: _____
Initial here to select this unit

List _____ units that were not audited during the last nurse staffing survey to be audited during this nurse staffing survey. Initial on the line next to the unit title. Write N/A next to Unit 2 if only one unit is to be surveyed.

Unit 1:
_____ *Initial here to select this unit*

Unit 2:
_____ *Initial here to select this unit*

Unit 3:
_____ *Initial here to select this unit*

If yes, complete this section. Otherwise, leave this section blank.

List _____ units to audit during the nurse staffing survey. Initial on the line next to the unit title. Write N/A for all excess unit lines.

Unit 1:
_____ *Initial here to confirm your selection*

Unit 2:
_____ *Initial here to confirm your selection*

Unit 3:
_____ *Initial here to confirm your selection*

Unit 4:
_____ *Initial here to confirm your selection*

Unit 5:
_____ *Initial here to confirm your selection*

Hospital Nurse Staffing Plan Unit Questionnaire

Facility _____

Date _____

Unit _____

Date NSP Approved _____

This form assesses how the unit operationalizes its Nurse Staffing Plan (NSP) and should be completed by the unit's Direct Care Representative (DCR) or designee and Nurse Manager (NM). Nursing staff members (NSM) refers to RNs, CNAs, and LPNs who provide direct patient care resources on the unit.

1. Indicate the nurse staffing positions on this unit:

- Registered Nurse
- Certified Nursing Assistant
- Licensed Practical Nurse
- Other (with current and approved waiver)
List positions approved under waiver:

2. List the which position types have qualifications and competences. For each position type listed below, complete a separate Nursing Staff Member Qualifications, Training & Competencies: Addendum tool

Position 1:

Position 2:

Position 3:

Position 4 :

Position 5:

3. This unit provides documentation to the hospital showing that all nursing staff meet qualifications and competencies required for this unit:

DCR

NM

Yes No Yes No

3a. Where is this documentation maintained?

3b. How often is this documentation reviewed?

4. The nurse staffing plan identifies qualifications and competencies for each nursing staff member type and role on the unit.

DCR

NM

Yes No Yes No

5. Describe how the unit ensures that each nursing staff member assigned to the unit meets the qualifications and competencies required, per their role on the unit. Who is responsible for ensuring that nursing staff members meet required qualifications and competencies?

6. The nurse staffing plan quantifies rate of admissions, discharges and transfers for this unit:

DCR

NM

Yes No Yes No

7. State the source of nurse staffing plan data for rate of admissions, discharges and transfers:

DCR

NM

8. The Nurse Staffing Plan quantifies time for direct care nurses to complete admissions, discharges and transfers for the unit:

Yes No Yes No

9. Explain how the Nurse Staffing Plan uses data to account for the time it takes for direct care nurses to complete admissions, transfers and discharges. How often is this data reviewed to modify the Nurse Staffing Plan, as appropriate?

10. Different units within a hospital often have different numbers of diagnoses listed in their plans based on the differing patient populations served by those units. In all units, including procedural units, the total diagnoses are the underlying condition; a list of procedures performed on the unit may be helpful in the development a nurse staffing plan, but the procedures list is not a substitute for the total diagnoses. State the total diagnoses listed in the Nurse Staffing Plan for this unit, and how the diagnoses were determined.

11. Does the Nurse Staffing Plan use evidence-based standards and guidelines established by professional nurse specialty organizations?

DCR

NM

Yes No Yes No

11a. If yes, list the organizations whose standards and/or guidelines contributed to the NSP. Include the version and date of the standards/guidelines.

11b. If no, what does the hospital use to build the NSP? If guidelines from other professional organizations are used, state the version and date of the guidelines.

12. According to the Nurse Staffing Plan, is a tool used to assess acuity and intensity?

DCR

NM

Yes No Yes No

12a. If yes, answer the questions below. If no, skip to the "If no" section

Who is responsible for using the tool? Who uses the tool if the primary person is unavailable? Is training provided for the tool to everyone who uses it? In your response, describe how these assessments are documented.

12b. If no, answer the question below. If you answered "yes" above, skip this question.

If a tool is not used, how does the unit determine acuity and intensity? Describe the factors that are considered when determining the acuity and intensity of patient care on the unit, as well as who is responsible for making this determination. In your response, describe how these assessments are documented.

13. How often is the overall acuity and intensity for the unit reviewed (e.g., once an hour, beginning of shift change?)

14. What is the process for changing the overall acuity and intensity for the unit? Who is allowed to make this change?

15. Does the Nurse Staffing Plan establish minimum numbers of nursing staff members on specified shifts?

DCR		NM	
<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No

16. Does the Nurse Staffing Plan require at least one RN and one other nurse staffing member (RN, CNA, LPN) on the unit when there is at least one patient present?

DCR		NM	
<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No

16a. If no: Does the unit have a current waiver approved by OHA for minimum nurse staffing numbers?

DCR		NM	
<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No

16b. If there is a waiver, what is the expiration date? _____

17. According to the Nurse Staffing Plan, how does the unit adjust staffing (either up or down, as appropriate for patient care) without dropping below the minimum number specified in the nurse staffing plan for the unit?

DCR

NM

18. Does this unit accept floats/other replacement staff?

Yes

No

Yes

No

18a. If yes, describe how the unit utilizes replacement staff to adjust staffing without dropping below the minimum number specified in the nurse staffing plan for the unit?

19. In the event of a nursing vacancy or unexpected shortage...

DCR

NM

19a. Is there a unit list of replacement nursing staff?

Yes

No

Yes

No

19b. Is there a central list of replacement nursing staff?

Yes

No

Yes

No

20. If there is more than one list of replacement nursing staff, how are the various lists utilized? If there is only one list of replacement nursing staff available to the unit, write N/A.

21. What is the unit's process for obtaining replacement staff in the event of a vacancy or unexpected shortage? For example, who attempts to locate replacement staff (e.g., central staffing agency, charge nurse, nurse manager, etc.) and how are they notified that the unit needs replacement staff?

22. Were there any nursing vacancies or unexpected shortages on the unit in the past three months where the unit did not locate replacement staff?

DCR

NM

Yes

No

Yes

No

22a. If yes, list the approximate date(s) and shift(s):

22b. Did the unit attempt to contact replacement staff?

Yes

No

Yes

No

22c. Were any nursing staff members required to work overtime as a result of this vacancy or unexpected shortage? (Answer "No" if nursing staff members volunteered to work overtime)

Yes

No

Yes

No

22d. List nursing staff members required to work overtime, if applicable:

23. The next questions are about the Hospital Nurse Staffing Committee's annual review of this unit's nurse staffing plan.

24. What was the date that the Nurse Staffing Committee completed the annual review of this unit's nurse staffing plan?

25. Indicate whether the unit provided the following data to the Hospital Nurse Staffing Committee for the plan's annual review:

- | | DCR | NM |
|--|--|--|
| 25a. Patient Outcome Data | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No |
| 25b. Complaints regarding staffing, including complaints about a delay in direct nursing care or an absence of direct nursing care | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No |
| 25c. Hours per patient day (HPPD) to number of patients served during a 24-hour period | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No |
| 25d. Number of mandatory overtime hours worked by nursing staff | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No |
| 25e. Number of voluntary overtime hours worked by nursing staff | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No |
| 25f. Percentage of shifts for which staffing differed from the nurse staffing plan | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No |
| 25g. Did the Nurse Staffing Committee ask for any additional information? | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No |

If yes, what else did the Nurse Staffing Committee consider?

- | | DCR | NM |
|---|--|--|
| 26. Did the Nurse Staffing Committee recommend changes to the plan? | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No |

26a. If the Nurse Staffing Committee recommended changes, briefly explain what those changes are and how the unit has implemented those changes.

27. Has the nurse staffing committee approved the plan the unit is currently working under?

DCR **NM**
 Yes No Yes No

27a. If yes, what was the date the nurse staffing committee approved the unit nurse staffing plan?

28. Has any part of the nurse staffing plan been changed or discontinued (e.g., piloting or discontinuing tools, minimum numbers, break practices, etc.)?

DCR **NM**
 Yes No Yes No

28a. If yes, what was changed or discontinued?

28b. Was this change approved by the nurse staffing committee?

DCR **NM**
 Yes No Yes No

The next questions are about the unit's nurse staffing practices during an emergency.

29. Did the facility implement a disaster plan that impacted this unit within the past 12 months?

DCR **NM**
 Yes No Yes No

29a. Date(s) the facility implemented its disaster plan:

30. If the facility implemented a disaster plan that impacted this unit, did the unit suspend its unit nurse staffing plan during the emergency?

DCR **NM**
 Yes No Yes No

30a. Date(s) the unit nurse staffing plan was suspended:

31. On this unit, were nursing staff members required to work mandatory overtime due to the emergency?

DCR **NM**
 Yes No Yes No

31a. Date(s) that nursing staff members were required to work mandatory overtime due to the emergency: _____

32. Did the hospital Nurse Staffing Committee modify the staffing plan in response to an emergency circumstance, AND did the modified plan impact this unit?

	DCR		NM	
	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No

32a. Date(s) the modified plan was implemented: _____

33. If the hospital Nurse Staffing Committee modified its staffing plan in response to an emergency circumstance, and the modified plan impacted this unit: Briefly describe the changes that were made to staffing on this unit.

By signing below, I affirm that the answers provided in this form represents the information contained in the nurse staffing plan on my unit, to the best of my knowledge.

Name of Direct Care Representative

Signature of Direct Care Representative

Date

Name of Nurse Manager

Signature of Nurse Manager

Date

Nursing Staff Member Qualifications, Training & Competencies Tool
(Addendum to Nurse Staffing Plan Unit Questionnaire)

Facility _____ Date _____

Unit _____ Date NSP Approved _____

Complete one of these tools for each NSM position specific to this unit.
For example: RN, Charge RN, Triage RN, Circulator RN, LPN, CNA 2, etc.

NSM Position _____ Is there a job description for this position? Y ___ N ___

1. List required education:
2. List required licensure:
3. List all required certifications - Specify provisions for obtaining those after hire:
Or, attached document or list clearly contains this information Y ___ N ___
4. List all initial in-person and online training required **upon hire**:
Or, attached document or list clearly contains this information Y ___ N ___
5. List all skills and competencies required to be demonstrated or verified **upon hire** that are necessary to practice independently in position:
Or, attached document or list clearly contains this information Y ___ N ___
6. List all in-person and online **annual** training required that are necessary to maintain position:
Or, attached document or list clearly contains this information Y ___ N ___
7. List all skills and competencies required to be demonstrated or verified **annually** that are necessary to maintain position:
Or, attached document or list clearly contains this information Y ___ N ___

Mandatory Overtime Review Tool

Facility _____

Date _____

Unit _____

Date NSP Approved _____

Oregon's nurse staffing laws limit the overtime a hospital can require of nursing staff members. Mandatory overtime is any time that exceeds the time limits specified below unless the nursing staff member voluntarily chooses to work overtime. Nurse staffing member (NSM) refers to RNs, CNAs, and LPNs who provide direct patient care on the unit.

This form assesses the unit's mandatory overtime practices and policies and does not ask about instances where NSMs volunteered to work overtime. This should be completed by the unit's Direct Care Representative (DCR) or designee and Nurse Manager (NM). Questions (a) - (e) relate to the unit's practices within the past six months.

	DCR		NM	
	Yes	No	Yes	No
(a) Did any nursing staff member on this unit work beyond the agreed-upon and prearranged shift (regardless of the length of the shift)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Did any nursing staff member work more than 48 hours in the work week?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) Did any nursing staff member work more than 12 hours in a 24-hour period? (Answer "No" if the NSM requested a shift of more than 12 hours in a 24 hour period)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) Did any nurse staffing member work any time within the 10-hour period following the 12th hour worked within 24 hours? <i>For example, Nurse Blaine works an eight-hour shift from 0800 to 1630 and then goes home. Blaine is on call after her shift from 1630 to 0800. At 2100 Blaine responds to call and works for four hours until 0100. Blaine has now worked 12 hours in the 24-hour period beginning at 0800. Blaine now claims the 10-hour rest period when her call shift ends at 0800.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- | | DCR | | NM | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| | Yes | No | Yes | No |
| (e) Did any nurse staffing member work during the 10-hour period immediately following a prearranged shift where the NSM agreed to work more than 12 hours in a 24-hour period? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (f) Was any nursing staff member required to work more than one hour to cover a staff vacancy that became known at the end of the prior shift? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (g) Was any nursing staff member required to work more than one hour because there was a potential harm to a patient if they left or transferred care to another nursing staff member? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

If you answered yes to questions (a) - (g), explain below. Be sure to list dates, times, and NSM affected, as appropriate. Otherwise, write N/A.

The next questions are about the unit's policies related to overtime.

	DCR		NM	
	Yes	No	Yes	No
(h) Does the NSP or hospital policies require time spent in required meetings or receiving training as hours worked?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(i) Does the NSP or hospital policies require time spent on call or on standby when the nursing staff member is required to be at the hospital as time worked?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(j) When mandatory overtime is required, is it documented in writing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you answered no to questions (h) - (j), explain below. Otherwise, write N/A.

By signing below, I affirm that the answers provided in this form represents the mandatory overtime practices on my unit, to the best of my knowledge.

Name of Direct Care Representative

Signature of Direct Care Representative

Date

Name of Nurse Manager

Signature of Nurse Manager

Date

Meal and Rest Break Practice Tool

Facility _____

Date _____

Unit _____

Date NSP Approved _____

This form assesses the unit's meal and rest break practices and policies. This should be completed by the unit's Direct Care Representative (DCR) or designee and Nurse Manager (NM). Nursing staff member refers to RNs, CNAs, and LPNs who provide direct patient care on the unit.

	DCR		NM	
	Yes	No	Yes	No
1. Does the nurse staffing plan describe meal break practices on the unit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the nurse staffing plan describe rest break practices on the unit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Does the unit document when nursing staff members take meal breaks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Does the unit document when nursing staff members miss meal breaks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Does the unit document when nursing staff members take rest breaks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Does the unit document when nursing staff members miss rest breaks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Does the unit drop below the minimum number of nursing staff members specified in the nurse staffing plan during <u>meal breaks</u> ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. Does the unit drop below the minimum number of nursing staff members specified in the nurse staffing plan during **rest breaks**?

Yes No

Yes No

9. In the space below, describe how the unit maintains the minimum number of nursing staff members specified in the unit nurse staffing plan during meal and rest breaks.

By signing below, I affirm that the answers provided in this form represents the meal and rest break practices on my unit, to the best of my knowledge.

Name of Direct Care Representative

Signature of Direct Care Representative

Date

Name of Nurse Manager

Signature of Nurse Manager

Date

Nurse Staffing - Posting Survey Tool

Facility _____

Page of
total pages

Reviewed with _____

Date _____

Start time _____

Stop time _____

Surveyor # _____

Posting	Specifications	Locations observed	Online ?	Date observed	Standard met?
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		<input type="radio"/> Yes <input type="radio"/> No
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 				<input type="radio"/> Yes <input type="radio"/> No
Replacement Staffing	<ul style="list-style-type: none"> ● Post or publish a list of on-call nursing staff or staffing agencies to provide replacement staff ● Sufficient to provide replacement nursing staff 				<input type="radio"/> Yes <input type="radio"/> No
OT Policy	<ul style="list-style-type: none"> ● Mandatory OT policy readily available & provided to new NS members 				<input type="radio"/> Yes <input type="radio"/> No

Is the standard met? Yes No

Hospital Nurse Staffing Committee Cochair Interview Form

Confidentiality: This interview collects personally identifiable information, but no personally identifiable information will be included in the nurse staffing survey report. Your responses are combined with those of others and with data gathered during the survey. Interviews and data are summarized in the nurse staffing survey report, and the identity of any individual who provides evidence during a survey will be kept confidential to the extent permitted by law.

Hospital Name _____

Date _____ **Start time** _____ **Stop time** _____

Surveyor Number _____

Interviewee name/Title _____

Primary work unit _____ **Primary shift** _____

Length of employment _____

- Do you have any additional information you wish to share about nurse staffing committee operations?

- In which units are nursing care services provided? (Cochairs may refer to the list provided by the hospital)

Hospital Nurse Staffing Committee
Cochair Interview Form

- Which units have a nurse staffing plan? (Cochairs may refer to the list provided by the hospital) _____

- Which units are represented by direct care staff on the committee? (Cochairs may refer to the list provided by the hospital)

- Are nurse staffing committee approved nurse staffing plans implemented throughout the hospital? ___ Yes ___ No ___ Not Fully

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

- How has the committee addressed any complaints it has received?

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

Unit Onsite Review Tool

Facility _____

Date _____

Unit _____

Time _____

NSM _____

Surveyor _____

This form is for use by the surveyor to determine unit practices in real time. This tool provides questions the surveyor may ask direct care NSMs while on the unit. The surveyor may note instances where the NSM was not able to explain unit practices or if the practice differed from what is stated in the unit nurse staffing plan.

Acuity and Intensity on the Unit

NSM knows the process for measuring acuity and intensity on the unit

Yes

No

NSM's explanation for how acuity and intensity is monitored on the unit:

Does NSM's description match what is in the unit's NSP? (Surveyor may refer to Nurse Staffing Plan Review Tool completed by unit's nurse manager and direct care representative)

Yes

No

Have the NSM show you when acuity and intensity was last monitored on the unit

When was acuity last monitored? _____

When was intensity last monitored? Write "same" if same time as acuity. _____

Have the NSM show you how the current acuity and intensity on the unit is reflected by the number of NSMs working this shift.

Brief description of how acuity and intensity on the unit is reflected in current staffing:

Minimum number of nursing staff members on the unit

Have the NSM show you what the minimum staffing should be for the current shift and the documentation that supports their answer.

Minimum staffing for current shift _____

Source of minimum number (NSP Minimum Numbers section) _____

Number of NSMs on current shift _____

Unit currently meets minimum requirement specified in NSP Yes No

Have there been any times in the last six months when a patient was on the unit and you were the only NSM present?

Yes

No

If yes, explain below. Be sure to include approximate date(s), time(s), and shift(s) in explanation.

There are floats working on the unit today

Yes

No

If yes: Have the NSM describe the float was oriented to the unit prior to working on the unit.

Meal and Rest Breaks on the Unit

Have the NSM show you the meal and rest break documentation for the unit.

Meal breaks have been taken during this shift

Yes

No

Explanation if no:

Rest breaks have been taken during this shift

Yes

No

Explanation if no:

Staffing during meal and rest breaks on this shift meets the minimum number required in NSP

Yes

No

Explanation if no:

Facility Disaster Plan Tool

Facility

Date

Surveyor

Time

This form is to be used by OHA when at least one unit reports that the facility had enacted its facility disaster plan. OHA surveyors will interview the facility's Incident Command leader to gather more information about implementation of the disaster plan. If the Incident Command leader is unavailable to be interviewed, the Incident Command leader's designee may be interviewed. The designee should be an individual involved in Incident Command who has familiarity with implementation of the disaster plan at the facility.

1. Name of the individual being interviewed: _____

2. Role of interviewee at the hospital: _____

3. Role and responsibilities of the interviewee in the incident command structure:

4. According to the interviewee, has the hospital implemented its facility disaster plan within the past 12 months? (Note: If the interviewee reports that the facility changed operations in response to a disaster, clarify whether the change in operations is the same as the facility disaster plan required by Centers for Medicare & Medicaid Services as part of its Emergency Preparedness requirements for facilities.)

Yes

No

If the facility implemented its facility disaster plan, continue to the next page. If the facility did not implement its facility disaster plan, thank the interviewee and end the interview.

Facility Disaster Plan Tool

Date FDP implemented	Date FDP ended	Brief description of disaster	Units affected	Was NS affected? (Y/N)	Was the Nurse staffing plan suspended during this time?

Nurse Staffing Personnel Survey Tool

Facility _____ Date _____ Page # _____ of _____ total pages

Reviewed with _____ Start time _____ Stop time _____ Surveyor # _____

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

Employee Name	Status (FT/PT/Float/Traveler)	Regular or Replacement staff	RN, LPN or CNA	Current licensure?	Hire date or contract start date	Date Nursing Dept Orientation Completed	Date Unit Orientation Completed	Evidence of Qualifications per NSP requirements	Evidence of Competencies per NSP 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		
				<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		

Is the standard met? 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:

Hospital Nurse Staffing Maximum Hour Review

Facility _____ Date _____ Surveyor # _____

Unit	Block reviewed:			Reviewed with			Stop time	Start time			NSM's hours violated OT section (circle one)	
Nurse Staff Member (NSM) name (from Personnel Survey Tool)	Did the NSM work longer than any agreed-upon and prearranged shift?	If yes, did the hospital document whether additional hours were voluntary or mandatory?	Did the NSM work more than 48 hours in the work week?	If yes, were the additional weekly hours part of agreed-upon and prearranged shifts?	Did the NSM work more than 12 hours in a 24-hour period?	If yes, were the additional daily hours part of agreed-upon and prearranged shifts?	Did the NSM have a 10-hour non-work period following the 12th hour worked in 24 hours?	If <u>NO</u> , did the hospital document the NSMs decision whether to claim the 10-hours?	Did the NSM have a 10-hour non-work period following shifts in which the NSM worked more than 12 hours in 24 hours?	If <u>NO</u> , did the hospital document the NSMs decision whether to claim the 10-hours?		
	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> MM	<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	A B C D E 0
	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> MM	<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	A B C D E 0
	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> MM	<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	A B C D E 0
	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> MM	<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	A B C D E 0
	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> MM	<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	A B C D E 0
	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> MM	<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	A B C D E 0
	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> MM	<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	A B C D E 0
	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> MM	<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	A B C D E 0
	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> MM	<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	A B C D E 0

Is the standard met? Yes No

Replacement Staffing List Review

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

Reviewed with _____ **Start time** _____ **Stop time** _____

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:

Is the standard met? Yes No

Replacement Staffing Usage Review

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

Unit	Reviewed with	Start time	Stop time
Date of Open Shift:	Open Shift Discovery Date:	# of Open Shifts:	
Shift: (Block _____)	Open Shift Discovery Time:	# of Open Shifts filled:	
Documentation of on duty staff contacted	<input type="radio"/> Yes <input type="radio"/> No	Results of contact:	Open shift 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:	Open shift 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:	Open shift 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:	Open shift 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: _____

Is the standard met? Yes No

Hospital Nurse Staffing Committee Review

Facility _____

Page **of**
total pages

Reviewed with _____ **Date** _____

Start time _____

Stop time _____ **Surveyor #** _____

Charter Provided	<input type="radio"/> Yes <input type="radio"/> No	Charter Approval Date:
------------------	--	------------------------

Charter States:

How meetings are scheduled	<input type="radio"/> Yes <input type="radio"/> No
----------------------------	--

How agendas are determined	<input type="radio"/> Yes <input type="radio"/> No
----------------------------	--

How members are notified of meetings	<input type="radio"/> Yes <input type="radio"/> No
--------------------------------------	--

How decisions are made	<input type="radio"/> Yes <input type="radio"/> No
------------------------	--

Who participates in decision-making	<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
---	--

Highlight on the list any location where nursing services are regularly performed that is not represented on the HNSC.

Is the standard met? Yes No

Hospital Nurse Staffing Committee Meeting Review

Facility	Date	Surveyor #
Reviewed with	Start time	Stop time

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	<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	<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	<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	<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	<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	<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	<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	<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	<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:

Is the standard met? Yes No

Written Staffing Plan Review

Facility _____

Date _____

Page _____ **of** _____
total pages

Reviewed with _____

Start time _____

Stop time _____

Surveyor # _____

Current plan shows consideration of:

Unit/Specialty Description	Approval date	Specialized qualifications and competencies	Provides for skill mix and level of competency to meet care needs of patients	Activity measure required for 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 intensity	Consistent w/ national standards (date of)	Recognizes differences in required on specified shifts - 1:1 or greater	Establishes minimum numbers of RNs, LPNs, & CNAs	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
		<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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		<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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Indicate physical locations where the plans are used: _____

Notes: _____

Is the standard met? Yes No

HNSC's Annual Staffing Plan Review

Facility _____

Date _____

Page _____ **of** _____
total pages

Reviewed with _____

Start time _____

Stop time _____

Surveyor # _____

Annual Review shows

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 staffing differed from NS plan	% of shifts for which Was anything else considered?	Non-emergencies engaging in mandatory OT in Report of unit	Complaints re: non-emergency 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
		<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			<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		<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

Notes: _____

Is the standard met? Yes No

Hospital Unit Nurse Staffing Data Review

Facility Unit Date: Surveyor #

Reviewed with Start time Stop time

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 meets plan requirements? (see Written Staffing Plan Review form)	Evidence of attempts to meet plan (see Replacement Staffing Usage Review form)
								<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

Comments: Yes No Yes No

Is the standard met? 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

Tag	Standard	Relevant Survey Tool	Standards met?	Comments & additional documents related to deficiencies:
	333-510-0045 Nurse Staffing Posting and Record Requirements			
600	(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	
602	(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	
	(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; (B) The hospital nurse staffing committee charter;		<input type="radio"/> Yes <input type="radio"/> No	

Nurse Staffing Workbook

Tag	Standard	Relevant Survey Tool	Standards met?	Comments & additional documents related to deficiencies:
604	<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>(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>This deficiency is observed when survey tools are incomplete due to the hospital's failure to maintain or provide requested records.</p>		

Nurse Staffing Workbook

Tag	Standard	Relevant Survey Tool	Standards met?	Comments & additional documents related to deficiencies:
	(U) All staffing committee reports filed with the hospital administration following a review of the staffing plan.			
	333-510-0105 Nurse Staffing Committee Requirement			
606	(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.	Hospital Nurse Staffing Committee Composition Review	<input type="radio"/> Yes <input type="radio"/> No	
608	(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.	Hospital Nurse Staffing Committee Co-Chair Pre-Interview	<input type="radio"/> Yes <input type="radio"/> No	
610	(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.	Hospital Nurse Staffing Committee Cochair Pre-Interview <i>and Cochair interviews</i>	<input type="radio"/> Yes <input type="radio"/> No	
612	(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: (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;	Hospital Nurse Staffing Committee Composition Review consider using Unit Classification Survey tool	<input type="radio"/> Yes <input type="radio"/> No	
614	(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;	Hospital Nurse Staffing Committee Cochair Pre-Interview <i>and Cochair interviews</i>	<input type="radio"/> Yes <input type="radio"/> No	

Nurse Staffing Workbook

Tag	Standard	Relevant Survey Tool	Standards met?	Comments & additional documents related to deficiencies:
616	<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	
618	<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>		<input type="radio"/> Yes <input type="radio"/> No	
620	<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> <p>(e) Who may participate in decision-making;</p> <p>(f) How decisions are made; and</p>	Hospital Nurse Staffing Committee Cochair Pre-Interview	<input type="radio"/> Yes <input type="radio"/> No	

Nurse Staffing Workbook

Tag	Standard	Relevant Survey Tool	Standards met?	Comments & additional documents related to deficiencies:
	(g) How the staffing committee shall monitor, evaluate and modify the staffing plan over time.			
622	<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>	Hospital Nurse Staffing Committee Cochair Pre-Interview	<input type="radio"/> Yes <input type="radio"/> No	
624	<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>	Hospital Nurse Staffing Committee Cochair Pre-Interview	<input type="radio"/> Yes <input type="radio"/> No	
626	<p>(9) The staffing committee shall approve meeting minutes prior to or during the next staffing committee meeting.</p> <p>(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.</p>	<i>Cochair interviews</i>	<input type="radio"/> Yes <input type="radio"/> No	

Nurse Staffing Workbook

Tag	Standard	Relevant Survey Tool	Standards met?	Comments & additional documents related to deficiencies:
	333-510-0110 Nurse Staffing Plan Requirements			
628	(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 Plan Unit Questionnaire, Hospital Nurse Staffing Committee Cochair Pre-Interview	<input type="radio"/> Yes <input type="radio"/> No	
630	(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	
632	(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;		<input type="radio"/> Yes <input type="radio"/> No	
634	(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	
636	(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	
638	(e) <i>The staffing plan</i> Must recognize differences in patient acuity and nursing care intensity;	Hospital Nurse Staffing Plan Unit Questionnaire, Unit Onsite Review Tool	<input type="radio"/> Yes <input type="radio"/> No	
640	(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	
642	(f) <i>The staffing plan must establish minimum numbers of nursing staff</i> 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;		<input type="radio"/> Yes <input type="radio"/> No	

Nurse Staffing Workbook

Tag	Standard	Relevant Survey Tool	Standards met?	Comments & additional documents related to deficiencies:
644	(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	
646	(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	
648	(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	
650	(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>	
333-510-0115 Nurse Staffing Plan Review Requirement				
652	(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.		<input type="radio"/> Yes <input type="radio"/> No	
654	(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	Hospital Nurse Staffing Plan Unit Questionnaire, Hospital Nurse Staffing Committee Cochair Pre-Interview	<input type="radio"/> Yes <input type="radio"/> No	

Nurse Staffing Workbook

Tag	Standard	Relevant Survey Tool	Standards met?	Comments & additional documents related to deficiencies:
	(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.			
656	(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.	Hospital Nurse Staffing Committee Cochair Pre-Interview	<input type="radio"/> Yes <input type="radio"/> No	
	333-510-0125 Replacement Nurse Staffing Requirements			
658	(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.	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	
660	(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 Overtime Review Tool	<input type="radio"/> Yes <input type="radio"/> No	
	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. (2) A hospital may not require a nursing staff member to work:			

Nurse Staffing Workbook

Tag	Standard	Relevant Survey Tool	Standards met?	Comments & additional documents related to deficiencies:
665	<p>(a) Beyond the agreed-upon and prearranged shift, regardless of the length of the shift;</p> <p>(b) More than 48 hours in any hospital-defined work week;</p> <p>(c) More than 12 hours in a 24-hour period;</p> <p>(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</p> <p>(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.</p> <p>(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;</p> <p>(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</p> <p>(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.</p> <p>(6) Nothing in this rule precludes a nursing staff member from volunteering to work overtime.</p> <p>(7) A hospital may require an additional hour of work beyond the hours authorized in section (2) of this rule if:</p> <p>(a) A staff vacancy for the next shift becomes known at the end of the current shift; or</p> <p>(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.</p>	<p>Nurse staffing - Replacement Staff, Mandatory Overtime Review Tool and Unit Onsite Review Tool</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>	
670	<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>	<p>Nurse Staffing - Posting Survey Tool</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>	

Nurse Staffing Workbook

Tag	Standard	Relevant Survey Tool	Standards met?	Comments & additional documents related to deficiencies:
675	(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.	Hospital Nurse Staffing Committee Cochair Pre-Interview	<input type="radio"/> Yes <input type="radio"/> No	
680	(10) The provisions of sections (2) through (8) of this rule do not apply to nursing staff needs: (a) In the event of a national or state emergency or circumstances requiring the implementation of a facility disaster plan; or (b) In emergency circumstances that include: (A) Sudden and unforeseen adverse weather conditions; (B) An infectious disease epidemic suffered by hospital staff; (C) Any unforeseen event preventing replacement staff from approaching or entering the premises; or	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	
685	(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. (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.	<i>Specific to OSH</i>		
	(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	<i>Governed by Board of Nursing</i>		
	(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			

Nurse Staffing Workbook

Tag	Standard	Relevant Survey Tool	Standards met?	Comments & additional documents related to deficiencies:
690	<p>(1) A hospital is not required to follow the staffing plan developed and approved by the staffing committee in the event of:</p> <p>(a) A national or state emergency requiring the implementation of a facility disaster plan;</p> <p>(b) Sudden and unforeseen adverse weather conditions; or</p> <p>(c) An infectious disease epidemic suffered by hospital staff.</p> <p>(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.</p>	<p>If Facility indicates that an emergency necessitated suspension of plan implementation surveyor will request documentation establishing emergency circumstances.</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>	

The Oregon Health Authority's Patient Safety Surveyors survey hospitals throughout the state for compliance with federal and state regulations including Oregon Nurse Staffing regulations. Surveyors are currently looking at nurse staffing compliance at Healthytown Hospital.

We are requesting your feedback. Please answer the following questions regarding nurse staffing issues. Your responses and comments are very important to us. The purpose of this survey is to help guide our evaluation of nurse staffing compliance.

Confidentiality: This survey collects personally identifiable information, but no personally identifiable information will be included in the nurse staffing survey report. Your responses are combined with those of many others and with data gathered during the survey. Interviews and data are summarized in the nurse staffing survey report, and the identity of any individual who provides evidence during a survey will be kept confidential to the extent permitted by law.

Thank you for your participation.

* 1. What is your first and last name?

* 2. Please provide an email address and/or phone number where surveyors may contact you:

3. What is your role in the hospital?

- Charge nurse
- Direct care registered nurse
- Direct care licensed practical nurse
- Direct care certified nursing assistant
- House supervisor
- Nurse manager
- Patient or family member
- Technician/technologist
- Other staff member (please specify)

Demographics

4. Specify type of work you do

5. Which of the following categories best describes your employment status?

- Employed by the hospital
- Not employed by the hospital (employed instead by an agency or working on contract)
- Other (please specify)

6. What is your primary work unit?

- Inpatient Behavioral Health Unit / Psychiatric Unit / Addiction Recovery Unit
- Emergency Department
- Inpatient Medical/Surgical Unit / Medical Unit / Surgical Unit
- Inpatient Labor & Delivery Unit / Maternal Child Unit / Family Birth Center
- Outpatient Unit
- Surgical Services Unit/OR/Peri-Op
- Float Pool / Not assigned to a specific unit
- Cardiac Unit
- Critical Care Unit (CCU)
- Pediatric Unit
- Procedural Unit
- Other Unit

7. Specify type of unit

8. What is your primary shift length?

- 8-hour shift
- 10-hour shift
- 12-hour shift
- Variable
- Other (please specify)

9. What is your primary shift time?

- Day
- Evening/Swing
- Night
- Variable
- Other (please specify)

Hospital Nurse Staffing Committee & Nurse Staffing Plan Development

10. Did you participate in the selection of the direct care registered nurse who represents your unit on the hospital nurse staffing committee?

- Yes
- No
- I don't know
- N/A

11. Did you participate in the selection of the direct care non-RN who represents your unit on the hospital nurse staffing committee?

- Yes
- No
- I don't know
- N/A

12. Have you participated in the development of the nurse staffing plan for your unit?

- Yes
- No
- I don't know

13. What was your role in the development of the nurse staffing plan for your unit?

14. Are you on the hospital nurse staffing committee?

Yes

No

Replacement Nursing Staffing in Your Unit

15. In your unit how are replacement nursing staff obtained by the hospital to cover vacancies caused by illness, leave, training, etc.? (Check all that apply)

- Hospital staffing office is responsible for finding replacements
- Charge nurse is responsible for finding replacements
- House supervisor is responsible for finding replacements
- Unit leadership
- I don't know
- Other:

16. Do replacement staff assigned to your unit have the necessary competencies and skills to work with assigned patients on your unit?

- Always
- Sometimes
- Seldom
- Never
- I don't know

17. In your experience, are open shifts filled as soon as they are discovered?

- Always
- Sometimes
- Seldom
- Never

Overtime

18. In the past month, have you worked voluntary overtime? Voluntary overtime is overtime that you are not required to accept as a condition of employment. This includes overtime that you accept in exchange for additional pay or compensatory time incentives offered by your employer.

- I have not worked voluntary overtime in the past month
- 1-2 times in the past month
- 3-6 times in the past month
- More than 6 times in the past month

19. Does the hospital have a policy on mandatory overtime? Mandatory overtime is overtime required as a condition of employment; if you refuse to accept these hours you may be subject to discipline, changes in the conditions of your employment, or termination. Mandatory overtime does not include hours the nursing staff member voluntarily choose to work overtime.

- Yes
- No
- I don't know

20. Where is the hospital's mandatory overtime policy available? (Check all that apply)

- Online
- Posted in the breakroom
- Available at the nurses' station
- In the employee handbook
- I don't know
- Other location:

21. Under what circumstances has the hospital required you to work mandatory overtime in the past year? Mandatory overtime is overtime required as a condition of employment; if you refuse to accept these hours you may be subject to discipline, changes in the conditions of your employment, or termination. Mandatory overtime does not include hours the nursing staff member voluntarily choose to work overtime. (Check all that apply)

- I have not been required to work mandatory overtime in the past year
- To cover a last minute vacancy in an upcoming shift
- Due to a change in patient acuity/intensity
- Due to an unanticipated patient surge
- When a procedure or treatment ended later than anticipated
- When recovery time ended later than anticipated
- When the hospital did not fill a vacancy that was known before the shift that preceded it
- Other (please specify)

Overtime

22. In the past year, have you worked mandatory overtime hours beyond your agreed-upon and prearranged shift? Mandatory overtime is overtime required as a condition of employment; if you refuse to accept these hours you may be subject to discipline, changes in the conditions of your employment, or termination. Mandatory overtime does not include hours the nursing staff member voluntarily choose to work overtime.

- I have not been required to work mandatory overtime in this situation in the past year
- 1-2 times in the past year
- 3-6 times in the past year
- More than 6 times in the past year

23. In the past year, have you been required to work mandatory overtime when you had already worked 48-hours in the hospital-defined work week? Mandatory overtime is overtime required as a condition of employment; if you refuse to accept these hours you may be subject to discipline, changes in the conditions of your employment, or termination. Mandatory overtime does not include hours the nursing staff member voluntarily choose to work overtime.

- I have not been required to work mandatory overtime in this situation in the past year
- 1-2 times in the past year
- 3-6 times in the past year
- More than 6 times in the past year

24. In the past year, have you been required to work mandatory overtime when you had already worked 12 hours in a 24-hour period? Mandatory overtime is overtime required as a condition of employment; if you refuse to accept these hours you may be subject to discipline, changes in the conditions of your employment, or termination. Mandatory overtime does not include hours the nursing staff member voluntarily choose to work overtime.

- I have not been required to work mandatory overtime in this situation in the past year
- 1-2 times in the past year
- 3-6 times in the past year
- More than 6 times in the past year

25. In the past year, have you been required to work during the 10-hour period immediately following the 12th hour worked during a 24-hour period or during the 10-hour period immediately following the end of a shift in which you worked more than 12 hours in a 24-hour period.

- I have not been required to work during the 10-hour period immediately following the 12th hour worked during a 24-hour period in the past year or during the 10-hour period immediately following a shift in which I worked more than 12 hours in a 24-hour period.
- 1-2 times in the past year
- 3-6 times in the past year
- More than 6 times in the past year

26. In the past year, have you been required to work for up to an hour after a shift was scheduled to end because of an open shift in the shift following yours?

- I have not been required to work additional time in this situation in the past year
- 1-2 times in the past year
- 3-6 times in the past year
- More than 6 times in the past year

Overtime

27. In the majority of instances when you were required to work for up to an hour after your shift was scheduled to end, when was the open shift discovered?

- Prior to the beginning of my regular shift
- During my regular shift
- I don't know
- Other (please specify)

28. In the past year, have you been required to work for up to an hour after your shift was scheduled to end to avoid potential harm to an assigned patient if you leave or transfer care to another nursing staff member?

- I have not been required to work for up to an hour in this situation in the past year
- I have been required to work for up to an hour in this situation in the past year

Overtime

29. Were you required to work for up to an hour after your shift was scheduled to end to avoid potential harm to an assigned patient if you left or transferred care to another nursing staff member?

- Yes
- No

30. How many times were you required to work for up to an hour after your shift was scheduled to end?

- 1-2 times in the past year
- 3-6 times in the past year
- More than 6 times in the past year

Comment

Meals and Breaks

31. In the past three months, have you missed part or all of a rest or meal break because there was not sufficient staff to cover that time?

- I have not missed rest and/or meal breaks because there was not sufficient staff to cover that time in the past three months
- 1-2 times
- 3-6 times
- More than 6 times

Comment:

32. Considering overall trends, in the past three months, has your unit had the required number of nursing staff members per the staffing plan when you or another nurse or nursing staff member is on rest or meal break? (Check all that apply)

- Yes
- No, the unit is short-staffed when a nurse is on a rest or meal break.
- The unit uses a buddy system so nurses cover for one another when one is on a rest or meal break.
- I don't know
- Comment:

Competencies & Skills

33. Do you have the competencies and skills required to care for the patients assigned to you for all the unit(s) in which you work?

- Yes
- No
- I don't know
- I have the competencies and skills for some, but not all, of the units I work in. For example:

34. In the past year, have you been assigned patients for whom you do not have current competencies?

- I have not been assigned to work with patients for whom I do not have current competencies in the past year
- 1-2 times in the past year
- 3-6 times in the past year
- More than 6 times in the past year

Nurse Staffing Plan Implementation & Sufficiency

35. In the past year, have you experienced staffing that was insufficient based on the written nurse staffing plan in the unit(s) in which you work?

- Yes
- No
- I don't know

Nurse Staffing Plan Implementation & Sufficiency

36. If yes, did the failure to implement the nurse staffing plan adversely impact a patient?

- I don't know
- No
- N/A
- If yes, describe the adverse impact:

37. Is the hospital's current nurse staffing plan sufficient to meet the needs of patients?

- Yes
- No
- I don't know

Comment:

38. Is there anything else you'd like to share about nurse staffing at this hospital?