Nurse Staffing Audit Checklist		
Facility Name:		
Investigation Date/Time:		
Complaint #:		
	ENTER	
Licensed bed capacity of hospital:		
Reported number of inpatient beds operated:		
Reported number of nursing staff:		
RNs:		
LPNs:		
CNAs:		
Number of notices of audit/complaint investigation posted:		
Number of nursing staff who provided a written Witness Statement or Nursing Staffing Questionnaire:		
Number of patients and patient family members interviewed:		

Tag	OAR Standard	Met	Not Met	Comments
C 0390 0395	**333-510-0045 Nursing Services Staffing** (1) Each hospital must be responsible for the implementation of a written hospital-wide staffing plan for nursing services. The nurse staffing plan must be developed, monitored, evaluated and modified by a hospital nurse staffing plan committee in accordance with these rules. To the extent possible, the committee must: (a) Be comprised solely of equal numbers of hospital nurse managers and direct care registered nurses as its exclusive			*(1) Review hospital wide Staffing Plan for nursing services.* *(2) Review makeup of hospital staffing plan committee (copy)*

0400 0405	membership for decision making; (b) Include at least one direct care registered nurse from each hospital nurse specialty or unit, to be selected by direct care registered nurses from the particular specialty or unit as the specialty or unit as defined by the hospital; and (c) Have as its primary consideration the provision of safe patient care and an adequate nursing staff pursuant to ORS chapter 441.			
0410	(2) The hospital nurse staffing committee must document: (a) How its members were chosen to reflect fair and knowledgeable representation; (b) How the input of each member in decision making is assured; (c) The committee process and procedures, including how and when meetings are scheduled, how committee members are notified of meetings, how the meetings are conducted, how unit staff input is acquired, who may participate in the decision making and how decisions are made; (d) Plans for how it will monitor, evaluate and modify the nurse staffing plan over time; and (e) Meeting proceedings (meeting minutes).			*(1) Review committee meeting minutes* *(2) Review Job descriptions of committee members (copy)* *(3) Review QA documentation for evidence that staffing plan was evaluated, monitored and revised.*
0415	3) The written staffing plan must: (a) Be based on an accurate description of individual and aggregate patient needs and requirements for nursing care; (b) Include at least an annual quality evaluation process to			***Look for QA indicators in housewide PI plan; confirm changes in plan and re-***

0420	determine whether the staffing plan is appropriately and accurately reflecting patient needs over time;			***evaluation of PI plan one year later.***
0425	(c) Be based on the specialized qualifications and competencies of the nursing staff;			
0430	(d) Ensure that the skill mix and the competency of the staff meet the nursing care needs of the patient;			
0431	(e) 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);			*(1) What nationally known resources were used to develop specialty unit staffing plans?*
0432	(f) Recognize differences in patient acuteness;			
0433	(g) Include a formal process for evaluating and initiating limitations on admission or diversion of patients to another acute care facility when, in the judgment of the direct care registered nurse, there is an inability to meet patient care needs or a risk of harm to existing and new patients; and			
0434	(h) Establish minimum numbers of nursing staff personnel including licensed nurses and certified nursing assistants on specified shifts, with no fewer than one registered nurse and one other nursing care staff member on duty in a unit when a patient is present.			
	(4)(a) The hospital nurse staffing committee must monitor, evaluate, modify, and re-approve the nurse staffing plan according to the schedule described in the nurse staffing plan. (b) If the hospital nurse staffing committee is unable to reach			

	agreement on a re-approval of the nurse staffing plan, any nurse on the committee may request the Department to assist in resolving the impasse.			
	(c) The Department may require a hospital to:			
0436	(A) Provide written documentation describing those portions of the modified nurse staffing plan that have been developed and approved by the nurse staffing committee;			
0437	(B) Present a written plan for assisting the hospital nurse staffing committee in resolving outstanding differences including the scheduling of timely meetings, arranging for meeting facilitation and setting timelines; and			
	(C) Implement those modifications to the nurse staffing plan that have been approved by the nurse staffing committee.			
	(d) If a hospital is unable to resolve differences and adopt a modified plan within 60 days from the time the Department is notified of the impasse, it may request a 60 day Planning Process Extension.			
0439	(e) To be granted the extension, a hospital must:			
	(A) Employ a mediator within 30 days to assist in working out a compromise; and			
	(B) Provide evidence that such a mediator will include nurse staffing expertise in the deliberative process.			
0450	(5) The hospital must maintain and post a list of on-call nursing staff or staffing agencies that may be called to provide qualified replacement or additional staff in the event			

	of emergencies, sickness, vacations, vacancies and other absences of the nursing staff and that provides a sufficient number of replacement staff for the hospital on a regular basis. The list must be available to the individual responsible for obtaining replacement staff.			
0451	6) When developing the on-call list, the hospital must explore all reasonable options for identifying local replacement staff. These efforts must be documented.			
0452	(7) When a hospital learns about the need for replacement staff, the hospital must make every reasonable effort to obtain registered nurses, licensed practical nurses or certified nursing assistants for unfilled hours or shifts before requiring a registered nurse, licensed practical nurse, or certified nursing assistant to work overtime. Reasonable effort includes the hospital seeking replacement at the time the vacancy is known and contacting all available resources as described in section (5) of this rule. Such efforts must be documented.			
0456 0457 0458	8) A hospital may not require a registered nurse, licensed practical nurse, or certified nursing assistant to work: (a) Beyond the agreed-upon shift; (b) More than 48 hours in any hospital-defined work week; or (c) More than 12 consecutive hours in a 24-hour period, except that a hospital may require an additional hour of work beyond the 12 hours if: (A) A staff vacancy for the next shift becomes known at the end of the current shift; or			*(1) Does the facility have a nurse staffing waiver?*

	(B) There is a risk of harm to an assigned patient if the registered nurse, licensed practical nurse or certified nursing assistant leaves the assignment or transfers care to another			
0459	(9) Each hospital must have a system to document mandatory overtime. The procedure must be clearly written, provided to all new nursing staff, and be posted in a conspicuous place. The procedure must ensure that both the employee and management are involved.			*(1) Does hospital have a written policy that defines the responsibilities to document all efforts and results of all efforts to add or replace staff for needs?*
0460 0461 0462	10)(a) Time spent attending hospital-mandated meetings, and hospital-mandated education or training must be included as hours worked for purposes of section (8) of this rule. (b) Time spent on call but away from the premises of the employer may not be included as hours worked for purposes of section (8) of this rule. (c) Time spent on call or on standby when the registered nurse, licensed practical nurse or certified nursing assistant is required to be at the premises of the employer must be included as hours worked for purposes of section (8) of this rule.			*(2) Review payroll records for all staff on all units for the time period referenced (if complaint limit to specific dates)*
0465	(11) The provisions of sections (7) through (10) 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 hospital disaster plan; (b) In emergency circumstances, such as but not limited to: (A) Sudden unforeseen adverse weather conditions;			

	(B) An infectious disease epidemic of staff; or (C) Any unforeseen event preventing replacement staff from approaching or entering the premises; or (c) If a hospital has made reasonable efforts to contact all of the on-call nursing staff or staffing agencies on the list described in section (5) of this rule and is unable to obtain replacement staff in a timely manner.			
0466	(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			*(1) Does the staffing plan acknowledge this responsibility of staff?*
0475	(13) A hospital must post a notice summarizing the provisions of ORS 441.162, 441.166, 441.168, 441.174, 441.176, 441.178, and 441.192, in a conspicuous place on the premises of the hospital. The notice must be posted where notices to employees and applicants for employment are customarily displayed			
0480	(14) Upon request of a hospital, the Department may grant variances in the written staffing plan requirements based on patient care needs or the nursing practices of the hospital. Such request for a variance must be in writing and must state the reason for seeking a variance, verification that the nurse staffing plan committee has reviewed the request for variance, and how granting the variance will meet patient needs or the nursing practices of the hospital. A variance must be posted along with the notice required in ORS 441.180.			
0485	15) Nothing in section (4) of this rule relieves a hospital from complying with ORS 441.162 or 441.166.			
	333-501-0045 Civil Penalties for Violations of Nurse			*(1) Use attached "Civil Penalties Guidelines".*

	Staffing Laws (1) For the purposes of this rule, "safe patient care" has the meaning given the term in OAR 333-510-0002			
	2) The Division may impose civil penalties in the manner provided in ORS 441.170 for a violation of any provision of ORS 441.162 or 441.166 if there is reasonable belief that safe patient care has been or may be negatively impacted			*(1) Review QA documentation for evidence that staffing plan was evaluated, monitored and revised.*
	(3) Each violation of a nursing staff plan shall be considered a separate violation.			
	(4) Civil penalties may be imposed for violations of ORS 441.162 and 441.166 in accordance with Table 1 in this rule.			
	(5) The Division shall consider all evidence in determining a violation of the hospital nurse staffing rule including but not limited to witness testimony, written documents and observations.			
	6) A civil penalty imposed under this rule shall comply with ORS 183.745.			
	7) The Division shall maintain for public inspection records of any civil penalties imposed on hospitals penalized under this rule.			

Civil Penalties Guidelines

Oregon Administrative Rule	Yes	No	Comments
333-501-0055 **Civil Penalties, Generally** (1) This rule does not apply to civil penalties for violations of ORS 441.162, 441.166, 441.815, or 435.254 or rules adopted to implement these statutes.			

(4) In determining the amount of a civil penalty the Division shall consider whether: (a) The Division made repeated attempts to obtain compliance;			
(b) The licensee has a history of noncompliance with health care facility licensing laws;			
(c) The violation poses a serious risk to the public's health;			
(d) The licensee gained financially from the noncompliance; and			
(e) There are mitigating factors, such as a licensee's cooperation with an investigation or actions to come into compliance.			
(6) Each day a violation continues is an additional violation. • Number of days_____			
(7) A civil penalty imposed under this rule shall comply with ORS 183.745. Stat. Auth.: ORS 441.025 Stats. Implemented: ORS 441.990 Hist.: PH 11-2009, f. & cert. ef. 10-1-09; PH 26-2010, f. 12-14-10, cert. ef. 12-15-10; PH 26-2010, f. 12-14-10, cert. ef. 12-15-10			

TABLE 1 – CIVIL PENALTY ASSESSMENTS – OAR 333-501-0045		
Type of Violation	**First Violation**	**Repeat Violations**
No written nurse staffing plan developed or implemented by facility and, as a result, safe patient care has been or may be negatively impacted.	Not to exceed $5,000	Not to exceed $5,000
Statement of deficiencies or letter of warning will be issued for all violations in addition to any civil penalty levied	$0	$0

The hospital required a registered nurse, licenses practical nurse or certified nursing assistant to work: • Beyond the scheduled shift; • More than 48 hrs. in any hospital-defined workweek; or • More than 12 consecutive hours in a 24-hour period and as a result, safe patient care has been or may be negatively impacted	Not to exceed $2500	Not to exceed $5000
The hospital willfully does not comply with the requirement to post notice to personnel and, as a result, safe patient care has been or may be negatively impacted.	Not to exceed $500	Not to exceed $500
WRITTEN NURSE STAFFING PLAN		
The written nurse staffing plan was not developed, monitored, evaluated or modified by the hospital staffing plan committee and, as a result, safe patient care has been or may be negatively impacted.	Not to exceed $2500	Not to exceed $5000
The committee does not have as its primary consideration the provision of safe patient care and adequate nursing staff and, as a result, safe patient care has been or may be negatively impacted.	Not to exceed $2500	Not to exceed $5000
REPLACEMENT STAFF		
The hospital does not maintain and post a list of replacement staff and, as a result, safe patient care has been or may be negatively impacted.	Not to exceed $2500	Not to exceed $5000
The hospital does not make reasonable efforts to get replacement staff and, as a result, safe patient care has been or may be negatively impacted.	Not to exceed $2500	Not to exceed $5000
*Factors which may influence the amount of penalty include, but are not limited to: duration and extent of violation, actual harm to one or more patients, willfulness of violation, and number of patients harmed.		