

Subject Hospital core staffing plans

Authors Olson and others

Analyst Elisabeth Klarqvist

Date February 14, 2022

Overview

This bill establishes requirements for the establishment and implementation of hospital core staffing plans and requires reporting and public posting of core staffing plans, quarterly nurse staffing reports, violations of statutes governing core staffing plans, and licensing actions. It also authorizes the Office of Health Facility Complaints and commissioner of health to enforce compliance with core staffing plans, and requires the commissioner of health to collect, analyze, and report data on any connection between adverse events and hospital understaffing and on changes and trends in the number of registered nurses in Minnesota.

Summary

Section	Description
---------	-------------

- | | |
|---|--|
| 1 | Title.
Provides that this act is known as the Keeping Nurses at the Bedside Act. |
| 2 | Suspension, revocation, and refusal to renew.
Amends § 144.55, subd. 6. Authorizes the commissioner of health to take action against a hospital license if the commissioner, after a recommendation from the Office of Health Facility Complaints, determines there is a pattern of the hospital failing to comply with the hospital's core staffing plan. |
| 3 | Correction orders.
Amends § 144.653, subd. 6. Requires the commissioner of health to issue a correction order to a hospital if the commissioner finds the hospital is not in compliance with the requirements in sections 144.7051 to 144.7059. |

Section	Description
4	<p>Definitions.</p> <p>Adds § 144.7051. Defines terms for the sections establishing hospital core staffing plan requirements: commissioner, daily staffing schedule, direct care registered nurse, hospital.</p> <p>This section is effective July 1, 2024.</p>
5	<p>Hospital nurse staffing committees.</p> <p>Adds § 144.7053. Requires a hospital to establish a hospital nurse staffing committee or assign duties to an existing committee; establishes requirements for committee membership, compensation, and meeting frequency; and establishes committee duties.</p> <p>Subd. 1. Hospital nurse staffing committee required. Requires a hospital to establish a hospital nurse staffing committee, or to assign duties to an existing committee that meets the membership requirements for a hospital nurse staffing committee.</p> <p>Subd. 2. Committee membership. Requires at least 60% of the committee's membership to be direct care registered nurses appointed or elected according to a collective bargaining agreement or by the hospital's direct care registered nurses, and no more than 40% of the committee's membership to be appointed by the hospital.</p> <p>Subd. 3. Compensation. Requires a hospital to compensate a hospital employee at the employee's existing rate of pay for participating in committee meetings, and requires a hospital to relieve direct care registered nurse members of other work duties during meeting times.</p> <p>Subd. 4. Meeting frequency. Requires a committee to meet at least quarterly.</p> <p>Subd. 5. Committee duties. Requires a committee to create and update an evidence-based core staffing plan to guide the creation of daily staffing schedules for each inpatient care unit at the hospital. Lists other required duties of the committee.</p> <p>This section is effective July 1, 2024.</p>
6	<p>Hospital core staffing plan.</p> <p>Amends § 144.7055. In a section governing hospital core staffing plans, specifies information that must be included in a plan, requires a core staffing plan to comply with listed criteria, lists information that must be considered in developing the plan, establishes reporting requirements and requirement for posting core staffing plans</p>

Section	Description
---------	-------------

and licensing actions, and requires submission of core staffing plans to the commissioner.

Subd. 1. Definitions. Strikes a definition of patient acuity tool, modifies the definition of core staffing plan to refer to the requirements in subdivision 2, and makes a conforming change to the definition of inpatient care unit.

Subd. 2. Hospital core staffing plans. Moves the duty to establish a core staffing plan from the chief nursing executive or a designee of a hospital to the hospital nurse staffing committee. Lists what information must be included in a core staffing plan, and requires a core staffing plan to comply with the listed criteria.

Subd. 2a. Development of hospital core staffing plans. Makes a change to conform with assigning the duty to develop a core staffing plan to the hospital nurse staffing committee. Lists information that the hospital nurse staffing committee must consider when developing a core staffing plan.

Subd. 3. Standard electronic reporting of core staffing plans. In a subdivision requiring hospitals to report core staffing plans to the Minnesota Hospital Association (MHA), also requires hospitals to submit to the MHA updates to a core staffing plan, and requires the MHA to update the Minnesota Hospital Quality Report website with updated core staffing plans within 30 days after receiving the updated plan.

Subd. 4. Standard electronic reporting of direct patient care report. Removes obsolete language and makes a technical change.

Subd. 5. Standard electronic reporting of licensing actions. Requires the MHA to include on its website, a list of licensing actions imposed on hospitals for a violation of a section governing hospital core staffing plans.

Subd. 6. Mandatory submission of core staffing plan to commissioner. Requires a hospital to submit its core staffing plans and updates to the commissioner.

This section is effective July 1, 2024.

7 Implementation of hospital core staffing plans.

Adds § 144.7056. Requires a hospital to implement the core staffing plan, and allows the hospital to seek to amend the plan through arbitration. Requires public posting of core staffing plans and compliance with them, requires a hospital to provide patients and visitors with copies of the posted information, and establishes requirements for documenting compliance and retention of records documenting compliance.

Section	Description
---------	-------------

Subd. 1. Plan implementation required. Requires a hospital to implement the core staffing plan approved by the hospital nurse staffing committee.

Subd. 2. Public posting of core staffing plans. Requires a hospital to post the core staffing plan for each inpatient care unit in a public area on the unit.

Subd. 3. Public posting of compliance with plan. Requires the hospital to post a notice stating whether a unit's current staffing complies with that unit's core staffing plan, and specifies what each notice must include and where it must be posted.

Subd. 4. Public distribution of core staffing plan and notice of compliance. Requires a hospital to post a notice that copies of the materials in subdivisions 2 and 3 are available on request to patients and visitors, and requires the hospital to provide the materials to individuals requesting them within four hours after the request.

Subd. 5. Documentation of compliance. Requires hospitals to document compliance with its core staffing plan, to maintain records documenting compliance for at least five years, and to provide its nurse staffing committee with access to this documentation.

Subd. 6. Dispute resolution. Allows a hospital to attempt to amend a core staffing plan through arbitration and specifies what the arbitration process must include. During the dispute resolution process, requires the hospital to implement the core staffing plan as written. If the dispute resolution process results in amendment to the core staffing plan, requires the hospital to implement the amended plan.

This section is effective October 1, 2024.

8 **Enforcement of compliance with hospital core staffing plans.**

Adds § 144.7057. Authorizes the Office of Health Facility Complaints to investigate compliance with core staffing plans and unsafe staffing conditions, and requires the office to impose fines for violations. Also requires the commissioner to establish an online portal for reports of unsafe staffing conditions.

Subd. 1. Failure to submit nurse staffing reports. Requires the Office of Health Facility Complaints to impose a fine of \$5,000 on a hospital for failing to submit a nurse staffing report within a certain timeframe.

Subd. 2. Receipt of reports of unsafe staffing conditions. Requires the commissioner to maintain an online portal for hospital employees to report unsafe staffing conditions, and requires the commissioner to forward any reports

Section	Description
---------	-------------

received to the Office of Health Facility Complaints for investigation, to the hospital nurse staffing committee at the affected hospital, and to a collective bargaining agent representing registered nurses at the affected hospital.

Subd. 3. Investigation of reports of unsafe staffing conditions. Requires the Office of Health Facility Complaints to investigate reports of unsafe staffing conditions. If the office determines an inpatient care unit violated the core staffing plan, requires issuance of a correction order. Establishes penalties for first, second, and third reinspections following issuance of a correction order.

Subd. 4. Investigations arising from nurse staffing reports. If, after reviewing quarterly nurse staffing reports, the Office of Health Facility Complaints determines a hospital has a pattern of failing to comply with the core staffing plan, authorizes the office to investigate according to subdivision 3.

This section is effective January 1, 2025.

9 **Hospital nurse staffing committee reports.**

Adds § 144.7058. Requires a hospital nurse staffing committee to submit quarterly nurse staffing reports to the Office of Health Facility Complaints; requires public posting of nurse staffing reports and licensing actions; and requires the commissioner to develop a uniform format or standard form for reporting quarterly nurse staffing reports.

Subd. 1. Nurse staffing report required. Requires a hospital nurse staffing committee to submit quarterly nurse staffing reports to the Office of Health Facility Complaints.

Subd. 2. Nurse staffing report. Requires a nurse staffing report to include the listed information.

Subd. 3. Public posting of nurse staffing reports. Requires the Office of Health Facility Complaints to include on its website the quarterly nurse staffing reports submitted to it.

Subd. 4. Public posting of licensing actions. Requires the Office of Health Facility Complaints to include on its website a list of civil penalties or other actions imposed by the commissioner for violations of the statutes governing core staffing plans.

Subd. 5. Standardized reporting. Requires the commissioner to develop and provide a uniform format or standard form to be used by the hospital nurse staffing committee to submit quarterly nurse staffing reports to the Office of

Section	Description
	Health Facility Complaints. Establishes requirements for the uniform format or standard form.
	This section is effective October 1, 2024.
10	Retaliation prohibited. Adds § 144.7059. Prohibits a hospital or the Board of Nursing from retaliating against or disciplining a direct care registered nurse for challenging the process for forming a nurse staffing committee, challenging a core staffing plan, objecting to a patient assignment that would lead to the nurse violating medical restrictions, or reporting unsafe staffing conditions.
	This section is effective July 1, 2024.
11	Duty to analyze hospital staffing. Adds subd. 4 to § 144.7067. Requires the commissioner to analyze adverse event reports, nurse staffing reports, and reports of unsafe staffing conditions to determine connections between staffing and adverse events; communicate conclusions and recommended corrective action to hospitals; and publish an annual report with information on connections between adverse events and understaffing, corrective action plans, and recommendations for changes to the regulation of hospital care.
	This section is effective July 1, 2026.
12	Complaints. Amends § 144A.53, subd. 2. A new para. (c) provides that a person complaining about unsafe staffing conditions in a hospital is not required to pursue other remedies before the Office of Health Facility Complaints accepts or investigates a complaint. Provides that investigators are not required to interview at least one family member of a vulnerable adult identified in a complaint regarding unsafe staffing conditions. Requires an onsite investigation of unsafe staffing conditions within 30 days after receiving a report of such conditions.
13	Direction to the commissioner of health; expansion of the nursing workforce report. Requires the commissioner to expand the commissioner's licensing renewal questionnaires to include collection, analysis, and reporting of data on Minnesota's supply of active registered nurses, trends in hospital retention of registered nurses, reasons registered nurses are leaving direct care positions at hospitals, and reasons registered nurses are leaving the profession.

Section	Description
14	<p>Initial implementation of the Keeping Nurses at the Bedside Act.</p> <p>Provides for implementation of the act:</p> <ul style="list-style-type: none">▪ by July 1, 2024, a hospital must establish a hospital nurse staffing committee;▪ by October 1, 2024, a hospital must implement core staffing plans and submit these plans to the Office of Health Facility Complaints. If a hospital does not submit the plan, the commissioner cannot renew the hospital's license until the hospital submits the plan;▪ by October 1, 2024, the commissioner must implement a portal for submission of reports of unsafe staffing conditions; and▪ by December 31, 2024, the commissioner must provide access to the uniform format or standard form for nurse staffing reports.
15	<p>Appropriation; unsafe hospital nurse staffing reporting portal.</p> <p>Makes a blank appropriation in fiscal year 2023 from the general fund to the commissioner of health for development of the online portal to submit reports on unsafe staffing conditions.</p>
16	<p>Appropriation; Office of Health Facility Complaints investigation duties.</p> <p>Makes a blank appropriation in fiscal year 2023 from the general fund to the commissioner of health for OHFC to investigate reports of unsafe staffing conditions in hospitals.</p>
17	<p>Appropriation; hospital staffing study.</p> <p>Makes a blank appropriation in fiscal year 2023 from the general fund to the commissioner of health for the analysis and report on the connection between understaffing and adverse events, corrective action plans, and recommendations for changes to the regulation of hospital care.</p>
18	<p>Revisor instruction.</p> <p>Directs the revisor of statutes to move definitions from § 144.7055 to the definitions section, § 144.7051, and to make necessary technical and cross-reference changes.</p>



**MN HOUSE
RESEARCH**

Minnesota House Research Department provides nonpartisan legislative, legal, and information services to the Minnesota House of Representatives. This document can be made available in alternative formats.

www.house.mn/hrd | 651-296-6753 | 155 State Office Building | St. Paul, MN 55155