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COVID-19 Impacts on Hospital Nurse Staffing

The Oregon Health Authority (OHA), Oregon hospitals, and nursing staff members are engaged in addressing issues related to COVID-19.

While the full nurse staffing survey cycle is paused due to the pandemic, the OHA and the Oregon Nurse Staffing Advisory Board are using this time to integrate lessons learned from the 2017-2019 survey cycle and COVID-related changes in hospitals across the state. In addition, OHA surveyors continue to assess and investigate nurse staffing complaints.

The OHA is issuing this memo to address specific issues that have come up around the state as hospitals and nursing staff members respond to COVID-19.

Hospital Nurse Staffing Committees (HNSCs) should continue to meet. OHA has previously informed stakeholders that virtual meeting practices should be designated in the HNSC charter. While some HNSCs may not have included this in their charters, OHA supports meeting virtually during the pandemic in order to safely continue to meet and work together to determine how to modify nurse staffing plans as needed. These alternative location meetings are permitted under [Oregon Administrative Rule 333-510-0105\(2\)\(b\)](#) which states that the staffing committee shall meet “At any time and place specified by either co-chair of the staffing committee.” A HNSC co-chair could specify a meeting time and place that would incorporate social distancing through video or phone conferencing. Hospitals should ensure that meeting attendance and votes are tracked and documented.

HNSCs should be involved in surge planning. If a hospital has implemented its facility disaster plan in response to an emergency, the approved nurse staffing plan may be suspended. However, hospitals may want to continue to follow the plan to the extent that it ensures safe patient care. The duration of the COVID-19 pandemic and its variable impact on patient census merits consideration of how to use the nurse staffing plan while the pandemic continues. OHA encourages hospitals that have implemented their facility disaster plan to include HNSC members in surge planning so that the HNSC can modify the nurse staffing plan as needed.

HNSCs should be involved in low-census planning. The COVID-19 pandemic has resulted in some periods of low census. The most significant drops occurred when elective procedures were temporarily ceased in spring 2020, but low census situations may reoccur. As part of the pandemic-response a hospital may implement its facility disaster plan and part of the response may include staffing for a subnormal census. As with surge planning, OHA encourages hospitals that have implemented their facility disaster to plan to include HNSC members in low-census planning so that the HNSC can modify the nurse staffing plan to meet patient care needs.

The pandemic may impact large and small hospitals differently. The Oregon Revised Statutes provide a single set of standards for nurse staffing, and the OHA recognizes that the nurse staffing practices reflect the size, type, and geographic location of each individual hospital. The Nurse Staffing Advisory Board members represent from the diverse hospitals in Oregon, including Critical Access Hospitals and larger hospitals. The OHA and the Nurse Staffing Advisory Board encourage HNSCs to work with their hospital administration and emergency planning team to shape solutions that reflect the hospital's unique resources and challenges.

Nursing staff members should have documented qualifications and competencies for the units where they are assigned to work. The nurse staffing rules require that a nurse staffing plan “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”. If a nurse staffing plan is suspended because the hospital has implemented its facility disaster plan, a hospital is still required to

- Follow Federal law to “assign the nursing care of each patient to ... nursing personnel in accordance with the patient’s needs and the specialized qualifications and competence of the nursing staff available.” (42 CFR §482.23(b)(5)); and
- Follow the [Oregon Administrative Rule 333-510-0020 Nursing Care Management](#) which states “The RN will only provide services to the patients for which the RN is educationally and experientially prepared and for which competency has been maintained.”

Regardless of whether the nurse staffing plan is currently in effect, a hospital is required to ensure that the nursing staff members have the qualifications and competencies necessary to provide care in the units where they are assigned. While assignments during the pandemic may be shifted temporarily to accommodate surge or low census, those assignments must match the skills and abilities of the nursing staff members.

Additional information about nurse staffing is available at www.healthoregon.org/nursestaffing and mailbox.nursestaffing@state.or.us is the contact point for nurse staffing questions, conference call requests, and document submissions.

Additional information about OHA's COVID-19 response is available at
www.healthoregon.org/coronavirus

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