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TO: The Honorable Pamela Beidle, Chair
Finance

HB905
Unfavorable

FROM: Deborah J. Baker, DNP, AG-ACNP, FAAN
Sr. Vice President for Nursing, Chief Nurse Executive

DATE: March 28, 2025

RE: **HB905: Hospitals – Clinical Staffing Committees and Plans – Establishment (Safe Staffing Act of 2025)**

Johns Hopkins Health System opposes **HB905: Hospitals – Clinical Staffing Committees and Plans – Establishment (Safe Staffing Act of 2025)** which passed the House of Delegates and is now before your committee.

The Johns Hopkins Health System has four acute-care hospitals in Maryland and I have the honor of being the Chief Nurse Executive for the entire system. I am in this position now after having been a registered nurse for over 30 years and served at the bedside before becoming a nurse manager, leader and executive.

While I respect the intent of the bill, legislation regarding staffing in hospitals is not only unnecessary, but also counterproductive to our efforts to ensure the safe clinical staffing which this bill attempts to address.

Proponents assert that establishing clinical staffing committees will improve wait times in the emergency department. Access to healthcare in Maryland has been identified as a challenge by state and healthcare organization leadership. This lack of access leads to increased volumes in all of our emergency facilities. After the 2023 legislative session, the Maryland Hospital Association was directed to conduct a study on the reasons for emergency room overcrowding and hospital throughput. The results of this study were multifaceted and exposed the complex issues that results in overcrowding and slow hospital throughput. Nurse staffing was not a top issue on their list. Mandating staffing committees and annual reporting will not do anything to move our hospitals towards more efficient operations.

Similarly, proponents assert that establishing clinical staffing committees will deter workplace violence (WPV). Aggressive behaviors and the demonstrated lack of civility by some of our patients or their family members reflect larger breakdowns in our society. There has been a rise

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in WPV events from year to year at Johns Hopkins Medicine. Best practices necessary to alleviate the risk of harm include prevention, crisis management and de-escalation, and communication. JHHS has employed initiatives to mitigate the risks of WPV with frontline staff involvement. These include the utilization of a violent patient risk assessment tool, the use of Code Green (emergency personnel response within the hospitals), Behavioral Health protective gear for use in violent events, the use of individual wearable panic buttons for staff, training in Crisis Prevention and de-escalation, patient facing behavioral expectations posters, behavioral alerts and flags in the electronic medical record, and an increased public safety officer presence at each hospital.

Public posting of staffing plans on individual care units will in no way assist in decreasing potential violence, but may in fact incite an increase in events if already escalated or angry patients or visitors interpret or misinterpret the posted staffing grid as a unit having insufficient healthcare workers to care for their loved one.

Most importantly, requiring our hospitals to establish a house-wide clinical staffing committee will interfere with our longstanding shared governance structure that engages frontline staff on a regular basis to make decisions about the care environment in each nursing area. The supportive structure of the Johns Hopkins Nursing Professional Practice Model (PPM) is comprised of councils where frontline nursing staff can share their voice and create meaningful, evidence-based change around staffing, practice, care delivery and operations. The five system-wide councils develop and implement a plan to inform and educate stakeholders about changes, new processes, or innovation. Everyone receives the same information within the same timeframe, allowing for consistent and timely implementation across all clinical areas. Improvements are implemented consistently across the hospitals.

Each of our hospitals have corresponding councils where issues like staffing are discussed, in addition to system initiatives. We also have specialty councils which address different populations at our hospitals such as night shift councils, peri-operative councils, and pediatrics councils. These councils accept referrals from any employee who would like to explore an issue or recommend a change. The staff value this opportunity to contribute to their work environment in a positive, evidence-based manner. Shared governance positively impacts the quality and safety of care delivered to our patients and the healthy work environment created for the staff.

Each of our hospitals have a staffing or resource office (staffing pool) which serves as a centralized staffing office which supports the staffing, and allocation of nursing resources throughout the hospital in order to ensure adequate patient care coverage.

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Partnerships with nursing leaders and clinical staff on the units allows for real time adjustments based on patient care demand with the use of a standardized shift readiness tool, along with periodic touchpoint huddles throughout the 24-hour day. Important public reporting platforms like Leapfrog outline the staffing ratios of our hospitals that are better than national benchmarks. In addition to the frequent touchpoint meetings where staffing decisions are made based on patient care demands, charge nurses and staffing coordinators can advocate for more staffing via our float pool offices.

In addition to staffing-specific means of addressing the needs of nursing staff for patient care, frontline forums are held with leadership in order to share innovative solutions, concerns, and interests. These are held with executive level leaders on a regular cadence. These Solution Sessions are led by a trained facilitator and hosted by both nursing and human resources. Audiences include frontline nursing staff and nursing leaders, and content is disseminated broadly after the sessions. This is yet another way frontline staff are accessing our most senior nursing and hospital level executives to share their voices and recommendations

Other processes that exist to make real-time adjustments to meet patient needs are reviewed in safety, and operational huddles. Unit-based huddles happen at the local level each shift and are escalated to specialty area huddles if needed. Daily safety huddles, which includes representation from hospital leadership, ancillary units, and clinical leaders, are held to raise awareness and create just in time solutions to varied operational issues.

Listening to staff, especially in the post-pandemic period, gave hospital leaders creative and innovative approaches to providing care through flexible staffing models. As a system, we are continuously addressing our nursing staff pipeline through multiple career development and training programs. We have many onboarding and retention programs in an effort to address these issues. They include tuition remission and reimbursement programs, funding for entry level nursing, career counseling and technician intern programs for our own employees, high school students and others. In addition to nursing shared governance models, there are multidisciplinary safety meetings, like Comprehensive Unit-Based Safety Program (CUSP) and shift by shift safety huddles that model the precepts of High Reliability Organizations (HRO), where staffing, supplies and other processes are discussed with the goal of providing safe care.

Publicly reported and mandated staffing committees won't fix the workplace violence directed at healthcare workers. The multidisciplinary committee that consists of staff and experts designing preventative solutions to violence is dealing with the issue head on.

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Publicly reported and mandated staffing committees won't fix emergency department wait times or boarding. More capacity and funding for capacity expansions for those hospitals whose missions are to care for all, will assist with these issues.

Finally, we need to not distract hospital leaders with more bureaucratic mandates and allow the staff, in collaboration with leadership, design and execute real solutions to the myriad of operational issues present in providing healthcare in our state.

Accordingly, Johns Hopkins Health System respectfully requests an **UNFAVORABLE** committee report on HB905.