

House Bill 905- Hospitals - Clinical Staffing Committees and Plans - Establishment

Position: *Oppose*

April 1, 2025

Senate Finance Committee

On behalf of Luminis Health Anne Arundel Medical Center (LHAAMC), we appreciate the opportunity to comment in opposition of House Bill 905.

LHAAMC has well-established, dynamic processes to determine appropriate staffing levels, ensuring optimal patient care. These processes include, but are not limited to:

- Twice daily in-person unit huddles, attended by frontline staff and unit leadership, focused on staffing, assignments, and patient acuity.
- Twice daily virtual Bed Board huddles, attended by frontline leaders, nursing leadership, clinical support leaders, focused on staffing, capacity and resources required to meet patient care and staff demands.
- Daily virtual Safety Call (M-F), addressing safety events, capacity, and staffing, attended by frontline staff, nursing and clinical support leaders and members of the executive team.
- Nursing Supervisor (24/7) responsible for allocating resources in response to patient volume, skill-mix, and acuity with a commitment to ensuring all beds are staffed to meet the demands of the community and maintain staff safety.

These measures align with nationally recognized standards from The Joint Commission and the Centers for Medicare and Medicaid Services, ensuring patient safety and high-quality clinical outcomes. LHAAMC recognizes that frontline nurses are essential decision-makers in staffing. As a three-time American Nurses Credentialing Center Magnet-designated organization, we uphold a multidirectional flow of decision-making between bedside nurses, leadership, interprofessional teams, and the Chief Nursing Officer. Our shared governance model actively engages frontline nurses in staffing decisions through:

- Self-scheduling and unit-based scheduling committees led by bedside nurses.
- Direct escalation pathways for real-time communication of staffing concerns and patient acuity 24/7.
- Twice-daily unit-based huddles and Bed Board huddles seven days a week
- Participation in daily Safety Call five days a week.
- A well-structured shared governance structure, engaging nurses at all levels to engage in matters related to hospital operations and the work environment.

These collaborative approaches ensure that the individuals directly responsible for patient care—nurses—play a primary role in determining staffing levels, responding to patient acuity, and maintaining safety.

Staffing plans at LHAAMC are continuously reviewed and adapted in real time to accommodate fluctuating patient volumes, bed availability, individual patient acuity, and the experience levels of available clinical staff. This review is conducted in real time between bedside nurses and unit leadership. Hospitals must retain this critical flexibility to meet evolving patient care needs. A single, centralized staffing committee, as proposed by HB 905, lacks the agility required for real-time decision-making and fails to reflect the complexity of hospital operations.

Moreover, clinical staffing plans must be developed by clinicians. Effective staffing requires the expertise of those who provide direct patient care—nurses and other clinical professionals—not non-clinical personnel. While we support frontline staff engagement, direct-care nurses must lead the decision-making process for clinical staffing, with non-clinical staff contributing only to non-clinical workforce planning.

LHAAMC remains committed to supporting and strengthening our nursing workforce. However, HB 905 does not account for the multifaceted realities of hospital staffing and does not address the underlying causes of workforce shortages.

For these reasons, we respectfully urge an ***unfavorable*** report on HB 905.