



JOHNS HOPKINS  
M E D I C I N E

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BAYVIEW MEDICAL CENTER

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**HB624**  
**Unfavorable**

**TO:** The Honorable Heather Bagnall, Chair  
*Health*

**FROM:** John Davis  
*Chief Nursing Officer*

**DATE:** February 16, 2026

**RE:** **HB624: Hospitals – Clinical Staffing Committees and Plans – Establishment (Safe Staffing Act of 2026)**

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Johns Hopkins Bayview Medical Center opposes **HB624: Hospitals – Clinical Staffing Committees and Plans – Establishment (Safe Staffing Act of 2026)** which is before your committee.

This bill isn't necessary and will divert time, attention and resources away from solving critical challenges facing my hospital.

Proponents assert that establishing clinical staffing committees will improve wait times in the emergency department, but in my hospital a lack of physical space, ever increasing volume of patients, higher acuity of patients, a shortage of inpatient and specialty care beds in and outside of our facility are the primary reasons for longer wait times. This committee will not solve those issues.

Similarly, proponents assert that establishing clinical staffing committees will deter workplace violence but I disagree. Aggressive behaviors and the demonstrated lack of civility by some of our patients or their family members are outside the control of the hospital and reflect larger breakdowns in our society. I will further note that the required posting of staffing plans on individual care units will make it more likely for violence to occur by making it easier for people with bad intentions to identify less busy times and the composition of the care teams.

Most importantly, requiring my hospital 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.

Our organization is progressing toward ANCC Magnet status, supported by a robust shared governance framework. We will host appraisers from the Magnet Recognition Program in March. The Magnet structure includes governing councils such as the coordinating council,

professional practice, professional development, nursing inquiry, nursing informatics, and nursing quality, alongside numerous specialty and special interest groups. Frontline clinical nurses play a pivotal role in these councils, providing essential insights and driving impactful decision-making. Their active participation has directly contributed to organizational successes in patient outcomes and employee engagement, fostering a collaborative and effective environment.

Through bidirectional reporting, our goals and deliverables are seamlessly communicated from the executive level to the frontline staff, ensuring alignment and transparency. The development of dashboards, regular audits, and timely feedback—guided by frontline input—have enabled us to consistently achieve inpatient and ambulatory nursing-sensitive indicators for eight consecutive rolling quarters, surpassing national benchmarks set by NDNQI and Press Ganey. This success is a testament to the unwavering engagement of our staff, as evidenced by our exceptional Glint engagement results which we fear would be negatively impacted with the mandating a staffing committee forcing the diversion of time and resources for a process for which we already have a standard for managing.

Furthermore, our organization established the Johns Hopkins Bayview Operations and Safety Huddle (JBOSH) to provide a daily forum where nursing staff and other departments can raise safety concerns for timely resolution. The meeting includes hospital executives, departmental leaders, and frontline nursing staff. Action items are assigned to the appropriate leaders, who are responsible for follow up and closing the communication loop. During the huddles, the hospital administrator and nursing leadership provide progress updates and report on resolutions. This structure also ensures that nurses have a clear and consistent platform to elevate operational and safety issues.

I also draw your committee's attention to The Joint Commission's National Performance Goal (NPG) 12 which became effective on January 1, 2026. All Maryland hospitals have to be accredited by The Joint Commission and follow their rigorous, evidence-based frameworks to address operational and safety matters. NPG12 requires hospitals to be "staffed to meet the needs of the patients it serves, and staff are competent to provide safe, quality care." Standing up clinical staffing committees is not a part of the required framework in NPG12. Rather, the accreditation body charges me, as the nurse executive, with the duty to direct the implementation of a nurse staffing plan and to document the "types and numbers of nursing and other staff necessary to provide nursing care for all areas of the hospital."

Accordingly, Johns Hopkins Bayview Medical Center respectfully requests an **UNFAVORABLE** committee report on HB624.