

Sharon L. Smyth, DNP, RN, CENP

Vice President for Nursing & Patient Care
Services and Chief Nursing Officer
The Johns Hopkins Hospital

600 North Wolfe Street
Billings Administration, Suite 101, Rm 109
Baltimore, MD 21287-1607
410-502-3560
ssmyth6@jhmi.edu



TO: The Honorable Heather Bagnall, Chair
Health

HB624

Unfavorable

FROM: Sharon L. Smyth, DNP, RN, CENP
Chief Nursing Officer, The Johns Hopkins Hospital

DATE: February 13, 2026

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

The Johns Hopkins Hospital opposes **HB624: Hospitals – Clinical Staffing Committees and Plans – Establishment (Safe Staffing Act of 2026)** which passed the House of Delegates and is now before your committee.

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

The Johns Hopkins Hospital was initially designated as a Magnet¹ hospital in 2003, followed by redesignation in 2008, 2013, 2018, and 2024. As of October 2024, there are 613 Magnet-designated healthcare organizations across the United States and 17 international Magnet Organizations. The Johns Hopkins Hospital is proud of its continued Magnet recognition, a testament to our dedication to nursing excellence, nurse empowerment, and professional growth.

As described below, the implementation of Magnet standards at the Johns Hopkins Hospital inform decisions about patient safety and high-quality outcomes, as well as clinical staffing.

Johns Hopkins nurses continually seek ways to advance our practice, innovate care delivery, foster interdisciplinary collaboration, and enhance patient outcomes (Johns Hopkins Nursing, 2024). Magnet status signifies an organization's commitment to patient-centered care that is evidence-based, improves clinical outcomes, and enhances the patient experience (Johns Hopkins Nursing, 2024). Magnet healthcare organizations and their communities enjoy specific benefits:

- Improved patient outcomes;
- Increased nurse satisfaction; and
- Reduced nurse turnover.

¹ The process for receiving a Magnet designation is described at the end of this testimony.



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The Johns Hopkins Nursing Professional Practice Model



The Johns Hopkins Nursing Professional Practice Model (PPM) is supported by a structure designed to promote excellence in patient care, education, and research using shared governance. JHH nurses understand shared power strengthens the ability to achieve goals; JHH nurses strive to achieve the best outcomes for patients and their families through autonomous and collaborative care, sound clinical judgment, evidence-based practice, and commitment to patient safety. Efforts are directed to excellence and discovery in care, optimizing scope of practice, engaging in lifelong learning, and assuring patient- and family-centered care.

The Johns Hopkins Nursing Governance Process – Leading Clinical Improvement



Anyone can submit their idea for a project or innovation. This includes individual clinical nurses, nursing leadership, [Specialty] Nursing Professional Practice Councils, and interdisciplinary colleagues. This could be anything from a new strategy to reduce falls to the roll-out of a new piece of equipment or a new process for hand-off communication. Projects can apply to individual specialty areas or the entire hospital.



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All submissions are evaluated by the Professional Practice Coordinating Council (PPCC). The PPCC maintains a repository of all projects and provides a global view of all projects that are ongoing around the hospital. The PPCC identifies projects that have a significant impact across the organization and determine whether they align with our nursing strategic priorities and makes recommendations to the Professional Practice Executive Steering Committee (PPESC). The PPESC provides final approval for projects recommended by the PPCC and prioritizes which projects we will allocate our nursing resources towards first.

For approved projects, communities are formed comprising subject matter experts, those interested in becoming subject matter experts, and interdisciplinary partners. The community plans and implements the project on a timeline with a set start and end date. The Office of Nursing Professional Practice provides assistance as needed to overcome any obstacles, and the community reports back to the Professional Practice Coordinating Council with regular progress updates.

Improvements are implemented consistently across the hospital. The community develops and implements a plan to inform and educate stakeholders about the change, new process, or innovation. Everyone receives the same information within the same timeframe, allowing for consistent and timely implementation across all clinical areas.

The Johns Hopkins Nursing Governance Structure (<https://youtu.be/fOCTp7YkoLM>)

The supportive structure of the Johns Hopkins Nursing Professional Practice Model (PPM) is comprised of several councils where frontline nursing staff can share their voice and create meaningful, evidence-based changes and influence according to the PPM. Each council has a distinct membership and defined purpose and meets as frequently as required to achieve its goals.

The components of the Governance Structure are:

1. Office of Nursing Professional Practice (ONPP) – The core infrastructure to support the Department of Nursing through the following programs:
 - Center for Nursing Inquiry
 - Clinical Informatics
 - Clinical Standards and Practice
 - Clinical Quality
 - Education
 - Magnet
 - Nursing Analytics and Project Management



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2. The Professional Practice Coordinating Council (PPCC) – composed of 12 staff nurses representing each of the specialty professional practice councils, and other nurse leaders and nursing mentors.
3. The Professional Practice Executive Steering Council (PPESC) – composed of six staff nurses plus the Directors of Nursing for all clinical specialties, the Chief Nursing Officer and the Chair of the PPCC.
4. Specialty Nursing Professional Practice Council (SNPPC)
 - a. Members: There are councils for each of The Johns Hopkins Hospital’s nursing specialties and each has a minimum of 51% clinical nurses. Members represent diverse clinical areas and units within the specialty, as well as a range of levels of experience and expertise
 - b. Purpose: Specialty councils can be formed by clinical departments (e.g., medicine, pediatrics), staff who work in a specific type of care setting (e.g., perioperative services, radiology), or staff with similar job titles and responsibilities (e.g., Clinical Nurse Specialists, Nurse Educators). Councils practice shared governance to address issues, implement improvements, and integrate all aspects of their professional practice.
 - c. The following specialties are currently represented:
 - Ambulatory
 - Emergency department
 - Float Pool and Resource Management Office
 - Gynecology & Obstetrics
 - Medicine
 - Neurosciences
 - Oncology
 - Pediatrics
 - Perioperative Services
 - Psychiatry
 - Procedural Areas
 - Surgery/Physical Medicine & Rehabilitation



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5. Advisory Groups

- a. Members: Clinical nurse advisory groups provide a two-way forum for clinical or other specified nurses to advise the Chief Nursing Officer and the Directors of Nursing on professional, clinical, and operational topics.
- b. Purpose: To support each other in their roles by identifying and sharing best practices. These groups also identify innovation and improvement projects to address challenges or opportunities in their professional role and ensure that these are communicated to the PPCC. They identify established and emerging subject matter experts to serve on Department of Nursing communities and core routine work groups.
- c. Current Advisory Groups:
 - i. Magnet Advisory Group
 - ii. Night Shift Advisory Group

6. Communities

- a. Members: Subject matter experts and emerging subject matter experts with expertise on the topic the community has been formed to address, as well as members of the PPCC to serve as facilitator/project manager.
- b. Purpose: Communities are formed to work on specific projects, solving problems and implementing the innovations submitted to the PPCC and approved by the Executive Steering Committee. Their projects have set start and end dates mutually agreed upon by the community members and the PPCC.

Improvement in patient outcomes – Quality Councils and Nurse-led Initiatives

Quality councils have been created to support optimal patient outcomes for nurse-sensitive indicators. Each council has frontline staff representation. The Quality Councils have addressed falls with injury, pressure injuries, central line-associated bloodstream infections (CLABSI), catheter-associated urinary tract infections (CAUTI), hospital-acquired pressure injuries (HAPI), and the use of restraints.

While there are organization-level improvement efforts, many of the challenges faced at the unit level vary depending on the patient population. The shared governance model has empowered clinical nurses to lead quality improvement efforts at the unit level. For instance, the clinicians on the Cardiovascular Progressive Care Unit (CVPCU) observed that their Unit Acquired Pressure Injuries Stage 2 or Greater (UAPI 2+) rate was 6.67 - worse than the NDNQI Benchmark - in the third quarter of 2023. Three CVPCU clinical nurses advocated for Wound Treatment Associate certification and presented a proposal to unit leadership to allocate weekly time outside of direct



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patient care to provide comprehensive skin and wound care for their patients. During rounds, these nurses reviewed Braden Risk Assessments, validated pressure injuries, assisted staff in identifying other types of wounds, ensured wound and pressure injury documentation was appropriate, facilitated preventative measures, provided bedside teaching to staff, and updated plans of care. After months of working on this tailored staffing practice, which was made possible by unit autonomy to make decisions about their care environment, the CVPCU maintained a UAPI 2+ rate of 0.00 throughout most of the following year.

Improvement in employee satisfaction

In partnership with human resources, an employee satisfaction survey was conducted in October 2024, with a response rate of 60%. Fifty-four percent of the units scored above the benchmark on at least three of the top four dimensions, which meets the requirement for ANCC Magnet designation. The top four dimensions were autonomy, leadership access and responsiveness, professional development, and RN-to-RN teamwork and collaboration.

Processes to make real-time adjustments to meet the needs of patients

The Johns Hopkins Hospital Resource Office (RO) serves as a centralized staffing office that is responsible for coordinating and managing the scheduling, staffing, and allocation of nursing resources to ensure adequate patient care coverage and efficient workforce utilization.

The RO partners with nursing leaders to assess staffing resources in real time based on patient care demand with the use of a standardized shift readiness tool, along with periodic touchpoint huddles throughout the 24-hour day.

In addition to the frequent touchpoint meetings where staffing decisions are made based on patient care demands, the charge nurse and the shift coordinators (specialty-based staffing coordinators) can contact the RO as needed to address patient needs.

Other processes that exist to make real-time adjustments to meet patient needs are reviewed in terms of quality, safety, and operational huddles. Unit-based huddles happen at the local level each shift and are escalated to specialty area huddles if needed. A daily safety huddle, which includes representation from hospital leadership and clinical leaders, is held to escalate unresolved patient concerns.

In addition to these staffing-specific means of addressing the needs of nursing staff for patient care, frontline forums for staff to share their innovative solutions, concerns, and interests are held with executive level leaders on a regular cadence. These Solution Session forums are led by a trained facilitator and hosted by both nursing and human resources. Audiences include frontline nursing staff and nursing leaders, and content brought up is addressed following the sessions. This is yet



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another way frontline staff are accessing our most senior nursing and hospital level executives to share their voice.

Lastly, 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."

The Johns Hopkins Hospital is proud of its programs to improve patient safety and support its clinicians and accordingly, the Johns Hopkins Hospital respectfully requests an **UNFAVORABLE** committee report on HB624.

American Nurses Credentialing Center (ANCC) - Magnet

Magnet recognition is the highest national honor for nursing practice. The Magnet Recognition Program® recognizes healthcare organizations for quality patient care, nursing excellence, and innovations in professional nursing practice. Consumers rely on Magnet designation as the ultimate credential for high-quality nursing. Developed by ANCC, Magnet is the leading source of successful nursing practices and strategies worldwide.

Approximately 9 percent of U.S. hospitals have been granted Magnet Recognition since the program was established in 1993. The *US News & World Report* utilizes the Magnet designation as a primary indicator of competence in its assessment of over 5,000 hospitals to rank and report the best medical centers in 15 specialties (ANCC, 2025). In 2024, the top 20 medical centers on the exclusive *US News Best Hospitals in America Honor Roll* are ANCC Magnet-recognized organizations (ANCC, 2025).

The process for applying for Magnet designation is highly rigorous. After the application is accepted, a written document addressing all Magnet application standards of nursing excellence must be compiled and submitted to the ANCC Magnet program, along with the assigned Magnet Appraisers.



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If the document is accepted, a site visit occurs with a team of Magnet program appraisers to verify the contents of the written submission through activities such as interviews, focus groups, and observations on various nursing units. The Magnet program appraisers submit a report to The Magnet Recognition Program. From there, the Commission on Magnet Recognition will review and vote on the achievement of Magnet Excellence designation.



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