



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

**Position: *Oppose***

April 1, 2025  
Senate Finance Committee

On behalf of Adventist HealthCare Shady Grove Medical Center, we appreciate the opportunity to comment in opposition of House Bill 905.

Adventist HealthCare Shady Grove Medical Center has well-established processes for determining appropriate staffing levels. These processes include initial staffing schedule set at the expected census for any given unit and then evaluating the patient census and staffing levels prior to each shift and throughout the shift. Additionally, staffing is reviewed at unit huddles at the start of each shift and during daily hospital-wide safety huddles. These processes are informed by The Joint Commission and Centers for Medicare and Medicaid Services. These organizations establish requirements and national guidelines which prioritize patient safety and positive clinical outcomes.

Adventist HealthCare Shady Grove Medical Center recognizes the importance of engaging our frontline team members in making staffing decisions. Recommendations from Professional Organizations for each Service Line are used to inform our staffing guidelines. We utilize a self-scheduling model which allows staff to schedule within the guidelines that have been determined by leadership and frontline staff. Prior to the schedule being posted it is reviewed and balanced in collaboration with frontline staff. Staff are also involved on a shift to shift basis as staffing is adjusted to accommodate the changing patient census. This collaborative approach ensures that those directly involved in patient care have a voice in determining appropriate staffing levels.

Hospital staffing plans are reviewed and updated several times a day to account for fluctuating patient volumes, bed availability, individual patient acuity, and the availability and experience of clinical staff. Hospitals need real-time flexibility to respond to and accommodate complex, evolving circumstances. A single, centralized staffing committee lacks the dexterity needed to respond in real time to volume changes and care demands.

Additionally, clinical staffing plans must be developed by clinical team members. These decisions require specific knowledge and expertise to ensure patient safety. While we fully support engaging front line staff in these decisions, clinical staffing should be guided by clinical personnel while non-clinical staff can inform non-clinical staffing.



Adventist HealthCare Shady Grove Medical Center is deeply committed to supporting our workforce and to collaborating on solutions that strengthen our workforce and advance health care in Maryland. We are concerned that HB 905 fails to reflect the complexities of hospital staffing and does not address the root cause of workforce shortages.

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

Sincerely,

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Daniel Cochran  
President

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Joan Vincent  
VP, Chief Nursing Officer

