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**TO:** The Honorable Pamela Beidle, Chair  
*Finance*

**FROM:** Courtney Cornell, RN, MSN  
*Chief Nursing Officer*

**SB411**  
**Unfavorable**

**DATE:** February 16, 2026

**RE: SB411: Hospitals – Clinical Staffing Committees and Plans – Establishment (Safe Staffing Act of 2026)**

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Suburban Hospital opposes **SB411: 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 our hospital.

Proponents assert that establishing clinical staffing committees will improve wait times in the emergency department. A lack of physical space, increasing patient volumes and acuities and a shortage of inpatient beds are the primary reasons for longer wait times at our community hospital. A clinical staffing committee will not solve these issues.

Suburban Hospital is proud of its two Magnet designations.

Shared governance, as part of a Magnet framework, supports direct care clinicians in pursuing zero harm efforts. Turnover, retention, nurse satisfaction, clinical patient outcomes and patient experience are known to be benefits of this framework. Our hospital's five shared governance councils (Practice, Professional Development, Quality, Evidence Based Practice, and Night Shift) have a reporting structure to corresponding health system shared governance councils, on which we participate. In addition, each of our designated care areas has a comprehensive unit-based safety and quality team that both monitors attainment of safety goals and addresses any safety concerns from clinicians.

Our frontline clinicians are in the best position to identify safety concerns in real-time, and initiate escalation strategies to address these concerns. By engaging predetermined internal resources, staffing needs are flexed and adjusted to meet census and acuity. These strategies

arise from a culture that exists within our organization and is driven by a shared-decision making platform. This culture promotes transparent situational awareness and allows our skilled 24/7 house supervisors to navigate the everchanging landscape within the hospital. Engagement of leadership is embedded in our escalation pathway and can be implemented whenever the need arises. A staffing committee will disrupt this process and add unnecessary complexity to the decision-making process.

Staffing matrices guide staffing mix and are adjusted in real-time to meet the needs of our patients. Matrices are routinely reviewed by the thirteen unit-based councils at Suburban Hospital and direct care clinicians are able to advocate for change when needed. Assessments of staffing needs is done a minimum of twice per day and ad hoc with inpatient units as well as our emergency department. Requirements to establish a clinical staffing committee will reduce the robust engagement of our teams, daily interaction around staffing, and the ability to react in real time to any staffing needs which will impact the practice environment.

Supporters also assert that establishing clinical staffing committees will deter workplace violence. Aggressive behaviors and a rise in incivility by patients, family members, and visitors are a reflection of a larger societal breakdown. Engaging frontline staff as part of a shared decision-making structure to identify risks and develop mitigation strategies is an ongoing expectation of our organization and is not dependent on creating a clinical staffing committee.

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."

Accordingly, Suburban Hospital respectfully requests an **UNFAVORABLE** committee report on SB411.