ONA POSITION ON SAFE NURSE STAFFING IN OHIO HOSPITALS

2025 Ohio Nurses Association Official White Paper

ONA aft CODE RED
A Union of Nurses & Health Professionals
Understaffing = Patient Care Crisis

ONA Position on Safe Nurse Staffing in Ohio Hospitals

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To Ohio's Policymakers and Healthcare Executives,

The reality is no longer deniable: Ohio's hospitals are in crisis.

Every day, nurses are being pushed past their physical and emotional limits. Patients are suffering delayed care, preventable complications, and worse. And this is not due to a lack of licensed nurses—it's due to systems that deliberately understaff, prioritize margins over medicine, and ignore the mounting toll on human life.

Let's stop pretending this is normal. It's not.

This is what happens when healthcare systems choose profit over patients. When lawmakers hesitate to intervene, even as the evidence piles up. When hospitals tell nurses to do more with less, and then act surprised when they leave in droves.

Ohio has the data. We have the workforce. We have the solutions. What we have lacked is a willingness to act.

The Ohio Nurses Association has laid out a clear, evidence-based blueprint for a safe, sustainable healthcare system—one that is grounded in our core values and professional ethics. We have put forward actionable solutions, drawing from successful models in other states, national best practices, and the voices of thousands of nurses who've reached their breaking point.

It's time for Ohio to adopt enforceable, safe minimum staffing standards—not more lip service, not more committees with no power, not more delays while conditions deteriorate.

We cannot afford to wait any longer, and neither can the patients and communities we serve.

This crisis will not resolve itself. It is on you to take immediate, decisive action.

Nurses and health professionals have shown up again and again to protect our patients. We are calling on you to do the same.

Sincerely,

Rick Lucas

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ONA Position on Safe Nurse Staffing in Ohio Hospitals

Introduction

Understaffing and workplace violence are critical issues in healthcare systems across Ohio, significantly impacting patient care, nurses' and health professionals' well-being, and the overall future of healthcare in our state. Healthcare in Ohio is in danger. Without immediate legislative action and policy enactment, the quality and accessibility of healthcare in Ohio will continue to deteriorate, leaving Ohioans to pay the price, potentially with their lives.

Understaffing in hospitals leads to increased workloads for existing staff, contributing to burnout, job dissatisfaction, and high turnover rates among healthcare professionals. The deliberate understaffing in Ohio's hospitals not only drastically affects the mental and physical health of Ohio's nurses and health professionals but also results in compromised patient safety and the quality of care provided.

The growing patient care crisis is driven by multiple factors, including Ohio's lack of legally enforceable minimum staffing standards in hospitals, increasing workplace violence, aging workforce, and the emotional and physical toll of working in high-stress environments. Addressing hospital understaffing and workplace violence requires solutions that focus on improving working conditions, decreasing risk of violence that directly correlates with understaffing, and increasing committee-driven planning and public accountability.

The causes and consequences of hospital understaffing are multifactorial and far reaching. They impact healthcare delivery and workforce, requiring actionable solutions to mitigate these pressing issues.

Ohio Nurse Demographics

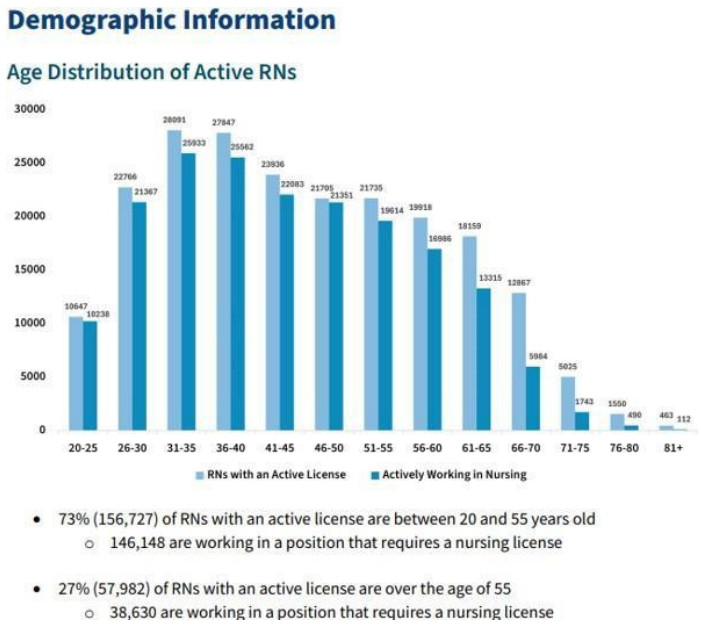
The data from the Ohio Board of Nursing *Registered Nurse 2023 Ohio Workforce Data Summary Report* [18] reveals significant insights into the age distribution of active registered nurses (RNs) in Ohio, emphasizing an aging workforce. 57,982 nurses are likely to be nearing retirement, a group that represents 27% of Ohio's current RN workforce. Even more pressing is that many of these experienced nurses—over 38,000—are still actively working in positions that require a nursing license. When these nurses retire, this will leave a large gap in beside nursing across the state.

While there is not a shortage of licensed nurses in Ohio, there is a shortage of those willing to work under these conditions. Therefore, these future retirees, who are still working at the bedside, may not be backfilled by newer licensees who recognize the unsafe, license-jeopardizing conditions.

A distribution of Ohio nurses by age range is shown in Figure 1. [18] There are around 18,000 nurses ranging from 61-65 years of age in Ohio, and another 13,000 that are 66+ years of age still practicing. As this cohort retires, healthcare facilities could face even more significant staffing challenges, creating a domino effect: overworked staff, increased patient-to-nurse ratios, burnout, and turnover.

Figure 1

Age Distribution of Active RNs [18]

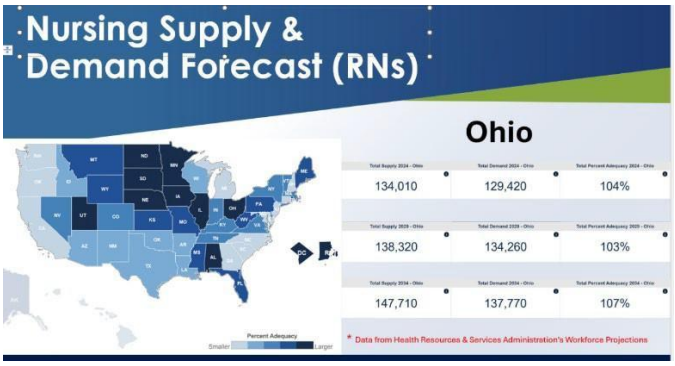


Turnover rates are a serious challenge facing the nursing workforce in Ohio. According to the Ohio Nurses Association's *ONA Survey of all Ohio Nurses: 2024 Staffing Findings* [19], approximately 63% of direct-care nurses are considering leaving bedside nursing due to current working conditions. The survey report also shows that inadequate staffing is at the core of these issues. Approximately 89% of nurses reported that legally enforceable minimum staffing standards would increase their likelihood of remaining in a direct care role. [19] Additionally, minimum staffing standards would increase return rates among direct care nurses, as 48% reported they would consider returning to bedside nursing if enforceable minimum staffing standards were passed. [19]

The argument that there is a nursing shortage is misleading when it is applied to Ohio. There is a crisis in nursing retention in Ohio, not a supply crisis. According to data from the Health Resources & Services Administration's Workforce Projections [9], in 2024 Ohio had a nursing demand of 129,420; with a supply of 134,010. This is a total percent adequacy of 104% of the nursing supply needed for Ohio in 2024. Furthermore, the nursing demand in Ohio for 2029 is projected to be 134,260 with the projected supply being 138,320. This would be a projected total percent adequacy of 103% for Ohio in 2029. See Figure 2.

Figure 2

Nursing Supply and Demand Forecast (RNs) [9]



These projections confirm that a shortage does not exist. They also confirm that nurses are not willing to work in exploitative and unsafe conditions that characterize Ohio's healthcare facilities today. Ohio doesn't just need recruitment through new graduate nurses, Ohio needs reform to retain nurses currently working in direct care roles.

Creating an Ohio Solution to the Hospital Understaffing Crisis

The excessive workloads and unsafe care environments in Ohio hospitals are not adequately managed or regulated. Under current Ohio law, hospitals are required to convene staffing committees to address staffing-related concerns. However, without enforcement mechanisms, these committees lack the effectiveness to bring about real change. This issue not only compromises patient safety but also strains the workforce, making it unsustainable.

Drawing from successful legislative models in Oregon, Washington, Connecticut, Massachusetts, and California, ONA proposes an Ohio solution to enforce hospital staffing standards. By combining the accountability and flexibility of staffing committees with enforceable minimum staffing standards, Ohio can implement a robust and

sustainable model that addresses both healthcare quality and workforce needs.

Lessons from Other States

In addressing the hospital understaffing crisis, various states have taken distinct legislative approaches, blending staffing ratios, mandated committee oversight, and public accountability measures. These models provide valuable insights into constructing a robust Ohio framework to ensure Ohio's hospital industry prioritizes patient safety and workforce stability.

- Oregon: Direct Statutory Ratios and Penalties (OR Rev Stat § 441.765; 2023)
  - Oregon's new staffing law, effective June 2024, builds from California's model by establishing statutory ratios across various departments, making it the first state to do so comprehensively. This law came to fruition through the advocacy of the Oregon Nurses Association and other stakeholders. Key aspects include:
    - Direct Inclusion in Statute: Ratios are legislatively enshrined, meaning they are not merely recommendations but legal obligations. This approach reduces potential for administrative loopholes.
    - Enforcement Mechanism: Hospitals face penalties for noncompliance, providing a strong incentive to adhere to staffing standards and maintain safe patient care.
- Massachusetts: ICU-Specific Ratios Based on Acuity (Mass. Gen. Laws ch. 111, § 231; 2014)
  - Massachusetts' staffing legislation, passed in 2014, mandates specific nurse-to-patient ratios in intensive care units (ICUs), allowing adjustments based on patient acuity. Ratios in ICUs must adhere to a 1:1 or 1:2 ratio, depending on a standardized acuity assessment tool developed collaboratively with staff nurses. This approach has enabled Massachusetts to:
    - Optimize ICU Care: By focusing on high-intensity units, Massachusetts has improved the quality and safety of care for the most vulnerable patients.
    - Customize Ratios Based on Patient Needs: The acuity tool ensures that nurse assignments align with patient requirements, creating a responsive staffing structure.
- California: The First Legally Mandated Minimum Staffing Ratios (California Health & Safety Code § 1276.4)
  - California's law, in effect since 1999, establishes the requirement for minimum nurse-to-patient ratios.
    - Hospitals violating ratios can be fined and are subject to regulatory action.
    - Nurses have "safe harbor" rights, meaning they can refuse unsafe assignments.
    - The California Department of Public Health (CDPH) enforces compliance through audits and investigations.
    - California Code of Regulations, Title 22, § 70217 – Details specific nurse-to-patient ratio requirements per unit.
    - California Labor Code § 6400 et seq. – Covers workplace safety related to hospital staffing.
- Washington: Expanded Staffing Committees and Regulatory Enforcement (RCW 70.41.410, 70.41.420, 70.41.425, 70.41.428)
  - Washington's 2023 legislation enhances staffing oversight by mandating staffing committees that incorporate non-RN direct care staff. This law empowers these committees to create staffing plans and allows state regulators to enforce compliance. Key components include:
    - Diverse Committee Representation: Including non-RN staff, such as licensed practical nurses (LPNs) and certified nursing assistants (CNAs), ensures that a

broad range of patient care needs are represented, creating a holistic staffing plan.

- Financial Penalties for Noncompliance: Hospitals that fail to meet committee-approved staffing standards face fines, reinforcing the importance of adhering to staffing plans.

- Connecticut: Binding Committee-Driven Staffing Plans (Conn. Gen. Stat. § 19a-89e)
  - Connecticut's 2023 law requires that each hospital's staffing committee, comprising a majority of clinical care providers, design a department-specific staffing plan. Hospitals that fail to comply with at least 80% of these committee-driven plans face financial penalties. This model has two primary benefits:
    - Collaborative Decision-Making: Empowering direct care providers within staffing committees promotes trust and ensures that staffing decisions are grounded in frontline realities.
    - Accountability for Compliance: By attaching financial penalties to non-adherence, Connecticut ensures that hospitals remain accountable to the committee's recommendations.

ONA Supports and Aligns with Evidence-Based Safe Minimum Staffing Standards

Drawing from lessons learned through other states' legislation and implementation, as well as widely recognized best practices, ONA supports the most recent proposed minimum staffing standards outlined in Figure 3. These standards are grounded in national, evidence-based approaches proven to promote safe, high-quality patient care.

In Ohio, a state that often favors free-market principles, we recognize the importance of commonsense regulation in industries where safety is paramount. From trucking to construction, regulations such as tag-in/tag-out procedures and mandated rest periods are in place to prevent accidents, reduce injuries, and save lives. These measures aren't viewed as government overreach; they are practical protections that ensure the safety of workers and the public alike.

Yet in healthcare, where the stakes are even higher and the risks extend beyond the workforce to the patients cared for, we've fallen behind. Nurses experience some of the highest injury rates of any profession in Ohio, according to data from the Bureau of Workers' Compensation [17]. Still, there are no enforceable staffing standards to reduce harm and protect both caregivers and those they care for.

By adopting and implementing these evidence-based staffing standards, Ohio has a critical opportunity to lead the nation, ensuring that patients receive the safe, dignified care they deserve while protecting the health and well-being of our frontline caregivers.

Figure 3

Proposed Safe Minimum RN Staffing Standards

Charge Nurse Considerations Related to Minimum Staffing Standards

According to Sherman, Schwarzkopf,& Kiger [23], "the role of the charge nurse was described as being similar to that of an air traffic controller." The charge nurse is a foundational component of safe care

environments. Charge nurses must have clinical competence and nursing experience equal to the demands of the clinical environment they are managing. "Clinical competence in the area assigned was identified as being important to effectively coach and mentor others" [23].

The charge nurse is continuously assessing the needs of the unit while being a resource to the unit staff and patients. Having the charge out of assignment allows the unit workflow to effectively continue, while meeting regulatory requirements and resolving critical situations. The charge nurse is essential to effective daily operations, including patient quality outcomes.

In a time when new graduate nurses are commonly a majority of unit staff, the charge nurse is a necessary resource. However, when the charge nurse has their own patient assignment, their availability to staff is greatly diminished. It is important that the charge nurse be adequately trained and equipped with the skills and education to perform this role. The major complaint for nurses taking on the charge role is the lack of training, support, staffing and the expectation that they take on multiple roles, which increases stress and leads to burnout. [4]

Every Ohio patient deserves quality care in a hospital unit that is overseen by an experienced charge nurse who is available to assist their primary nurse as needed.

Limitations of Ohio's Current Staffing Committees

Ohio's staffing committees operate without enforceable standards or penalties, severely undermining their efficacy in addressing hospital staffing needs. Although these committees intend to give healthcare workers a voice in staffing decisions, their recommendations lack binding authority, which limits accountability and compliance from hospital administrators. Key limitations include:

- **Lack of Enforcement Mechanisms**
  Ohio's committees are not backed by penalties for noncompliance. States like Oregon and Washington mandate that hospitals must adhere to staffing plans for a minimum percentage of shifts (usually 80%) and impose fines on hospitals that fail to meet these standards. In Ohio, however, hospitals can disregard committee-developed plans without consequence, undermining the effectiveness of committee recommendations.
- **Inadequate Worker-Led Representation**
  While other states have implemented worker-led committees to ensure that direct-care staff shape staffing policies, Ohio's structure lacks this assurance. Effective committees, such as those established in Connecticut and Washington, require that a majority of committee members be direct-care providers, selected by their peers or collective bargaining representatives, ensuring that those who understand the demands of patient care are leading staffing discussions. Without worker-led oversight, Ohio's committees are susceptible to pressure by hospital administrators who may prioritize cost-saving measures over safe staffing.
- **No Binding Power on Staffing Plans**
  Unlike legislation in Connecticut and Washington, Ohio's staffing committee recommendations are non-binding. This lack of enforceability allows hospitals to treat committee meetings as a formality, failing to implement the staffing improvements discussed. In contrast, states with binding staffing plans, like Connecticut, require hospitals to follow committee-created staffing plans, with non-compliance penalties if hospitals deviate by more than 20%.
- **Limited Financial and Scheduling Support for Committee Participation**
  Ohio's committees do not mandate that hospitals provide direct-care staff with the necessary support to participate fully, such as paying for their committee hours or providing coverage during committee meetings. In states like Connecticut, laws require hospitals to pay committee members their standard hourly rate, including differentials, and ensure adequate shift

coverage so that committee members can attend. This compensation is essential to allow genuine participation without penalizing healthcare workers for contributing to staffing committees.

- **Insufficient Public Reporting and Accountability**
  Ohio's current model lacks the public transparency seen in other states, where hospitals must report compliance with staffing plans to regulatory bodies and, in some cases, the public. Washington requires biannual reporting on compliance, while Connecticut mandates that hospitals retain records of staffing compliance for several years, making them accessible to the public and regulatory authorities. This transparency helps ensure that hospitals remain accountable to both regulatory bodies and the public.
- **Absence of Anti-Retaliation Protections**
  Ohio's staffing committee framework does not include protections for healthcare workers who raise concerns about unsafe staffing levels, leaving them vulnerable to retaliation. Effective legislation in Connecticut and Washington includes whistleblower protections, giving workers the right to refuse unsafe assignments and file complaints without fear of retribution. These protections foster an environment where staff feel empowered to advocate for safer staffing without risking their jobs.

Without enforceable standards, worker-led committee representation, and meaningful accountability, Ohio's staffing committees fall short of their potential to address the ongoing staffing crisis.

Building an Ohio Solution Based on Enforceable Standards

To effectively tackle the hospital understaffing crisis, Ohio requires a comprehensive legislative model that combines legally enforceable minimum staffing standards with staffing committees empowered to drive sustainable, facility-specific staffing plans. Drawing from the successes of states like Oregon, Massachusetts, Washington, and Connecticut, an Ohio solution would incorporate legally mandated standards, enforceable oversight, and structured accountability. This model would create a balanced approach that meets the unique needs of Ohio's healthcare facilities while prioritizing patient safety and workforce stability.

Key Components of an Ohio Solution

- **Mandatory Staffing Standards in Key Departments**
  Ohio should implement enforceable staffing standards for critical hospital departments, modeled after Oregon's approach. Department-specific staffing standards could be established in statute, specifying standards like 1:1 (nurse-to-patient) in intensive care units and 1:4 in general medical-surgical units. Oregon's H.B. 2697 offers an example, listing minimum staffing requirements for various departments that ensure patient safety and mitigate the risks associated with excessive patient care loads. These standards would be backed by penalties for noncompliance, providing hospitals with a clear and binding framework to meet staffing requirements.
- **Enforceable Staffing Committee Oversight**
  Ohio's staffing committees should be legislatively empowered to have binding influence over staffing plans within hospitals. Following Washington's and Connecticut's models, these committees would consist primarily of direct-care providers selected by their peers or union representatives, ensuring that the voices of frontline healthcare workers shape staffing decisions. Additionally, legislation should mandate compliance with committee-approved staffing plans. Hospitals that deviate from these plans by more than a specified percentage (e.g., 80%) would face fines, similar to Connecticut's framework. This binding authority would transform committees

from advisory groups into decision-making bodies, giving them the power to directly influence safe staffing levels. To strengthen our existing nurse staffing committees and enable them to function as decision-making entities, defined roles and scope of work are necessary for success, which are addressed below.

- **Accountability and Transparency Measures**
  To promote public accountability, Ohio should implement transparency requirements that mandate hospitals to report staffing levels publicly and to relevant regulatory authorities, as seen in New York and Connecticut. Such reporting would include regular updates on compliance with staffing plans and documentation of any deviations. Transparency allows patients, families, and policymakers to monitor adherence to staffing standards, encouraging hospitals to prioritize safe staffing and facilitating community advocacy efforts for sustained improvements.
- **State Department Oversight and Penalties**
  Designating the Ohio Department of Health as the oversight authority for staffing compliance would be an example of centralized enforcement. The department would have the authority to assess hospitals for compliance with staffing standards and committee-approved plans, conduct audits, and issue corrective action orders. Inspired by Oregon's model, Ohio's legislation could also establish escalating penalties for recurrent violations, with higher fines for more severe breaches or chronic noncompliance. This structure would give the Department of Health robust tools to address persistent understaffing, incentivizing hospitals to comply with mandated staffing standards.
- **Worker Protections and Whistleblower Provisions**
  A successful Ohio model must ensure that healthcare workers are protected when raising concerns about unsafe staffing. Implementing whistleblower protections and anti-retaliation clauses would allow healthcare providers to refuse unsafe assignments without fear of disciplinary action, a right provided to healthcare workers under Connecticut's and Washington's laws. These protections foster a safe reporting environment, enabling staff to advocate for patient safety confidently. Furthermore, allowing committee members to participate in decision-making without risking their employment status would encourage more active involvement in staffing reform efforts. In the event that a healthcare worker files a complaint about unsafe staffing conditions, the hospital should be held liable for any adverse patient health outcomes.
- **Adaptability for High-Acuity Settings**
  Like Massachusetts' model, which adjusts staffing ratios based on patient acuity in intensive care units, Ohio's legislation should incorporate acuity-based provisions that allow for flexibility in critical care environments. Facilities would be required to staff units at levels that meet the highest acuity needs within each shift, ensuring that high-risk patients receive the necessary attention. These provisions should apply in emergency departments, ICUs, and other high-demand areas to balance patient safety with resource allocation.

Strengthen Nurse Staffing Committees

Legislation must reinforce the role of nurse staffing committees by ensuring they have the authority, representation, and flexibility to maintain safe staffing levels. These committees should be granted mandatory, enforceable participation in staffing decision-making to make a meaningful impact on patient care and workforce stability. A strengthened model of nurse staffing committees in Ohio hospitals would include the following components:

- **Mandatory Nurse Staffing Committees in Every Hospital**
  Each Ohio hospital would be required to establish and maintain a nurse staffing committee, with frontline healthcare workers

making up at least 50% of committee membership. This frontline majority, modeled after successful practices in states like Washington and Connecticut, ensures that staffing decisions are grounded in the direct experiences of those delivering patient care. To further support the voice of the workforce, these committees should include union representation in facilities with collective bargaining agreements, allowing committees to advocate effectively for staffing plans that prioritize safety and well-being for both patients and staff. By creating an empowered, worker-led committee structure, Ohio hospitals can achieve meaningful staff participation and create staffing plans that are sensitive to the needs of each department. Committee members should be paid for their participation and provided with coverage for patient care responsibilities, ensuring that staffing discussions do not detract from daily operations.

- **Active Participation in Decision-Making and Monitoring**
  Staffing committees must have authority beyond advisory recommendations, actively participating in both the creation and ongoing monitoring of hospital staffing plans. This requirement follows models in Connecticut and Washington, where staffing committees review and approve staffing plans with binding authority. Committees should conduct regular reviews to monitor compliance with staffing levels, identifying any persistent shortfalls and adapting plans to evolving departmental needs. Active participation by staffing committees ensures that staffing standards are not only set but upheld, providing a mechanism for continuous improvement in patient care.
- **Temporary Deviations in Extraordinary Circumstances**
  While minimum staffing standards are essential for patient safety, extraordinary situations, such as natural disasters or newly issued state or local public health emergencies of no more than 90 days, may necessitate temporary deviations from established staffing standards. These deviations should be tightly regulated: permitted only in the interest of patient care, justified thoroughly, and approved by the staffing committee. States like Oregon and Washington set strong precedents by requiring hospitals to notify staffing committees of any staffing deviation and limiting such deviations to 90 days without committee reapproval. In Ohio, such a provision would ensure that patient safety remains paramount, even during unforeseen events, while preventing abuse of the flexibility granted by these allowances.
- **Comprehensive Reporting and Accountability**
  To promote transparency, staffing committees should submit reports twice annually documenting compliance with the approved staffing plans and detailing any deviations. These reports should be available to regulatory authorities, union representatives, and the public, fostering accountability and community trust in Ohio's healthcare system. By implementing these measures, Ohio can ensure that staffing committees serve as effective guardians of safe staffing, empowered to uphold high standards in patient care while providing necessary flexibility in extraordinary circumstances.

Through these reforms, Ohio can preserve and enhance nurse staffing committees as vital institutions in healthcare facilities, creating a framework that empowers healthcare workers, ensures patient safety, and upholds staffing standards that adapt responsibly to exceptional situations. This model would bring Ohio closer to a sustainable staffing solution that benefits patients, healthcare providers, and the broader community.

Evidence of Current Crises in Ohio Hospitals Affected by Staffing

Assignment Despite Objection: Evidence from Hospital Occurrences

An Assignment Despite Objection (ADO) form is a tool used by healthcare professionals organized by the Ohio Nurses Association, to formally document and report unsafe staffing conditions or other work-related issues that could compromise staff or patient

safety. The purpose of an ADO form includes documenting unsafe conditions, protecting patient safety, legal and professional protection, advocating for staff rights, and promoting systemic change.

- **Documenting unsafe conditions:** The ADO allows healthcare workers to formally note when staffing levels, patient assignments, or other working conditions are unsafe, which could potentially harm patients or staff.
- **Protecting patient safety:** By filing an ADO form, healthcare professionals can raise awareness about situations where patient care might be compromised, encouraging management to address these issues and take corrective action to protect patients.
- **Legal and professional protection:** ADO forms serve as a record that healthcare professionals have voiced their concerns about unsafe working conditions. This documentation can provide evidence in the event of adverse outcomes due to those conditions. It shows that the professional made a reasonable effort to alert management to the risks.
- **Advocating for staff rights:** The form enables healthcare professionals to advocate for their own working conditions. It is a way to stand up against unrealistic or unsafe demands that may be imposed by management, thereby supporting worker and patient well-being and safety.
- **Encouraging accountability:** ADO forms provide evidence that can be used when attempting to hold hospital administrators and management accountable to recognize and address chronic issues such as understaffing, inadequate resources, or heavy patient care loads, fostering a culture of accountability.
- **Promoting systemic change:** By formally reporting unsafe conditions, healthcare professionals help to highlight systemic problems that need to be addressed, potentially leading to broader changes in staffing policies, resource allocation, and patient care standards.

2024 ADO Data: Evidence of the Staffing Crisis in a Sample of 15 Ohio Facilities

ONA's 2024 ADO data provides a clear picture of systemic understaffing issues across the state. By analyzing the trends, we can identify recurring patterns that suggest widespread staffing inadequacies affecting patient safety and staff well-being. While this evidence is invaluable in the fight for adequate staffing and safe patient care, it is evident that this data alone is not enough to force hospital administrators to staff units appropriately.

Figure 4

2024 ADO data related to staffing

Category	Metric	Count	Percentage
Total ADOs		2,208	
Was there a Clerk/Secretary?	No	734	33%
	Yes	1,160	53%
	Unspecified	314	14%
Did the charge nurse have patients?	No	369	17%
	Yes	1,559	70%
	Unspecified	280	13%
The unit staffing plan is inadequate.	Yes	1,515	69%
The unit is not staffed according to the staffing plan.	Yes	1,585	72%
The unit's staffing violates contract language.	Yes	1,022	46%
Short staffed for census.	Yes	1,575	71%
Short staffed for acuity/complexity.	Yes	1,549	70%
Charge nurse unable to perform charge nurse duties.	Yes	1,006	46%
Inadequate nurse to patient ratios.	Yes	1,138	52%
Not provided with adequate ancillary staff.	Yes	804	36%

The ADO data collected is comprehensive and robust due to the ability of the form to report all safety and staffing concerns in one submission. Below is an analysis of key trends:

- **High Rate of Inadequate Staffing:**
  - Inadequate Unit Staffing Plan: 69% of ADOs reported that the staffing plan itself was inadequate (1515 of 2208). This indicates that the core framework for allocating staff is not meeting the demands of the units.

- Staffing Not According to Plan: 72% (1585 of 2208) of ADOs stated that units were not staffed according to the plan, suggesting that even when a plan exists, it is frequently not followed. This points to resource or personnel shortages or inefficiencies in staffing processes.

- **Frequent Charge Nurse Workload Issues:**
  - Charge Nurse with Patients: 70% of the ADOs (1559 of 2208) reported that charge nurses were assigned patients, which typically hinders their ability to oversee the unit effectively. Charge nurses are meant to be available for supervisory tasks and crisis management, but these figures show they are being pulled into direct care responsibilities due to understaffing.
  - Unable to Perform Charge Nurse Duties: 46% (1006 of 2208) of the ADOs noted that the charge nurse was unable to perform their designated duties, directly correlating with the additional patient care load.
- **Staffing Shortfalls for Patient Acuity and Census:**
  - Short Staffed for Census: 71% (1575 of 2208) of ADOs indicated that the unit was short-staffed for the patient census. This suggests that staffing levels are not scaled in proportion to the number of patients, which can increase the workload and stress for the available nurses and compromise patient safety.
  - Short Staffed for Acuity/Complexity: 70% (1549 of 2208) reported being short-staffed for patient acuity or complexity, which points to a mismatch between staffing levels and the clinical demands of patients. High-acuity patients often require more intensive care, and insufficient staffing in these situations can negatively impact patient outcomes.
- **Inadequate Support Staff:**
  - Lack of Clerk/Secretary: 53% (1160 of 2208) of ADOs noted that no clerk or secretary was available, which adds to the workload of nursing staff, requiring them to perform administrative tasks that detract from patient care time.
  - Inadequate Ancillary Staff: 36% (804 of 2208) reported insufficient ancillary staff, further suggesting that nurses are being asked to take on non-nursing tasks such as cleaning, transporting patients, or other duties that could be handled by support staff. This further strains the nursing staff and reduces time for direct patient care.
- **Contractual Violations:**
  - Violations of Staffing Contracts: 46% (1022 of 2208) of the ADOs mentioned staffing that violated contract language. This suggests systemic issues where hospitals or units are not adhering to agreed-upon staffing ratios or conditions, which could reflect broader institutional challenges in maintaining proper staffing levels.
- **Inadequate Nurse-to-Patient Ratios:**
  - Inadequate Ratios: 52% (1138 of 2208) of ADOs reported inadequate nurse-to-patient ratios. This highlights a frequent concern that directly affects the quality of care, with nurses being assigned more patients than they can reasonably handle.

There is a persistent issue of understaffing, both in terms of overall numbers and in relation to specific patient care needs (census and acuity). Charge nurses are frequently overburdened, compromising their ability to manage the unit effectively. Support staff shortages exacerbate the issue, leaving nurses with additional non-clinical tasks. There are frequent contract violations, indicating systemic disregard for established staffing agreements.

This analysis suggests that healthcare facilities are being made aware of staffing and patient safety issues, however, they still fail to maintain safe and adequate staffing levels, leading to staff burnout, compromised patient safety, and legal or contractual repercussions. Considering this data, advocating for legislative reforms, including minimum staffing standards, is crucial in addressing these widespread issues.

Link Between Staffing and Workplace Violence

Understaffing in healthcare settings has been identified as a significant contributor to workplace violence, with several studies highlighting its impact on both staff and patient outcomes. Research shows that chronic understaffing leads to increased workload and role ambiguity, which in turn contributes to emotional exhaustion among healthcare workers. [10] This heightened stress and burnout can potentially create an environment more susceptible to violent incidents.

Additionally, understaffing has been associated with an increase in adverse events, suggesting that inadequate staffing levels directly impact patient safety and may indirectly contribute to tensions that could escalate into violence. [27] Addressing staffing issues is crucial in mitigating the risk of workplace violence in healthcare settings.

According to *ONA Survey of All Ohio Nurses: 2024 Staffing Findings*, 65.22% of direct care nurses experienced workplace violence in the last 12 months.[19] Additionally, 31.67% reported that adequate safety measures are rarely or never available.[19] Over 32% of nurses also reported their patient care unit is rarely to never adequately staffed.[19] These horrifying statistics highlight a grim truth about Ohio hospitals: violence is not only common, but also tolerated and not properly addressed by hospital executives.

Proper staffing levels have been linked to reductions in workplace violence in healthcare settings, particularly in emergency departments (EDs). A systematic review of interventions to prevent violent incidents in EDs found positive effects in reducing violent incidents or improving staff preparedness to deal with violent situations through implementation of environmental and organizational changes, such as staffing. [29] In the United States, several states have implemented nurse staffing regulations to address staffing inadequacies and improve patient safety. [21]

As of January 2024, seven states had laws pertaining to staffing ratios for at least one hospital unit, two of them having ratios for multiple units. [12] While these regulations represent progress, enforcement measures and compliance monitoring need improvement to evaluate their effectiveness in achieving appropriate nurse staffing and potentially reducing workplace violence. The variety of state regulations provides an opportunity for comparative evaluations to inform future legislation and interventions aimed at creating safer work environments and reducing workplace violence in healthcare settings.

Evidence-Based Practice Supporting Safe Staffing

Safe Staffing Reduces Mortality

Studies have consistently shown that higher nurse staffing levels are associated with improved patient outcomes in hospitals. A systematic review of 28 studies found that increased RN staffing was linked to lower hospital-related mortality in intensive care units (ICUs), surgical patients, and medical patients. [11] Each additional full-time equivalent RN per patient day was associated with 9%, 16%, and 6% lower mortality for ICU, surgical, and medical patients respectively.

Higher nurse staffing levels have also been associated with reduced complications and adverse events. [20] Kane et al. [11] reported that an increase of 1 RN per patient day in ICUs was linked to significantly lower odds of hospital-acquired pneumonia (30% reduction), unplanned extubation (51% reduction), respiratory failure (60% reduction), and cardiac arrest (28% reduction). For surgical patients, it was associated with a 16% lower risk of failure to rescue. Additionally, a meta-analysis of 175,755 ICU/cardiac unit patients showed that higher nurse staffing decreased the risk of in-hospital mortality by 14%. [6]

According to The Joint Commission's *Sentinel Event Data 2023 Annual Review* [25], 56% of 'delay in treatment' sentinel events were due to a delay in care and/or response to a decompensating patient. Nurses

in Ohio confirmed delays in patient care due to short staffing, with the most frequent type of delay being a delay in answering call lights or requests for assistance. [19] This evidence strongly supports that higher nurse staffing levels are associated with reduced mortality, fewer complications, and shorter hospital stays across various hospital settings.

Safe Staffing Improves Workforce, Decreases Costs

Safe staffing levels have a significant impact on nurse burnout, retention, and job satisfaction, as well as overall healthcare quality. Studies have shown that inadequate nurse staffing is associated with higher levels of job dissatisfaction, burnout, and intent to leave among nurses. [15,28] Specifically, nurse-to-patient ratios of four or less were found to decrease the odds of job dissatisfaction by 45% and increase quality care by 78%. [15]

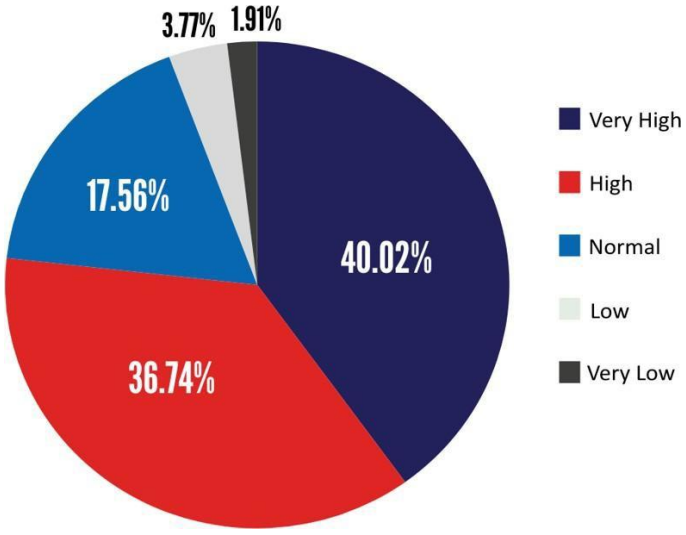
Units with adequate staffing, good administrative support, and positive doctor-nurse relations had nurses reporting significantly lower burnout and patients more than twice as likely to report high satisfaction with care. [28] Job satisfaction, however, has a positive impact on performance and negative impact on turnover intentions. [13,29] Safe staffing is a critical factor in reducing nurse burnout, improving job satisfaction and retention, and enhancing overall quality of care.

The average cost of turnover for an individual staff RN increased by 7.5% in the past year to $56,300, with a range of $45,100 to $67,500. This is up from the average cost of turnover for an RN in 2022, which was $52,350. Each percent change in RN turnover stands to cost or save the average hospital $262,500 per year. Over the past 5 years, RNs in step down, emergency services, and telemetry were most mobile with a cumulative turnover rate between 112% and 119%. [8]

According to *ONA Survey of All Ohio Nurses: 2024 Staffing Findings* [19], 76.76% of nurses reported high or very high turnover, impacting patient care continuity and team dynamics as shown in Figure 5.[16]

Figure 5

In the Last 2 years, turnover in my unit has been... [19]



Healthcare executives should prioritize maintaining adequate nurse staffing levels, creating empowering work environments, and addressing factors like workplace violence to in turn support nurses, improve patient outcomes, and decrease turnover costs. [13,15,19,28]

The Reality of Understaffing as Intentional by Hospital Executives

Systematic Understaffing

Understaffing in Ohio hospitals is often a deliberate strategy, driven by hospital executives focused on cost-cutting measures that maximize short-term profits at the expense of patient and worker safety. By reducing staffing levels, executives minimize labor costs, even though this forces nurses and other healthcare professionals into unsustainable workloads that jeopardize the quality of care. Instead of investing in safe staffing to ensure better patient outcomes and safer work environments, many hospital administrators allocate patient care funds toward hiring high-priced lobbyists and making significant political contributions. These funds are directed not toward patient care but rather to influencing public policy, with the intent to block reforms like safe staffing legislation that would

require hospitals to prioritize patient safety over profit margins.

Financial Motives

Hospitals have powerful financial incentives to underfund staffing. Every dollar saved by reducing nursing staff translates into higher revenues, often boosting executive compensation packages tied to cost-reduction targets. This focus on profits comes at a long-term cost to public health: understaffing leads to higher rates of patient readmission, adverse outcomes, and extended hospital stays, which drive up healthcare costs for communities and the public sector. To maintain these profit margins, hospital executives use funds meant for patient care to fuel lobbying efforts and political donations, creating a formidable barrier to policy changes that would enforce safe staffing standards. This lobbying power gives hospital associations substantial influence over public policy, allowing them to resist reforms that prioritize the health and safety of patients and workers alike.

Consequences for Ohio

The intentional understaffing orchestrated by hospital executives has dire implications for Ohio's healthcare system, patients, and workforce. For patients, understaffing results in longer wait times, less attentive care, and an increased risk of medical errors. Meanwhile, Ohio's healthcare workforce—nurses, aides, and other frontline workers—bears the brunt of these cost-saving strategies.

Overburdened and undervalued, these workers face mental and physical health challenges, burnout, and even moral injury as they struggle to deliver quality care in a system that prioritizes executive profits over safe staffing. Moral injury, often mislabeled as burnout, occurs when caregivers are forced to work under conditions that violate their ethical and professional standards. Chronic understaffing, lack of support, and exposure to workplace violence leave providers overwhelmed and patients unsafe.

Nurses and health professionals face a significantly higher risk of suicide compared to the general population. Among female nurses, the risk of dying by suicide is nearly twice as high.[14] These aren't just stressful jobs; Ohio hospital executives are creating environments where nurses and health professionals are routinely placed in impossible situations that ultimately lead to increased risk of unsafe patient care.

A heartbreaking example is Tristin Smith, a nurse from Ohio, who died by suicide after enduring such conditions. Before her death, she left behind a letter titled *"Letter to My Abuser"*, a powerful and painful account of the emotional devastation she faced through a reflection of the systemic failures that contributed to her suffering, garnering national news attention.

Tristin's story is not an isolated incident. With 91% of nurses reporting burnout [7], the current conditions are not only unsustainable, but they are also life-threatening. According to Drs. Simon Talbot and Wendy Dean, moral injury is not a problem that resides in the individual. [5] It is a problem that resides in the system, and it requires system-level solutions. [5]

At the systemic level, the diversion of patient care funds toward political influence stifles essential reforms and perpetuates a cycle where profit-driven decisions overshadow public health needs. To counteract these practices, Ohio's legislature must enact strong, enforceable staffing standards that place patient and worker safety above profits. Redirecting resources back into patient care instead of lobbying efforts will foster a healthcare system that values the well-being of its patients and workforce, helping to end the cycle of profit-driven understaffing. By establishing laws that hold hospitals accountable to safe staffing standards and protect healthcare workers, Ohio can shift toward a system that truly serves its communities rather than corporate interests.

ONA Survey of All Ohio Nurses: 2024 Staffing Findings

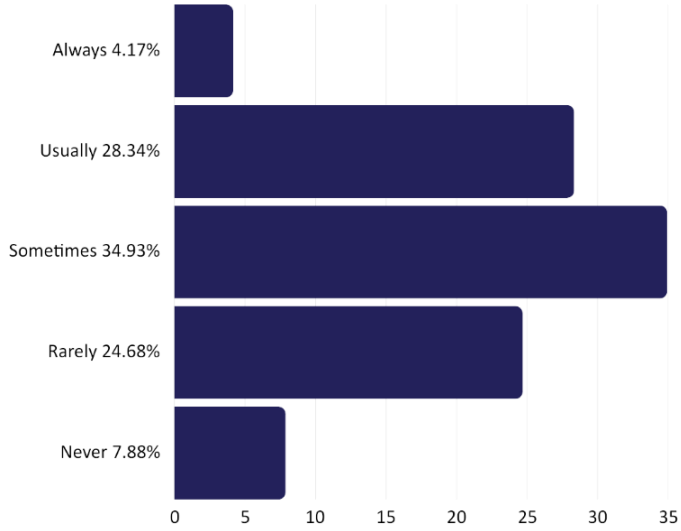
The findings from the *ONA Survey of All Ohio Nurses: 2024 Staffing Findings* [19] reveal critical insights into staffing levels, patient safety, and worker well-being within the nursing profession. The survey highlights the pressing issues surrounding nurse staffing, which has been consistently linked to both patient outcomes and the overall well-being of healthcare workers.

The relationship between adequate staffing levels and improved patient safety is well-documented in the literature, emphasizing the necessity for healthcare institutions to prioritize nurse staffing as a fundamental aspect of patient care and safety culture. According to *ONA Survey of All Ohio Nurses: 2024 Staffing Findings* [19], 63.42% of direct care nurses are considering leaving bedside nursing due to current conditions.

Research indicates that insufficient nurse staffing levels can lead to adverse patient outcomes, including increased mortality rates and higher incidences of hospital-acquired conditions such as infections and pressure ulcers. [1] For instance, studies have shown that hospitals with inadequate staffing experience a significant rise in adverse events, which highlights the critical role that adequate staffing plays in ensuring patient safety. [21] The Ohio Nurses Association survey corroborates these findings by revealing that many nurses in Ohio report their current staffing levels as inadequate, which directly impacts their ability to provide safe and effective care. [19,31] As demonstrated in Figure 6, 32.56% of nurses in Ohio report their patient care unit is rarely to never adequately staffed. [19]

Figure 6

My unit is adequately staffed... [19]



The Implications of staffing levels extend beyond patient safety; they also significantly affect nurses' well-being and job satisfaction. High workloads and inadequate staffing contribute to burnout and turnover intentions among nurses, which can further exacerbate staffing shortages and compromise patient care. [2] ONA's survey findings indicate that many nurses report feeling overwhelmed and stressed due to high patient care loads, which can lead to decreased job satisfaction and increased intent to leave the profession. [19,2]

This cycle of burnout not only affects individual nurses but also has broader implications for healthcare systems, as high turnover rates can lead to a loss of experienced staff and a decline in the quality of care provided. [26] However, if Ohio had enforceable minimum staffing standards, 48.23% of nurse respondents who have already left direct care roles indicated they would consider returning and 89.34% of current direct care nurses said it would increase their likelihood of remaining in a direct care role. [19]

The survey highlights the importance of psychological and physical safety in the workplace as a protective factor against burnout and turnover. Research suggests that environments characterized by high psychological and physical safety can

mitigate the negative effects of staffing constraints, allowing nurses to feel more secure and supported in their roles. [2] This finding emphasizes the need for healthcare organizations to foster a culture of safety and support, which can enhance nurse retention and ultimately improve patient care outcomes. [16]

The survey results indicate that many Ohio nurses are advocating for policy changes to address staffing shortages and improve working conditions. 91.02% of nurses would support a bill that included minimum staffing standards. [19] The literature supports this call for action, as studies have shown that legislative measures aimed at establishing safe staffing ratios can lead to improved patient outcomes and enhanced nurse well-being. [31,3] The need for systemic changes in staffing policies is critical, as ongoing shortages not only affect the quality of care but also the overall health of the nursing workforce. [20] In addition to staffing levels, the survey also sheds light on the impact of organizational culture on nurses' well-being and patient safety.

The *ONA Survey of All Ohio Nurses: 2024 Staffing Findings* [19] provides valuable insights into the challenges faced by nurses regarding staffing levels, patient safety, and worker well-being. The evidence presented in the survey aligns with existing literature, highlighting the critical importance of adequate staffing in promoting patient safety and enhancing nurse well-being. As healthcare organizations continue to navigate staffing shortages and their implications, it is essential to prioritize policies and practices that support nurses and ensure safe, high-quality patient care.

Reporting System for Inadequate Staffing and Whistleblower Protection

To ensure accountability and uphold patient safety in Ohio hospitals, a robust reporting and protection system for inadequate staffing is essential. Implementing a transparent complaint reporting system alongside comprehensive whistleblower protections will empower healthcare workers and the public to report unsafe conditions without fear of retaliation. Such a system not only promotes accountability but also helps to identify and address chronic staffing issues proactively, supporting a safer healthcare environment.

Create a Complaint Reporting System

Ohio must establish a centralized, accessible system for reporting staffing violations, designed to handle complaints from healthcare employees, patients, families, and the general public. Following successful models in other states, this reporting system would allow individuals to file complaints anonymously if desired, ensuring that anyone can voice concerns without fear of personal or professional repercussions. Key features of the reporting system would include:

- **Accessibility and Anonymity**
  The system should be available online, via phone, and through other accessible formats, with options for anonymity to encourage broad participation from healthcare providers and the public. This system would offer similar protections as seen in states like Washington, where hospitals must document staffing compliance and respond to complaints promptly.
- **Efficient Complaint Processing**
  Complaints should be reviewed by a designated regulatory authority, such as the Ohio Department of Health, which would be responsible for investigating reports and enforcing compliance. Timely complaint processing, as mandated in other states, would enable regulators to quickly identify patterns of understaffing and address violations, ultimately improving patient safety and staffing practices across Ohio hospitals.

Whistleblower Protections

Robust whistleblower protections are critical for encouraging healthcare workers to report staffing issues without fear of retaliation. Ohio legislation should establish protections for all employees who report inadequate staffing, mirroring protections in

states like Connecticut and Washington. Key components of these protections include:

- **Anti-Retaliation Provisions**
  Employers would be explicitly prohibited from retaliating against workers who report staffing violations or participate in the reporting process. Protections should extend to disciplinary actions, termination, or any form of workplace harassment. This protection mirrors the provisions in Connecticut's staffing laws, where employees are safeguarded from punitive actions for raising safety concerns.
- **Right to Refuse Unsafe Assignments**
  Ohio's staffing legislation should include a right-to-refuse provision, empowering nurses and healthcare professionals to decline assignments they deem unsafe without fear of loss of employment. This provision should allow for refusal under two specific conditions which are created by facilities: inadequate staffing and attempts to assign nurses into care areas beyond their competence. The Ohio Administrative Code already requires a nurse to have the knowledge, skills, and abilities to perform care, which ensures patient safety. However, there are no employment protections for the nurse who refuses their employer's attempt to force them into an unsafe assignment. This policy would also ensure that workers are not forced into situations that compromise patient care or their own safety due to unsafe staffing, which is similar to the protections outlined in California and Connecticut laws. The logical next step to these protections is to place liability for adverse patient health outcomes on employers when a justified refusal has been invoked.
- **Clear Reporting Channels and Enforcement**
  To ensure that whistleblower protections are upheld, the Ohio Department of Health should oversee enforcement, investigating any allegations of retaliation and holding employers accountable for violations. Enforcement could include penalties, corrective action plans, or fines for hospitals found to have retaliated against employees reporting inadequate staffing.

Transparency and Accountability

For added transparency, a state regulatory entity, such as Ohio's Department of Health, should maintain and publicly disclose records of complaints and any actions taken against hospitals found in violation of staffing standards. Publicly accessible records would allow community members, advocates, and policymakers to monitor compliance and support efforts for sustained improvements in staffing. Public accountability has been effective in states like Washington, where documented cases of staffing noncompliance are made accessible, creating an incentive for hospitals to maintain safe staffing practices.

By implementing a comprehensive reporting system and protecting those who raise concerns, Ohio can cultivate an environment where healthcare workers and community members are empowered to advocate for safe staffing. This approach ensures that unsafe staffing practices are quickly identified and addressed, ultimately promoting safer hospitals and higher-quality patient care across the state.

Financial Penalties for Non-Compliance

To ensure hospitals in Ohio adhere to mandated staffing standards and maintain safe patient care environments, financial penalties should be implemented as a powerful deterrent against non-compliance. By establishing a structured penalty system, Ohio can hold hospitals accountable for chronic understaffing and reinvest in healthcare improvements, creating both immediate and long-term incentives for compliance.

- **Impose Financial Penalties on Hospitals** Ohio legislation should introduce strict financial penalties for hospitals that fail to meet established nurse-to-patient staffing standards, deviate significantly from committee-approved staffing plans, or receive repeated complaints

regarding unsafe staffing. States like Oregon, California, and Washington have demonstrated the effectiveness of fines for noncompliance, which push hospitals to prioritize safe staffing over profit-driven decisions. In Ohio, these penalties would target hospitals that consistently fail to provide adequate staff levels, addressing both acute violations and chronic understaffing issues. Each violation would be treated as an individual offense, creating cumulative consequences for repeated non-compliance.

- **Penalty Structure**
  The financial penalty structure should scale based on the frequency and severity of violations, ensuring that chronic or severe offenders face higher fines. For example:
  - **First Violation:** A baseline fine for an initial violation of staffing standards, sufficient to emphasize the importance of compliance.
  - **Escalating Penalties for Recurrence:** Penalties should increase with repeated violations within a specified period (e.g., within one year). This model, seen in Oregon's H.B. 2697, incentivizes hospitals to rectify staffing issues promptly to avoid cumulative financial repercussions.
  - **Severity-Based Fines:** Violations that result in significant patient care lapses or endangerment should incur higher fines. In Washington, the fine structure for meal and rest break violations varies based on hospital size, with larger hospitals subject to greater fines, a model Ohio could adapt to differentiate fines based on hospital capacity.
  - **Allocation of Collected Fines:** Revenue from these penalties should be directed toward state-funded healthcare improvement programs, workforce development, and recruitment initiatives to strengthen Ohio's healthcare system. This reinvestment approach not only enforces compliance but also addresses the root causes of staffing shortages by funding programs that support workforce stability and growth.
- **Tie Penalties to Accreditation and Reimbursement**
  For additional leverage, Ohio should link compliance with staffing standards to hospital accreditation, licensure, and reimbursement eligibility. Hospitals that persistently fail to meet staffing requirements would risk:
  - **Accreditation and Licensure Impact**
    Tying penalties to accreditation would underscore the importance of safe staffing as a core standard of care. Hospitals unable to comply with staffing regulations may face downgrades in accreditation status or, in extreme cases, could risk losing their operating license. This measure is supported by best practices in states that incorporate staffing compliance into broader licensure standards.
  - **Reimbursement Incentives**
    Financial penalties should also impact state and federal reimbursement rates. For instance, hospitals that consistently violate staffing laws would be ineligible for certain state funds or could face adjusted Medicaid and Medicare reimbursement rates. This structure would provide further financial motivation to maintain staffing compliance, making it in hospitals' best interest to invest in proper staffing.

Through this robust penalty framework, Ohio would establish clear consequences for non-compliance, sending a strong message that safe staffing is a non-negotiable standard. By combining direct fines, accreditation, and reimbursement incentives, Ohio can drive hospitals to uphold staffing commitments, ultimately ensuring that the state's healthcare system meets the needs of patients and professionals alike.

Legislative and Policy Recommendations for Safe Staffing in Ohio

To address Ohio's hospital understaffing crisis, the following legislative and policy recommendations draw from successful models in California, Oregon, Washington, Connecticut, and Massachusetts. These policies collectively prioritize safe staffing levels, enforceable standards, workforce protections, and transparency to improve patient care and workforce conditions across Ohio hospitals.

- **Adopt Safe Staffing Minimum Staffing Standards**
  Implement minimum staffing standards in Ohio law, modeled after California and Oregon. Staffing standards should be department-specific, establishing standards for various units, such as a 1:2 ratio in ICUs and 1:4 in medical-surgical units. These mandatory staffing standards would create a minimum baseline for patient safety and staff support, reducing the risks associated with high patient care loads and ensuring consistency across healthcare facilities.
- **Establish Workforce Committees**
  Introduce legislation requiring all hospitals to establish workforce committees focused on monitoring and ensuring staffing compliance. Committee members should include over 50% representation from frontline healthcare staff, chosen by their peers, and should actively participate in decision-making on staffing plans. This worker-led model, as seen in Connecticut and Washington, will enable effective, facility-specific staffing solutions and promote transparency within the hospital structure.
- **Charge Nurses Out of Assignment**
  Mandate that charge nurses are exempt from direct patient care responsibilities to enable them to focus on oversight and quality assurance. By allowing charge nurses to supervise staffing conditions and attend to patient needs without additional patient assignments, hospitals can ensure improved coordination and resource management.
- **Enforce Staffing Transparency**
  Require hospitals to publicly report staffing levels, compliance with mandated staffing standards, and related patient outcomes. Transparency in staffing data will enhance accountability, allowing patients, families, and regulatory bodies to monitor hospital performance and advocate for safer staffing levels where needed. This approach aligns with public reporting standards in Connecticut and Washington.
- **Incorporate Staffing Plans into Hospital Accreditation and Licensure**
  Make compliance with safe staffing standards and staffing committee recommendations part of the hospital accreditation and licensure process. Hospitals that do not meet minimum staffing standards would face the risk of downgraded accreditation status or potential licensure penalties, providing strong motivation for compliance and ongoing monitoring.
- **Prohibit Mandatory Overtime**
  Introduce legislation to ban mandatory overtime for nurses and healthcare professionals, preventing staff from being forced to work beyond scheduled hours. Limiting overtime will help protect healthcare workers from burnout and ensure they can perform effectively during their shifts, a measure that has proven effective in reducing turnover rates in states where similar laws are in place.
- **Provide Adequate Meal and Rest Breaks**
  Mandate that healthcare workers receive protected and adequate meal and rest breaks. Hospitals should be required to provide adequate coverage during breaks to avoid disrupting patient care. This policy would prioritize worker well-being, reduce fatigue-related errors, and align with best practices from states like

Washington, which enforce penalties for meal and break violations.

- **Preserve and Expand Nurse Staffing Committees**
  Ensure that every Ohio hospital has a nurse staffing committee composed of over 50% frontline staff. These committees should have binding authority over staffing plans and monitor compliance to create a collaborative, worker-driven approach to maintaining safe staffing levels.
- **Temporary Deviations**
  Allow deviations from minimum staffing standards only under extraordinary, justifiable circumstances, such as natural disasters or emergency situations. Temporary deviations must be authorized by the staffing committee, documented, and subject to review to prevent misuse.
- **Create a Complaint System with Whistleblower Protection**
  Establish a formal reporting system where staff and the public can file complaints about unsafe staffing conditions. Include whistleblower protections to ensure healthcare workers can report violations without fear of retaliation. This system would be regulated by a state regulatory entity, such as the Ohio Department of Health, to investigate claims, enforce standards, and monitor compliance.
- **Hospital Liability**
  Hospitals should have a duty to provide adequate staffing to ensure patient safety. If a hospital knowingly understaffs, fails to meet legal staffing requirements, or ignores complaints about staffing shortages, it should be held liable for negligence. When nurses or other healthcare professionals report unsafe staffing conditions, refuse to work in unsafe conditions, and management fails to act, the hospital or healthcare system should be responsible for resulting harm.
- **Financial Penalties for Non-Compliance**
  Enforce financial penalties for hospitals that fail to meet safe staffing requirements. A structured penalty system, scaled based on the severity and recurrence of violations, would provide a financial deterrent against chronic understaffing. Revenue from fines should be reinvested in state healthcare improvement programs and workforce development initiatives, reinforcing Ohio's commitment to a sustainable healthcare system.
- **Incorporate Assignment Despite Objection (ADO) Data**
  Leverage Assignment Despite Objection (ADO) submissions as a resource to monitor staffing compliance and identify areas requiring improvement. ADO data would serve as a reliable source of direct feedback from frontline staff, highlighting issues that may not be captured through other reporting mechanisms and offering critical insights for policy adjustments and continuous improvement efforts.

Through these legislative and policy measures, Ohio can create a comprehensive framework that addresses the current staffing crisis while fostering a safer, more supportive environment for patients and healthcare workers alike.

Conclusion

Call to Action

The time for legislative action in Ohio is now. As understaffing endangers patient care and drives burnout among healthcare workers, Ohio's legislators must prioritize the health and safety of both patients and frontline professionals. Enacting comprehensive safe staffing laws that incorporate enforceable minimum staffing standards, worker-led committees, and robust transparency and accountability measures will create the immediate changes needed to stabilize Ohio's healthcare system. Ohio's healthcare workers and patients deserve a safe, sustainable environment where

quality care is guaranteed. Legislators must respond to this urgent need, passing laws that protect those who care for Ohioans, ensuring that hospitals are held responsible to provide safe care environments for all Ohioans, both workers and patients alike.

Future Implications

The long-term benefits of adopting safe staffing laws extend beyond immediate patient safety and workforce stability. A robust staffing framework will contribute to lower turnover rates, reducing the financial burden of hiring and training new staff, and will improve overall job satisfaction among healthcare workers. Additionally, transparency and accountability mechanisms will foster greater community trust in Ohio's healthcare system, reinforcing a partnership between hospitals, patients, and caregivers. By establishing enforceable standards, Ohio can secure a future where the healthcare workforce is resilient, well-supported, and equipped to meet the evolving demands of patient care. Embracing these reforms will position Ohio as a leader in healthcare, setting a standard that prioritizes both health outcomes and the well-being of those who deliver essential care.

Healthcare in Ohio Can be Saved

Now is the time for legislators to save healthcare in Ohio. Without action, 63.42% of direct care nurses are currently considering leaving the bedside because of patient care load. [19] Ohio cannot afford to lose three of every 5 bedside nurses. Ohio hospitals would not survive this mass exodus. ONA calls on Ohio legislators to enact minimum care standards to protect Ohio patients, Ohio health professionals, and access to care in our state.

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NOTES

For additional information or media inquiries, email the Ohio Nurses Association at CodeRed@ohnurses.org.

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Understaffing = Patient Care Crisis