Ohio’s Safe Nurse Staffing Legislation, Substitute House Bill 346, was signed into law by Governor Ted Strickland on June 12, 2008. The bill represents the collaborative efforts of the Ohio Hospital Association (OHA), the Ohio Nurses Association (ONA), and the Ohio Organization of Nurse Executives (OONE). Together these organizations founded the Nursing 2015 Initiative that was influential in determining the bill’s progress through the Ohio General Assembly. The bill affects inpatient care units, which specifically includes an operating room as well as any unit in which nursing care is provided to patients admitted to the hospital.

The bill codifies the following:

- Each hospital in Ohio must establish a hospital-wide nursing care committee (Committee) no later than 90 days after the bill becomes law. (December 9, 2008)
  - At least 50% of the Committee’s membership must consist of registered nurses (RNs) who provide direct patient care and who adequately represent all types of nursing care services provided in the hospital.
  - The hospital’s chief nursing officer must be part of the Committee, and that individual is required to establish a mechanism for obtaining input regarding staffing recommendations from all nurses (RNs and LPNs) who provide direct patient care in the hospital.

- The Committee must evaluate the hospital’s nursing services staffing plan (staffing plan) if one exists, and recommend a staffing plan that is consistent with current, accepted standards set by private accreditation organizations or governmental entities. The staffing plan recommendation must address the following:
  - Selection, implementation, and evaluation of minimum staffing levels for all inpatient care units that ensure the hospital has a staff of competent nurses with the specialized skills needed to meet patient needs in accordance with evidence-based safe nurse staffing standards;
  - The complexity of complete care including but not limited to assessment on patient admission; volume of admissions, discharges, and transfers; evaluation of the progress of a patient’s problems; patient education needs; ongoing physical assessments; discharge planning; and the assessment of the need for patient referrals;
  - Patient acuity and the number of patients cared for;
  - The need for ongoing evaluation of a unit’s patient and nurse staffing levels; and
  - The development of a hospital policy to identify additional nurses to employ when patients’ unexpected demands exceed the planned workload assignment

- Each hospital must create an evidence-based written staffing plan that must be implemented no later than ninety days after the Committee is convened. (March 9, 2009) The staffing plan created must:
  - At a minimum, reflect current standards established by private accreditation organizations or governmental entities;
  - Be based on multiple nurse and patient considerations that yield minimum staffing levels for inpatient care units that ensure that the hospital has a staff of competent nurses with specialized skills need to meet patient needs; and
  - Include the recommendations of the Committee.

- The Committee must conduct a review of the staffing plan at least once a year to evaluate how the plan affects patient outcomes; clinical management; and whether the plan facilitates a care delivery system that provides on a cost-effective basis, quality nursing care that is consistent with acceptable and prevailing standards of safe nursing care and evidence-based guidelines established by national nursing organizations. The Committee is to make recommendations regarding any revisions that should be made to the staffing plan.

- Each hospital must post a notice, in a conspicuous location in the hospital, informing the public of the availability of the staffing plan and who to contact to obtain a copy of the plan.