

ACUTE CARE STAFFING

POSITION

The American Nurses Association (ANA) supports the establishment of nurse-patient ratios to address the current staffing crisis, but feels strongly that these ratios must be set, not by legislators or government officials, but in the workplace in direct coordination with nurses themselves, and based on unit-by-unit circumstances and needs. ANA supports efforts to mandate establishment of valid and reliable nurse staffing systems in acute care and to require standard, public reporting of nurse staffing levels and mix and patient outcomes.

BACKGROUND

During the past decade, health care providers have implemented aggressive measures to reduce the costs of health care. As nurses' salaries are typically the largest hospital personnel expense, they have been targeted for aggressive cuts. These cost-cutting efforts have often resulted in RN staffing levels that are inadequate to protect the safety and quality of patient care. These changes have occurred at the same time that patient acuity and the use of sophisticated technology have increased, and the length of stay has decreased. Combined, these factors have created a situation that threatens patient safety and contributes to the nursing shortage by driving nurses from the bedside.

Unfortunately, there are no national staffing requirements for acute care settings, nor is there a mechanism for standardized public reporting of acute care staffing. This lack of enforceable staffing standards and quality measurement has allowed dramatic changes in staffing methodology to go unchecked.

Many variables—factors including acuity of patients, level of experience of nursing staff, layout of the unit, level of ancillary support—are key to establishing the “right” nurse-patient ratio for any one unit. For this reason, ANA supports a staffing plan approach, as reflected in the Registered Nurse Safe Staffing Act (S.73), federal legislation which would hold hospitals accountable for the development and implementation of valid and reliable nurse staffing plans. Specifically under S. 73 the staffing system must:

- Be created with input from direct-care RNs or their designated representative;
- Be based on the number of patients and patient acuity level, with consideration given to patient admissions, discharges, and transfers on each shift;
- Reflect the level of preparation and experience of those providing care;
- Reflect staffing levels recommended by specialty nursing organizations; and
- Provide that an RN not be forced to work in a particular unit without having first established that he or she is able to provide professional care on such a unit.

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This is not a one-size-fits-all approach to staffing. Instead, it provides hospitals with the flexibility of tailoring nurse staffing to the specific needs of patients based on factors including how sick the patient is, the experience of the nursing staff, technology, and support services available to the nurses. Most importantly, this approach treats direct-care registered nurses as professionals, and empowers them to have a decision-making role in the care they provide.

RATIONALE

More than a decade of research shows that nurse staffing levels and skill mix make a difference in the outcomes of hospitalized patients. These studies show that when there are more nurses, there are lower mortality rates, better care plans, lower costs, and fewer complications.

In June, 2002, the Joint Commission on Accreditation of Healthcare Organizations released a report (*Health Care at the Crossroads: Strategies for Addressing the Evolving Nursing Crisis*) stating that inadequate nurse staffing was a contributing factor in 24 percent of all unanticipated events that resulted in patient death, injury, or permanent loss of function.

A study published in *The Journal of the American Medical Association* (Linda Aiken, et al., Hospital Nurse Staffing and Patient Mortality, Nurse Burnout, and Job Dissatisfaction, *JAMA*, Vol. 20, Oct. 23, 2002) found that the odds of patient mortality rose by 7 percent for every additional patient added to the average nurse's workload.

A study published in *The New England Journal of Medicine* (Jack Needleman, et al., Nurse-Staffing Levels and the Quality of Care in Hospitals, *N.Engl.J.Med.*, Vol. 346, #22, May 30, 2002) found a strong, reliable relationship between increased RN staffing and fewer patient complications, including death.

Recognizing the important relationship between nurse staffing and patient care, the National Quality Forum recently recommended that acute care hospitals track and report the number of nursing hours per patient day for RN, LPN, and unlicensed nurses. (*National Voluntary Consensus Standards for Nursing-Sensitive Care: An Initial Performance Measure Set*, NQF, 2004.)

Identifying increased nurse staffing as a top priority for addressing medical errors, the Institute of Medicine has called for immediate improvements in nurse staffing. (*Keeping Patients Safe: Transforming the Work Environment for Nurses*, IOM, National Academies Press, November 2003.)

Preliminary evidence indicates that there is a link between mandatory staffing plan legislation and the most positive nurse work environment perceptions among RNs when compared with either the implementation of mandatory staffing ratios or with no workforce regulation. These results are based on a study examining the variations in work environment perceptions of approximately 4,000 RNs across 10 states. (*Work Environment Perceptions When Employed in States With and Without Mandatory Staffing Ratios and/or Mandatory Staffing Plans. Policy, Politics, & Nursing Practice*, 6(3), 191-197). ☺