

Safe Staffing

The Registered Nurse Safe Staffing Act
H.R. 876/S. 58



Massive reductions in nursing budgets, combined with the challenges presented by a growing nursing shortage have resulted in fewer nurses working longer hours and caring for sicker patients. This situation compromises care and contributes to the nursing shortage by creating an environment that drives nurses from the bedside.

ANA and its Constituent & State Nurses Associations (C/SNAs) in the states are promoting legislation to hold hospitals accountable for the development and implementation of valid, reliable, unit-by-unit nurse staffing plans. These staffing plans, based upon *ANA's Principles for Nurse Staffing*, are not mandated ratios. They are created in coordination with direct care registered nurses (RNs) themselves, and based on each unit's unique circumstances and changing needs.

ANA Supports the Registered Nurse Safe Staffing Act which would require Medicare participating hospitals, through a committee comprised of at least 55% direct care nurses or their representatives, establish and publicly report unity-by-unit staffing plans. These plans must:

- establish adjustable minimum numbers of RNs
- include input from direct care RNs or their exclusive representatives.
- be based upon patient numbers and the variable intensity of care needed.
- take into account the level of education, training and experience of the RNs providing care.
- take into account the staffing levels and services provided by other health care personnel associated with nursing care.
- Consider staffing levels recommended by specialty nursing organizations.
- take into account unit and facility level staffing, quality and patient outcome data and national comparisons as available.
- take into account other factors impacting the delivery of care, including unit geography and available technology.
- ensure that RNs are not forced to work in units where they are not trained or experienced.

Research Shows Safe Staffing Can:

KEEP PATIENTS SAFE

Adding Registered Nurses to unit staffing has been shown to eliminate almost 1/5 of all hospital deaths, and to reduce the relative risk of adverse patient events. (Kane)

Reducing medical errors is particularly important in light of the fact that the Centers for Medicare Services will soon deny payment for preventable hospital-acquired injuries or illnesses, and other private insurers are expected to follow suit.

RETAIN EXPERIENCED NURSES

Evidence has shown a link between mandatory staffing plan legislation and nurses' perception of a more positive nurse work environment when compared with mandatory ratios or no staffing plans. (Cox)

Retaining nurses is also a cost –saving measure, as it reduces the amount hospitals spend on recruiting and training new staff.

The cost of recruiting and replacing an RN is 1.1 to 1.6 times an annual nurses' salary. According to the Bureau of health Professions, the mean RN salary for 2010 is \$66,530

CUT COSTS

Increasing the number of Registered Nurses can yield a cost savings of almost \$3 billion – the result of more than 4 million avoided extra stay days for adverse patient events such as infection and bleeding occurring in the hospital (Needleman).

The RN Safe Staffing Act Ensures Compliance by:

- holding hospitals accountable and establishing procedures for receiving and investigating complaints.
- allowing the Secretary of Health and Human Services to impose civil monetary penalties for each knowing violation.
- including whistle-blower protections for RNs and others who may file a complaint regarding staffing.
- requiring public reporting of staffing information. Hospitals must post daily for each shift the number of licensed and unlicensed staff providing direct patient care, specifically noting the number of RNs. The bill also requires the collection, maintenance and submission of data by participating hospitals sufficient to establish a link between the staffing system and patient acuity. Such data includes nursing-sensitive patient outcomes, operational outcomes such as work-related injury or illness, as well as vacancy and turnover rates, and nursing care hours per patient day.

Why Not Legislate Specific Ratios?

While ANA respects all attempts to address the staffing issue, we have real concerns about the establishment of fixed nurse-to-patient ratio numbers in federal or state legislation. While such legislated numerical ratios *seem* to offer a concrete solution and may appear to be a good fit for some workplaces, many variables—factors including intensity of patient need, level of experience of nursing staff, layout of the unit, and level of ancillary support—are key to establishing the right nurse-patient ratio for any one unit. In addition a legislated ratio approach treats nurses as “numbers” rather than recognizing them as professionals with a say in the care that they provide.

Other concerns regarding legislated ratios include:

- Lack of assurance that the “minimum” ratio does not become an average, or worse, a maximum level of care as time progresses.
- No flexibility to revise legislated ratios to ensure that they can be adjusted to meet staffing needs and concerns over the years, not just in the moment.
- The need to ensure that facilities don’t choose to reduce the numbers of ancillary staffing to finance increased RN staff, still resulting in inadequate nursing time to provide quality care.

State Trends on Nurse Staffing

More than 20 states have introduced legislation mirroring ANA’s staffing approach, and several states have forged collaborations with stakeholders that resulted in the enactment of safe staffing laws. Collaborative efforts among state hospital associations, nurse executives, and ANA-affiliated state nurses associations have resulted in balanced staffing legislation that benefits hospitals, nurses and patients.

States that have enacted safe staffing legislation reflecting the ANA Model to date include: Oregon (2002) Texas (regulations, 2002, legislation 2009), Illinois (2007), Connecticut (2008), Ohio (2008), Washington (2008), and Nevada (2009).