



# From Your ANA President

## Safe staffing saves lives.

**SUPPOSE WE APPLY** the term “safe staffing” to firefighters: No doubt, we want to have enough of them. If my house

catches on fire, you can be sure I want the fire truck with all the right equipment to pull up with more than just the driver on board. I want as many firefighters as needed to save my house.

If nurses matter to patient care at all—as they obviously do—it stands to reason that it matters how many nurses are available to care for patients, or how many patients are in any one nurse’s charge.

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

ANA has made safe staffing a centerpiece of our 2 decades-long effort on behalf of health system reform. Safe staffing is a perfect example of the kind of workforce issue we believe our nation must address to achieve effective reform of the healthcare system.

Furthermore, ANA believes safe staffing is a patient safety issue. *Safe staffing saves lives.* A growing body of evidence demonstrates that adequate nurse staffing improves patient outcomes, resulting in fewer inpatient days, complications, and deaths.

Nursing care and quality patient care are inextricably linked. Adequate nurse staffing is critical to delivery of quality patient care. One doesn’t have to be a rocket scientist to appreciate this.

In its traditional role as convener and dialogue facilitator, ANA brought together in March a unique gathering of influential decision-makers and opinion leaders on the subject of safe staffing for a Safe Staffing Saves Lives Listening Session. We invited representatives of state nurses associations, specialty nursing organizations, physicians groups, hospitals, unions, consumer organizations, accrediting and certification organizations, and others.

During this summit, the safe staffing approaches and issues discussed by panelists included a Boston Medical Center (BMC) case study by management expert Eugene Litvak, PhD, who determined from research that emergency department cases and elective-scheduled surgery cases have nearly equal effects on patient flow variability. By convincing surgeons to cap elective surgeries at two a

day (and to consult nurses before adding a case), BMC was able to manage variability in patient flow—which Litvak believes is crucial to improving access to care, nurse staffing, and quality of care, and reducing cost.

Linda Warino, BSN, RN, CPAN, Executive Director of District Three, Ohio Nurses Association (ONA), related Youngstown nurses’ experience of winning a contract in 2000 that prevented mandatory overtime and incorporated ANA’s Staffing Principles. Later, staff nurses—with the help of ONA and ANA—were able to negotiate a contract term requiring nurse input into staffing models.

Our third powerful speaker, University of Pennsylvania professor Ann E. Rogers, PhD, RN, FAAN, shared her research on nurse fatigue, which showed the longer a nurse’s shift, the more errors occurred in care. And to ensure the public’s ability to make wise healthcare choices, Joyce Dubow, AARP’s senior adviser for health reform, recommended making quality data, such as nursing-sensitive measures, available to the public.

ANA believes a principles-based approach will best enhance and achieve patient safety. We believe nurse staffing decisions should be based on the circumstances at a given hospital or other care setting. We also believe it’s possible to establish principles by which the staff nurse at the hospital unit level (ideally) can determine the staffing level needed on a given day. ANA believes such principles should form the foundation of a national legislative solution to the safe staffing issue and that such principles should address patient safety, quality control, and access to care. For more information on ANA’s safe staffing efforts, visit [www.SafeStaffingSavesLives.org](http://www.SafeStaffingSavesLives.org).

We hope the Safe Staffing Saves Lives Listening Session proves to be the start of positive and mutually beneficial ongoing discussions among those committed to safe staffing and quality patient care. We believe our ongoing discussions can help us reach a consensus for pursuing a broad, concerted course of action, where we all benefit by pulling in the same direction. After all, who doesn’t acknowledge that safe staffing saves lives? It’s time to achieve that goal and expect the appropriate staffing whenever it is needed.

A handwritten signature in black ink that reads "Rebecca M Patton RN". The signature is written in a cursive, flowing style.

Rebecca M. Patton, MSN, RN, CNOR  
President  
American Nurses Association