ANA
AMERICAN NURSES ASSOCIATION

Department of Government Affairs
Phone: (301) 628-5094 • Fax: (301) 628-5348
http://www.anapoliticalpower.org

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).

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Mandatory overtime

Position

The American Nurses Association (ANA) opposes the use of mandatory overtime, and supports the Safe Nursing and Patient Care Act which would limit the number of overtime hours a nurse may be required to work.

Background

Nurses report a dramatic increase in the use of mandatory overtime as a staffing tool and fear potential consequences for the safety and quality of care provided to their patients. Today, overtime (mandatory and voluntary) is the most common method facilities use to cover staffing insufficiencies. Many nurses contend employers insist they work an extra shift (or more) or face dismissal for insubordination and being reported to the state board of nursing for patient abandonment. An ANA survey of nearly 5,000 nurses conducted in 2000 revealed that more than 67 percent are working unplanned overtime every month.

Federal regulations place limits on the amount of time that can be worked in other industries in which the work directly affects public safety (e.g., aviation and transportation). Those regulations also set requirements for defined periods of time that workers must rest or be off duty before returning to work. Health care is exempt from such overtime regulations.

A 2003 report from the Institute of Medicine (IOM) (*Keeping Patients Safe: Transforming the Work Environment of Nurses*) noted that long work hours pose one of the most difficult threats to patient safety. The IOM noted that fatigue slows reaction time, decreases energy, diminishes attention, and otherwise contributes to medical errors. The study concluded that elimination of mandatory overtime is essential to safe patient care and healthier nurses.

A 2004 report commissioned by the Agency for Health Care Research and Quality, and published in the July/August *Health Affairs* reconfirms the link between overtime and medical errors. This report, *The Working Hours of Hospital Staff Nurses and Patient Safety,* found that the risk of making an error greatly increased when nurses worked shifts that were longer than 12 hours, when they worked significant overtime, or when they worked more than 40 hours per week. The study found that the likelihood of making an error was three times higher when nurses worked shifts lasting more than 12.5 hours. Disturbingly, in nearly 40 percent of the shifts studied, nurses worked at least 12.5 consecutive hours. More than 25 percent of the participants in the study reported working mandatory overtime at least once during a one-month period. Overall, nurses reported being unable to leave work at the end of their scheduled shift more than 80 percent of the time.

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Rationale

ANA is concerned about the impact of mandatory overtime on the ability of our nation's acute care nurses to provide high-quality health care services. ANA believes that the elimination of mandatory overtime for the nation's nurses is a critical step in efforts to improve the quality of health care, and reduce medical errors.

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Nurse Staffing Reporting

Position

The American Nurses Association (ANA) supports standard, public reporting of nurse staffing levels, staffing mix, and patient outcomes. Publicly available information on staffing and nursing sensitive indicators is needed to provide health care consumers with reliable information about the health facilities on which they rely.

Background

Numerous studies have shown that the amount of nursing care provided to patients is a key determinate of quality care. Research published in the October 23, 2002 *Journal of the American Medical Association* demonstrated that registered nurse staffing levels have a significant impact on preventable deaths in hospitals, and that the odds of patient mortality increase 7 percent for every additional patient added to the average registered nurse's workload. The Joint Commission on the Accreditation of Healthcare Organizations reported in 2002 that inadequate nurse staffing contributes to nearly a quarter of all unexpected incidents that kill or injure hospitalized patients.

Yet, there is no reliable means for patients to obtain information on nurse staffing. Centers for Medicare and Medicaid Services (CMS) home health comparisons do not include any information about the quantity of nursing care, and CMS' own studies have shown that the nursing home staffing data reported to CMS is highly inaccurate.

The Patient Safety Act, federal legislation supported by ANA, would address these concerns by requiring health care facilities to report information on nurse staffing. Hospitals, nursing homes, home health agencies, hospice, ambulatory surgical centers, and renal dialysis facilities would be required to submit quarterly reports detailing their registered nurse (RN), licensed professional nurse (LPN), and unlicensed patient care personnel staffing. This information would be broken down in terms of the total hours of nursing care per patient for each unit and each shift. Information showing the average number of patients per RN, LPN and unlicensed assistants, would also be required. In addition, these providers would report risk-adjusted patient mortality rates (in raw numbers and in diagnostic-related groups), and the incidence of other adverse patient outcomes. Nursing facilities would also report their retention rates for RNs, LPNs, and certified nurse assistants.

The CMS would be required to make the information publicly available, including publication on the Health and Human Services website. CMS would also share this information with state agencies responsible for licensing or accrediting the facility, and with any member of the public who requests it. CMS would be required to directly audit

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the data require by skilled nursing facilities, and would establish a means to audit the information from other sources through their regular participation agreements. In addition, CMS would be required to compare nursing homes against each other based on their staffing levels.

The bill also provides important protections to health facility employees who notify state or federal authorities, and/or accreditation agencies about conditions in the facility that are dangerous or potentially dangerous to patients.

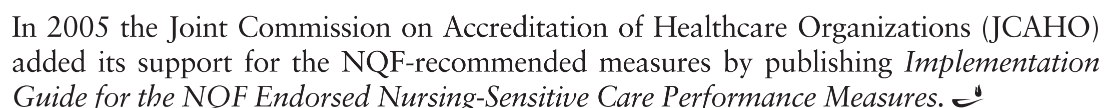
Rationale

The Centers for Medicare and Medicaid Services (CMS), in collaboration with the Hospital Quality Alliance (HQA) is already engaged in public reporting of some quality measures through the Hospital Compare website (www.hospitalcompare.hhs.gov). There, consumers can get information online on "how often hospitals provide some of the recommended care to get the best results for most patients." According to CMS "this quality information not only helps you make good decisions about your health care, but also encourages hospitals to improve the quality of health care they provide." ANA believes that adding nurse staffing information to this information would go a long way in furthering this important goal.

The National Quality Forum (NQF) and the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) support public reporting of nurse staffing and other nursing sensitive indicators.

Recognizing the important relationship between nurse staffing and patient care, in 2004 the NQF recommended that acute care hospitals track and report the number of nursing hours per patient day for RN, LPN, and unlicensed nurses. This recommendation was among 15 national voluntary consensus standards for nursing-sensitive care endorsed in the document by NQF. (*National Voluntary Consensus Standards for Nursing-Sensitive Care: An Initial Performance Measure Set*)

In 2005 the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) added its support for the NQF-recommended measures by publishing *Implementation Guide for the NQF Endorsed Nursing-Sensitive Care Performance Measures.*



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