Headlines from the Hill

The RNSafe Staffing Act and what it means for you

By Jerome Mayer

As STATESCONI1NUE to address nurse staffing through state legislation, with many instances of success, it still remains unlikely that every state will address safe staffing in a similar way. That's why A..NAcontinues to advocate for federal legislation, which if enacted would extend the protection of safe nurse staffing to all states.

In the current 112th Congress, ANA-supported safe staffing legislation has been introduced in the House and Senate. The Senate and House sponsors, Sen. Daniel Inouye CD-HI) and Rep. Lois Capps CD-CAl respectively, introduced the Registered Nurse Safe Staffing Act CH.R. 867/S. 58), which would hold hospitals accountable for the development of valid, reliable unit-by-unit nurse staffing plans. These plans would be developed in coordination with direct-care registered nurses (RNs) and would be based on each unit's unique characteristics and needs. AL"IAcontinues to educate members of Congress and build SUppOIt for this important legislation.

Insufficient nurse staffing is still among the top concerns for nurses today. Accordingly, securing appropriate staffing to protect nurses and patients remains a priority for ANA. The RN Safe Staffing Act recognizes nurses as professionals by requiring that they play an integral palt in staffing plan developmem and decision making. Whether safe nurse staffing is regulated at the state or federal level, legislation is useless if compliance is not assured. Oversight of staffing plan implementation and penalties for failure to comply are necessary elements of nurse staffing initiatives.

So what would the Ri'l Safe Staffing Act do'. It would require Medicare-participating hospitals, through a committee comprised of at least 55% direct-care nurses or their representatives, to establish and publicly report unit-by-unit staffing plans.

Moreover, the unit-by-unit staffing plans must:

- establish adjustable minimum numbers of RNs
- include input from direct-care RNs or their exclusive representatives
- be based on patient numbers and the variable intensity of patient care needed
- take into account (he level of education, training, and experience of the RNs providing care
- take into account the staffing levels and services provided by other healthcare persOlmel 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 in1pacting the delivety 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.

ANA encourages policy makers to utilize all tools available to them to ensure appropriate staffing levels and improve accountability. After more than a decade of experience with staffing laws and regulations, ANA SUppOlts inclusion of minimum upwardly adjustable nurse-to-patient ratios in combination with a staffing committee approach.

Regardless of v..'hich approach is implemented to address the problem, no staffing system or ratio can protect patients and nurses without transparency and enforcement. The RN Safe Staffing Act requires public repOlting of staffing information; hospitals vvould be required to post daily the number of licensed and unlicensed staff providing direct patient care on each unit and each shift, while specifically noting the number of RJ'Js; data must also be reported to the Secretary of Health and Human Selvices (HHS) for publication on the Department's Hospital Compare \X'ebsite. The bill also requires collection and public reponing of quality data relating to nursing seIVices.

RNs and others who may file a complaint regarding staffing will be provided \vhistleblower protection. The bill also allows refusal of assignmems and establishes procedures for receiving and investigating complaints. Most importantly, under this legislation hospitals would be held accountable under the RN Safe Staffing Act tlrrough enforcement mechanisms, including civil monetary penalties that can be imposed by the SecretaIY of HHS for each knowing staffing violation, as well as penalties for failure to collect and publicly report staffing and nursing-sensitive indicator data.

ANA values all initiatives intended to improve RN staffing levels. The preferred approach is one in which direct-care nurses are included in developing the staffing plans in concert with management. With at least 55% of RNs on a hospital-wide staffing comrnittee, members creare plans capturing the unique characteristics of each unit, such as the patient population and intensity of needs, and staff skill mix and experience.

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Careful scrutiny of these six standards, as illustrated in Figure 1, immediately reveals [he interdependence of each standard. For example, effective decision making, appropriate staffing, meaningful recognition and authentic leadership depend upon skilled communication and [rue collaboration, Likewise, authentic leadership is imperative to ensure sustainable implementation of the other behavior-based standards.

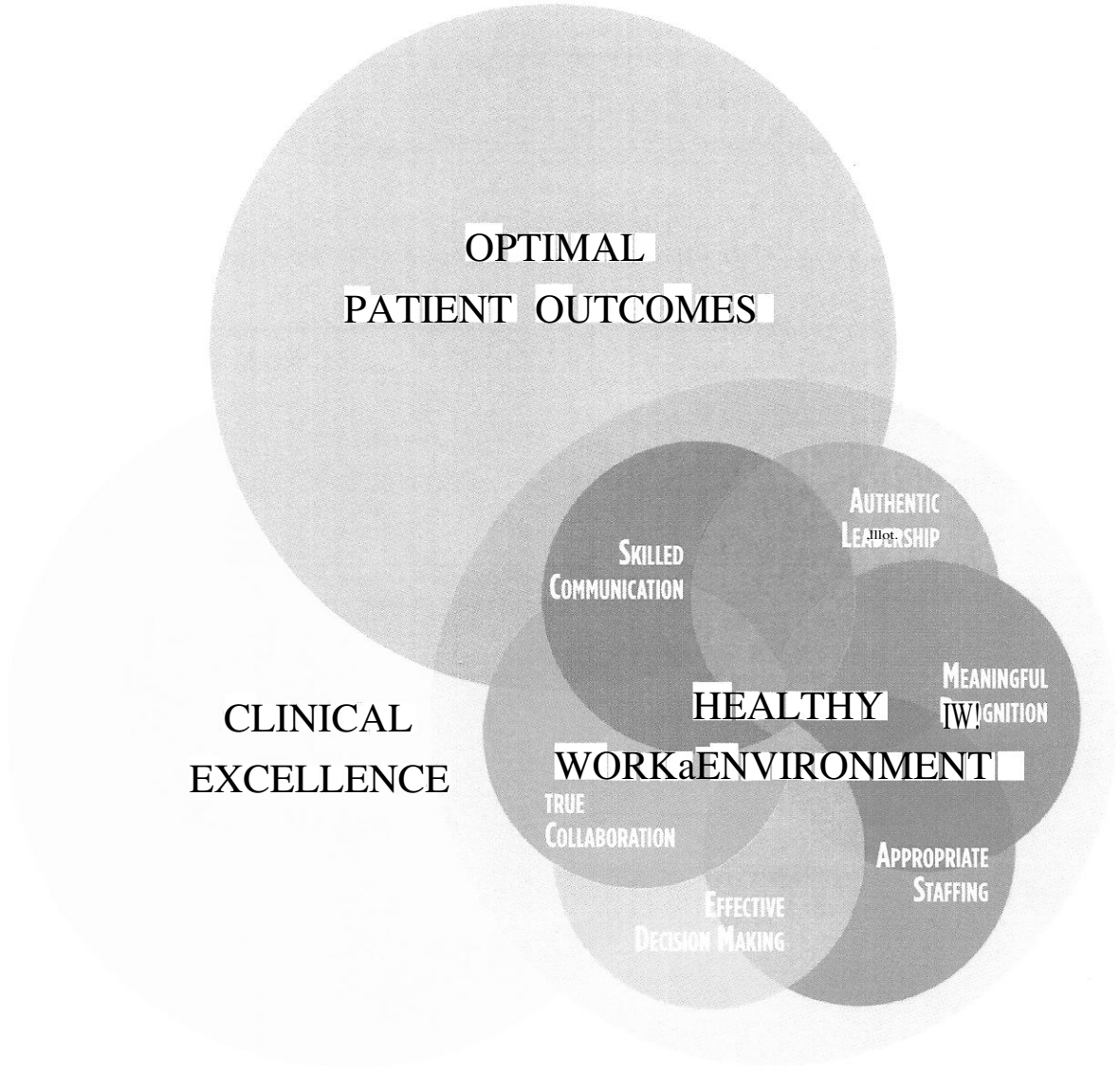

figure 1

[merdependence of Healthy Work Environment, Clinical Excellence and Optimal Patient Outcomes.

standard 4

ApPROPRIATE STAFFING

STAFFING MUST ENSURE THE EFFECTIVE MATCH BETWEEN PATIENT NEEDS AND NURSE COMPETENCIES.

appropriate
(ə-prō'prē-ĭt)

Suitable for achieving a particular end

Inappropriate staffing is one of the most harmful threats to patient safety and ro rhe well-being of nurses. Evidence suggests that better patient outcomes result when a higher proponion of care hours is provided by registered nurses, as compared with care *by* licensed practical nurses or nursing assistams.[1] The likelihood of death or serious complications after surgery increases when fewer nurses are assigned to care for parienrs.2 Further research supporrs a relationship between specialey cerrification and clinical nursing experrisc.3,4

Because nurses intercept 86% of all medication errors made by other professionals, an increase in these errors will likely occur when nurses are overworked, overstressed and in shan supply.5 Inadequate sraffing leads to nurse dissatisfaction, burnout and turnover.[2] Nurse turnover jeopardizes the quality of care, increases patient costs and decreases hospital profitability6.

Staffing is a complex process with the goal of matching the needs of patients at multiple points throughout their illness with the skills and competencies of nurses. Because the condition of critically ill patients rapidly and continuously fluctuates, flexibility of nurse staffing that goes beyond fixed nurse-co-patient ratios is imperative'? Relying on staffing ratios alone ignores variance in patient needs and acuity.

Organizations must engage in dramatic innovation to devise and systematically test new staffing models. All staffing models require methods for ongoing evaluation of staffing decisions in relation to patient and system outcomes.[8] This evaluation is essential in order to provide accurate trend data from which targeted improvement tactics-including technologies to reduce rhe demand and increase the efficiency of nurses' work-can be undertaken.

"SETTING STAFFING LEVELS THAT TAKE INTO ACCOUNT THE COMPLEXITIES OF PATIENT NEEDS AND NURSES' SKILLS AND COMPETENCIES MUST ALSO BE PART OF THE SOLUTION."

-Joint" Commission on Accreditatioll of Healthcare Organizations