Safe Staffing for Quality Care Act

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Introduction

Patient safety is a primary goal of health care providers worldwide. The American Nurses Association (ANA) is active in lobbying for legislation to protect nurses and patients from harm related to unsafe staffing practices (Nurse-To-Patient Ratios, 2003). S1134- Safe Staffing for Hospital Care Act is currently in legislation to ensure patient and nurse safety in hospitals.

Description of the Issue

Health care facilities in the twenty first century face the challenge of reducing waste and improving efficiency due to the development of managed care, HMOs, and third party payers. Staff-to-patient ratios have become a target for reducing costs, and higher ratios compromises patient care and safety (Hartigan, 2000). The American Association of Critical-Care Nurses (AACN) and the American Nurses Association (ANA) advocate for the development of staffing systems that will ensure safe staffing ratios to reduce the impact of high ratios on patient safety (Hartigan, 2000; Nurse-To-Patient Ratios, 2003).

More than a decade of research has shown that Registered Nurses have the greatest impact on patient care. If that care is insufficient, patient safety is compromised and the risk of death increases (Nurse-To-Patient Ratios, 2003). Mandatory overtime became a staffing practice for many hospitals to meet staffing needs. This practice lead to an increase in medication errors, decreased quality patient care, and increased nurses' legal liability. Establishing a safe staffing ratio system will reduce the stress for nurses and allow them the time for thorough patient assessment and interventions to improve outcomes and ensure safe, competent care (Mandatory Overtime, 2003).

Literature Review

Impacts on the quality of care that a register nurse (RN) can provide can be directly linked to the number of patients assigned an RN (New York State Nurses Association [NYSNA], 2011). In their memo of support to the "safe staffing quality care act", NYSNA recognizes the need for facilities to establish safe staffing ratios in order to decrease patient complications and adverse events; improve quality care provided and work environment for nurses; and ultimately save health care costs through decreased length of hospitalizations, decreased medical malpractice, and decreased rates of nursing staff turnovers.

Nursing Staffing and Quality

Nurses are crucial to providing high quality of care (Kane, Shamliyan, Mueller, Duval, & Wilt, 2007), increasing the nurse to patient ratio is a means to improve patient safety and quality of care. Managed care, shortened hospital stays of acutely ill patients, and overall increased acuity of patients has placed a new and added stress on nurses to provide safe patient care (Kane et al, 2007). In a survey completed by the American Nurses Association (2011), 54% of nurses reported not having adequate time to spend with patients, 43% of nurses worked overtime because of insufficient staffing, all of which affected admissions, discharges and transfers 20% of the time. Meyer, Silow-Carroll, and Kutyla (as cited in NYSNA, 2011) identified the maintenance of nurse to patient ratios as a key element for improvement in quality of care provided to patients.

Not only does poor nurse staff levels affect quality of care that can be provided to patients, there is also a direct association between patient mortality and morbidity and nursing staffing levels. Studies show that nurse staffing is one of the most influential variables associated

with patient outcomes (MacPhee, Ellis, & Sanchez-McCutcheon, 2006). Hospitals with lower nurse staffing levels have higher rates of pneumonia, shock, cardiac arrest, urinary tract infections, and upper gastrointestinal bleeds which lead to longer hospital stay, increased mortality rates and increased rates of failure to rescue (Agency for Health Care Research and Quality [AHRQ] as cited in NYSNA, 2011; Kane et al., 2007).

Nursing Workforce Dissatisfaction

In addition to the effects on quality of care a patient receives, unsafe staffing levels effects the satisfaction of nurses in the workforce. This dissatisfaction leads to high turnover rates, increased absentee rates and decreased retention, as well as a difficulty recruiting individuals into the nursing profession (NYSNA, 2011; MacPhee et al, 2006). The cost of dissatisfied nurses and the replacement of nursing staff represent a significant and menacing cost for healthcare facilities (NYSNA, 2011).

Economics of Safe Staffing

Besides the increased cost healthcare facilities have to endure because of dissatisfied, burnt out, and departures of nurses, there is a high cost associated with adverse events caused by poor nurse staffing. Improved, safe nurse staffing is a cost effective patient safety intervention (MacPhee, 2006). Increasing nurse staffing is associated with overall savings by health care facilities due to improved patient outcomes and reduced costs of medical malpractice that result from adverse events (NYSNA, 2011). In their study, Rothberg, Abraham, Lindenauer, and Rose found that decreasing nurse to patient ratios from 8:1 to 4:1 estimated a $136,00 per life saved and 72,000 lives could be saved (as cited in MacPhee, 2006).

Impact on Advanced Nursing Practice

Impact on Administrators

Advanced Practice Nurses (APNs) most affected by this issue are nursing administrators and executives. Administrators have the responsibility of workforce planning within the confines of nurse availability and hospital budgets (Stokowski, 2009). They must develop models of care and assign staff that provides care in the most safe and efficient manner (Stokowski, 2009). Without enforceable standards for staffing, administrators are pulled by competing forces, and may make decisions that compromise patient safety and nurse morale (Kirschling, Colgan, and Andrews, 2011).

Legislation requiring nurse-staffing plans gives administrators specific guidelines. Much of the proposed legislation calls for direct care nurses to be involved in making staffing plans with administrators, and provides protection for nurses who file complaints about unsafe staffing (American Nurses Association [ANA], 2011). Many administrators see legislation that mandates specific nurse-to-patient ratios as inflexible and blind to the many variables involved in staffing decisions (Stokowski, 2009; Welton, 2008). Mandatory ratio laws also may create financial burdens on hospitals (Welton, 2008).

Impact on Practitioners

APNs, including Nurse Practitioners and Nurse Anesthetists, like all health care providers, are interested in patient safety; however, they are generally not included in the issue of safe staffing (Clarke and Donaldson, 2008). The focus of studies of APNs in the acute care setting is on how their care compares to that of traditional providers, and does not relate to staff nursing (Clarke and Donaldson, 2008). Nonetheless, APNs in all areas of practice should be aware of safe staffing and support practices that benefit both nurses and patients. The American Nurses

Association (2011) calls on all nurses to advocate for solutions to unsafe nurse staffing issues.

Impact on Nurse Educators

Nurse educators prepare students to enter the nursing workforce at all levels and educate them on current issues in the profession. Educators of nurses must make students aware of schedule demands on nurses and how to address these issues at interviews and with employers (Kirschling, Colgan, and Andrews, 2011). Professors in nursing programs also need to encourage nurses at all levels of the need for advocacy in staffing issues (Milstead, 2008).

Advocacy and Legislative Proposals

Senator Daniel Inouye, Representatives Lois Capps and Steven LaTourette have reintroduced the RN Safe Staffing Act for the 2011-2012 federal legislation sessions (American Nurses Association, 2011). The American Nurses Association (ANA) in collaboration with Senator Inouye, Representatives Capps and LaTourette struggled to introduce the Safe Staffing Act in 2003, 2007, and then again in 2009. The current legislature has been refined to examine factors affecting the "right" nurses to patient ratio, as well as the creation of committees, in which a minimum of 55% of members are direct care nurses, to aid in the formation of successful nurse-patient quotients (Registered Nurse Safe Staffing Act, 2011). With help from the ANA, the elected representatives have identified five possible influences in which to consider for staffing ratios: acuity of patient, level of experience of nursing staff, layout of the unit, and level of ancillary support (American Nurses Association, 2011).

The RN Safe Staffing Act establishes a minimum number of registered nurses for each unit as well as ensures staffing plans are based on both patient numbers and acuity. In addition, the act requires taking into account the level of training, education, and experience of registered nurses along with the availability of support staff, i.e. nurses aids, secretaries, etc.

Correspondingly, the overall physical layout of the unit must be carefully assessed when determining nurse-patient ratios. The proposed bill also includes compliance revisions that require public reporting of staffing information as well as daily postings of nursing census (Registered Nurse Safe Staffing Act, 2011).

Potential Solutions

Encouraging all hospitals to achieve Magnet Status could potentially alleviate the concerns related to staff-to-patient ratios. Magnet hospitals attract more nurses, have lower morbidity and mortality rates, and shorter lengths of stay. More nurses means lower nurse-to-patient ratios and better patient outcomes (Mandatory Overtime, 2003).

In addition, encouraging nurses to pursue higher levels of education is another possible solution. Several studies indicated that bachelor's prepared nurses are more likely to demonstrate professional behaviors that play a significant role in improved patient safety; these behaviors include ability to problem solve and effective interdisciplinary communication (Blegen, Vaughn, Goode, 2001; Hickam et al. as cited in MacPhee et al., 2003).

Despite the evidence, nursing staff levels in New York State (NYS) healthcare facilities are often inadequate and impede on nurses ability to provide safe and valuable care (NYSNA, 2011). The "Safe Staffing for Quality Care act" would identify a minimum staff requirement that would necessitate acute care facilities and nursing homes to implement: a direct-care nurse to patient ratios, set minimum staff requirements, annually submit a staffing plan, maintain a staffing record, require public access to staffing plans, and would impose penalties for violations of these provisions (NYS Senate, 2011).

Staffing regulations would improve nursing work conditions and would permit more time for nurses to provide better patient care (Ward, 2005). Other recommendations for this act

include: direct-care RNs in developing staff ratios , staffing decisions should be individualized, based on the facility and unit specific, as well as patient acuity, and competency, education and experience of the nurse (Ward, 2005; ANA, 2011; South Carolina Nurses Association, 2008). There also needs to be a focus on improving the current nursing shortage, in order to fill set nurse to patient ratios; public posting of staffing plans would increase public awareness of the nursing shortage (Ward, 2005).

Conclusion

Though the Act has been introduced currently four times, the defeat has drawn passion and determination from advocacy groups such as the American Nurses Association (ANA) and New York State Nurses Association (NYSNA). The ANA portrays strong advocacy for the nurse-patient ratio, but is adamant that the establishment of these ratios be produced by nurses themselves instead of by legislators and government officials (ANA, 2007). NYSNA contributed to the pro RN Safe Staffing Act support by showing a direct relationship between number of patients assigned and quality care that can be provided. The initiation of safe nurse-patient ratios will improve the overall health of New York State's patients, will increase positivity in the workplace which will ultimately aid in retention, and assist in lowering healthcare costs (NYSNA, 2011).

With the implementation of safe nurse-patient staffing along with compliance of documented resources and public reporting of staffing information, there is strong hope that soon after there will be a decrease in nurse "burnout", an increase in both nurse and patient satisfaction, and an increase in the amount of quality care available to patients. In order to aid in the support of the RN Safe Staffing Act, it is a necessity to be advocates and active participants

in local associations, lobbying, and education to the public. The commencement of this act will not only benefit nursing staff, it will make strides in the care given to patients.

References

American Nurses Association. (2007). Acute Care Staffing. Retrieved from http://www.anapoliticalpower.org

American Nurses Association. (2011). Nurse staffing plans and ratios. Retrieved from http://www.nursingworld.org/MainMenuCategories/ANAPoliticalPower/State/StateLegislativeAgenda/StaffingPlansandRatios_1.aspx

American Nursing Association. (2011). *Safe staffing saves lives-ANA's national campaign to solve the nurse staffing crisis.* Retrieved fromhttp://www.safestaffingsaveslives.org/

Blegan, M. A., Vaughn, T. E., & Goode, C. J. (2001). Nurse experience and educations: Effects on quality of care. *Journal of Nursing Administration, 31(1),* 33-39.

Clarke, S. P., & Donaldson, N. E.(2008). Nurse staffing and patient care quality and safety. In R. G. Hughes (Ed.) *Patient safety and quality: An evidence-based handbook for nurses.* Retrieved from: http://www.ncbi.nlm.nih.gov/books/NBK2676/

Hartigan, R. C. (2000). Establishing criteria for 1:1 staffing ratios. *Critical Care Nurse, 20*(2).

Kane, R. L., Shamliyan, T. A., Mueller, C., Duval, S., & Wilt, T. J. (2007). The association of registered nurse staffing levels and patient outcomes: A systematic review and meta-analysis. *Medical Care, 45(12),* 1195-1204.

Kirschling, J. M., Colgan, C., & Andrews, B. (2011). Predictors of registered nurses' willingness to remain in nursing. *Nurse Economic$, 29*(3), 111-117. Retrieved from : http://www.medscape.com/viewarticle/74622

MacPhee, M., Ellis, J., & Sanchez-McMcutcheon, A. (2006). Nurse staffing and patient safety. *Canadian Nurse, 102(8),* 19-23.

Mandatory Overtime (2003). Retrieved from:

http://www.aacn.org/WD/Practice/Content/PublicPolicy/mandatoryovertime.pcms?menu=Practice

Milstead, J. A. (2008). Advance practice nurses and public policy, naturally. In J. Milstead (Ed.) *Health policy and politics: A nurse's guide* (3rd ed.) (pp.1-39). Sudbury, MA: Jones and Bartlett Publishers.

New York State Nurses Association. (2011). Memo of support: An act to amend the public health law, in relation to enacting the "safe staffing for quality care act". Retrieved from http://www.nysna.org/images/pdfs/advocacy/A2264_mos.pdf

New York State Senate. (2011). *Enacts the safe staffing quality care act.* Retrieved from http://m.nysenate.gov/legislation/bill/A921-2011

Nurse-To-Patient Ratios (2003) Retrieved from: http://www.aacn.org/wd/practice/content/publicpolicy/legislative actioncenter.pcms?menu=practice

Registered Nurse Safe Staffing Act. (2011). A Bill, title XVIII. United States Senate.

South Carolina Nurses Association. (2008). ANA launches safe staffing activities. What are the ANA safe staffing prinicplies?*The South Carolina Nurse, 15(3),* 1-2.

Stokowski, L. (2009). Nurse staffing for safety. *Medscape.* Retrieved from: http://www.medscape.com/viewarticle/711116

Ward, C. W. (2005). Registered nurse safe staffing act of 2005: Part II. *MEDSURG Nursing, 14(6),* 399- 401.

Welton, J. M. (2008). Mandatory hospital nurse to patient staffing ratios: Time to take a different approach. *The Online Journal of Issues in Nursing, 12*(3).