Legislative Efforts in Nurse Staffing

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Objectives

1. Explain at least 2 strategies adopted by other states to address staffing issues.

2. Identify potential strategies for addressing staffing in their own organization.
Factors in Staffing Decisions
Nurse Perspective

- Number of patients
- Acuity/Intensity of patients
- Skill mix of nurses
- Ancillary support
- Unit turbulence
- Procedures
- Family concerns

- Environment
- Technology requirements
- Organizational priorities
- Individual schedules
Factors in Staffing Decisions
Organizational Perspective

- Reimbursement rates
- Payment changes
  - Quality measurements
  - Bundled payments
- Nurse turnover
- Education needs
- National averages
Conflict

Nursing

Organizations
Federal Legislation
Registered Nurse Safe Staffing Act of 2011

• First introduced 2006
• Never made it out of committee
• Requires a staffing committee
  ▪ 55% staff nurses
• Reporting quality data to HHS
• Civil penalties for violations
Staffing Committees

- Individual hospital committees
  - Bedside nurses
  - Management
  - Finance
- Evaluating on an annual basis
- Some require specific measurements
Oregon & Washington

- Development of staffing committee
  - At least ½ must be in direct patient care
- Semiannual review
- Public posting of staffing plans
- Penalties for violations
Staffing Legislation
Disclosure/ Public Reporting

Vermont
New Jersey
Rhode Island
Nevada
Illinois
Public Reporting

- Illinois & Nevada have dual laws
- Reporting of nurse staffing levels and other patient outcomes
  - Various state agencies
  - Directly to patients on request
Staffing Legislation
Mandatory Ratios

- Mandatory ratios in California
- Legislation has been introduced in several other states
  - Indiana, Kentucky, Maryland, New Jersey, New York, Vermont, Nevada, New Mexico
Required minimum nurse : patient ratios at all times

- Intensive/Critical Care 1:2
- Labor & Delivery 1:2
- Postpartum 1:6
- Pediatrics 1:4
- Emergency Department 1:4
- Progressive units 1:4
- Medical/surgical 1:5
California’s Challenges
Chapman, S. et al. (2009)

- Meeting staffing requirements at all times
- Delays in access to beds due to lack of mandatory staff
- Reduction in support staff to meet nursing requirements
- Uncertainty on the impact of ratios on quality
Mandatory Ratios

Evidence

- Significant evidence demonstrating the relationship nurses and patient outcomes
- Multiple studies (2004-2010) have not shown significant changes in patient outcomes
- Skill mix of nurses did not decline
- Newer studies have shown modest improvement in quality outcomes
• Patient and employee satisfaction is an important consideration in staffing decisions.
• Cost and quality are closely related, but separate considerations.
  • Strong incentives to reduce “never” events, readmission rates, overall mortality
  • Labor costs are finite. Increases in nursing will mean reduction in other departments.
- Regulations rather than laws
  - The Joint Commission
  - Department of Health
  - Centers for Medicaid and Medicare
- Nurse staffing as a comparable statistic
  - Publically reportable
  - Hospital Compare
American Nurses Association
Principles of Nurse Staffing

- Appropriate nurse staffing is a critical component to quality patient care
- All care settings should have well established guidelines
- Registered nurses are full partners in decision making
- Direct-care nurses must have input into staffing decisions
- Staffing needs must be determined specific to the care environment and patient needs
- Quality must be a component in decision making
- Cost effectiveness is an important consideration
- Reimbursement should not influence staffing
NDNQI
Nurse-Sensitive Indicators

- Ventilator associated pneumonia
- Smoking cessation counseling in AMI and CHF
- Smoking cessation counseling in pneumonia
- Skill mix of nursing staff
- Nursing hours of care per patient day
- Practice Environment
- Failure to rescue of treatable serious complications
- Pressure ulcer development
- Patient falls
- Falls with injury
- Catheter associated urinary tract infections
- Central line associated blood stream infections
- Voluntary turnover
Starting the Staffing Discussions

• Examine unit characteristics
  ▪ Admissions, discharges, transfers
  ▪ Support of ancillary staff
  ▪ Skill mix of nursing staff
  ▪ Unit level quality data
  ▪ Cost of delivering care
Budget Considerations

- Budgeted staffing
- HOC / HPPD calculations
- Productivity levels
- Labor cost percentages
References

• Aiken, L., Sloane, D., Cinniotti, J., Clarke, S,…Smith, H. (2010). Implications of the California nurse staffing mandate for other states, Nursing and Home Care, 45(4), 904-921.
• Health Affairs (2009). After California implemented minimum nurse staffing regulations, wages for RN’s grew faster in California than in other states.
References

THANK YOU!