

National Nursing Specialty Organizations with Staffing Standards

I. Nursing Specialty Organizations with Staffing Standards

Specialty Organization	Date / Document	Key Points
Academy of Medical-Surgical Nurses (AMSN) www.amsn.org	2012 – Position statement: <u>Staffing Standards for Patient Care</u>	Patient care assignments should be made based on the medical-surgical nurse's ability to meet needs of individual patients rather than predetermined or fixed patient-to-nurse ratios.
Air & Surface Transport Nurses Association (ASTNA) www.astna.org	2010 – Position statement: <u>Staffing of Critical Care Transport Services</u>	...staffing for these services minimally consist of at least one professional, registered nurse who has completed training specific to transport and possess extensive experience and expertise in caring for critically ill and injured patients. Finally, ASTNA believes that nurses employed by critical care transport services who respond to and transport patients from the scene of injury should have training in the unique aspects of prehospital care.
American Association of Critical-Care Nurses (AACN) www.aacn.org	2003 – Statement on Mandatory Overtime	AACN believes that mandatory overtime is not an acceptable means of staffing a hospital, because it may place nurses and their patients at increased risk of being involved in medical errors. Instead, nurses should be able to decide whether working overtime will affect their ability to care safely and effectively for patients. They should have the option of refusing overtime assignments and not be forced into working beyond their capacity to provide optimal care.
American Nephrology Nurses' Association (ANNA) www.annanurse.org	2013 (reaffirmed) – Position statement: <u>Nurse Staffing Model</u>	...supports use of a patient acuity classification system and further research on nursing models of care to help guide the nephrology nurse in planning staffing models to deliver care that promotes optimal patient outcomes.

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American Psychiatric Nurses Association (APNA) www.apna.org	2011 – Position statement: <u>Staffing Inpatient Psychiatric Units – A Call for New Staffing Models</u>	Document focuses on factors to consider when staffing in psychiatric care areas.
American Society of PeriAnesthesia Nurses (ASPAN) www.aspan.org	2011 – Practice Recommendation 1 <u>Patient Classification/ Staffing Recommendations</u>	Staffing is based on patient acuity, census, patient flow processes and physical facility. The perianesthesia registered nurse (RN) uses clinical judgment and critical thinking to determine nurse to patient ratios, patient mix and staffing mix that reflect patient acuity and nursing interventions.
Association of Pediatric Hematology/Oncology Nurses (APHON) www.aphon.org	2008 – <u>APHON Position Paper on Ambulatory Pediatric Hematology/Oncology Nursing Practice</u>	Staffing models need to consider indirect care needs, patient acuity, patient volume and availability of ancillary services and resources...
Association of periOperative Registered Nurses (AORN) www.aorn.org	2014 - <u>Position Statement on Perioperative Safe Staffing and On-Call Practices</u>	Staffing for the perioperative setting is dynamic in nature and depends on clinical judgment, critical thinking, and the administrative skills of the perioperative registered nurse (RN) administrator. Patients undergoing operative and other invasive procedures require perioperative nursing care provided by a perioperative RN, regardless of the setting.
Association of Rehabilitation Nurses (ARN) www.rehabnurse.org	2006 (reviewed) – Position statement: <u>Factors to Consider in Decisions About Staffing in Rehabilitation Nursing Settings</u>	Staffing decisions involve a process of determining patient care needs and providing the staff skill mix that offers an effective number of nursing hours per patient day to deliver care. The recommended hours should be determined from census, admission, discharges, transfers, number of contacts a nurse has in a shift to meet the intensity of nursing care required by the patients who are served.
Association of Women’s Health, Obstetric and Neonatal Nurses (AWHONN) www.awhonn.org	2010 – <u>Guidelines for Professional Registered Nurse Staffing for Perinatal Units</u>	Ratios ranging from 1:1 to 1:6-8; 17 ratios depending on acuity and level of interventions.
Emergency Nurses Association (ENA) www.ena.org	2013 (revised) <u>ENA Staffing Guidelines</u>	ENA Staffing Guidelines is a tool for emergency department managers and administrators to use in identifying and supporting appropriate number of patient care full-time equivalents (FTEs) for the emergency department.

Specialty Organization	Date / Document	Key Points
National Association of Neonatal Nurses (NANN) www.nann.org	2008 (revised) – Position statement: <u>Minimum RN Staffing in NICUs</u>	...at all times neonatal specialty care requires a minimum of two registered nurses with neonatal expertise and training.
Oncology Nursing Society (ONS) http://ons.org	ONS decided not to recommend staffing standards because of significant variations in institutions, patient populations, care settings, and individual patient needs.	Two part workforce survey. 2001 - <u>Oncology Nursing Society Workforce Survey Part I: Perceptions of the Nursing Workforce Environment and Adequacy of Nurse Staffing in Outpatient and Inpatient Oncology Settings</u> 2002 - <u>Oncology Nursing Society Workforce Survey Part II: Perceptions of the Nursing Workforce Environment and Adequacy of Nurse Staffing in Outpatient and Inpatient Oncology Settings</u>
Society of Gastroenterology Nurses and Associates, Inc. (SGNA) www.sgna.org	2012 (revised) – Position statement: <u>Minimum Registered Nurse Staffing for Patient Care in the Gastrointestinal Endoscopy Unit</u>	See position statement here http://www.sgna.org/Portals/0/Education/Practice%20Guidelines/SGNA_Minimum_RN_Staffing.pdf
Society of Pediatric Nurses (SPN) www.pedsnurses.org	2011 (revised) – Position statement: <u>Literature Review on Safe Staffing for Pediatric Patients</u>	See position statement here http://www.pedsnurses.org/p/cm/ld/fid=57&tid=28&sid=51

II. Nursing Organizations with Staffing Standards

Organization	Date / Document	Key Points
American Nurses Association (ANA) http://nursingworld.org	2012 – <u>ANA Principles for Nurse Staffing, 2nd Edition</u>	The 2012 ANA Principles for Nurse Staffing identify the major elements needed to achieve optimal staffing, which enhances the delivery of safe, quality care. These principles and the supporting material in this publication will guide nurses and other decision-makers in identifying and developing the processes and policies needed to improve nurse staffing at every practice level and in any practice setting.
American Organization of Nurse Executives (AONE) www.aone.org	2003 – Policy statement: <u>Policy Statement on Mandated Staffing Ratios</u>	AONE does not support mandated nurse staffing ratios.

Organization	Date / Document	Key Points
National Association of School Nurses (NASN) www.nasn.org	2010 (revised) – Position statement: <u>Caseload Assignments</u>	NASN recommends a formula-based approach with minimum ratios of nurses-to-students depending on the needs of the student populations as follows: 1:750 for students in the general population, 1:225 in the student populations requiring daily professional school nursing services or interventions, 1:125 in student populations with complex health care needs, and 1:1 may be necessary for individual students who require daily and continuous professional nursing services.
National Student Nurses' Association (NSNA) www.nsna.org	2014 – <u>Resolution In Support of Providing Patient Protection by Establishing Safe Nurse Staffing Levels</u>	Re-affirms the importance of the 2003 NSNA resolution titled, "In support of mandatory patient: nurse staffing ratios to maximize patient safety and quality of care, and minimize professional burnout in practicing nurses"; and research shows that patient safety in hospitals is directly proportionate to the number of registered nurses working in the hospital.
Sigma Theta Tau, International: Honor Society of Nursing (STTI) www.nursingsociety.org	2008 – <u>Excellence and Evidence in Staffing</u> (Report from Roundtable co-hosted with ANCC)	...consensus on an operational definition of excellence in staffing.

III. Nursing Specialty Organizations for which no Staffing Standards are currently found:

Academy of Neonatal Nursing, LLC
 American Academy of Ambulatory Care Nursing
 American Academy of Nurse Practitioners
 American Assembly for Men in Nursing
 American Association of Colleges of Nursing
 American Association of Heart Failure Nurses
 American Association of Legal Nurse Consultants
 American Association of Neuroscience Nurses
 American Association of Nurse Anesthetists
 American Association of Occupational Health Nurses
 American College of Nurse Practitioners
 American Holistic Nurses' Association
 American Medical Informatics Association
 American Pediatric Surgical Nurses Association
 American Society for Pain Management Nursing
 American Society of Plastic Surgical Nurses
 Association for Radiologic and Imaging Nursing
 Association of Black Nursing Faculty, Inc.
 Association of Nurses in AIDS Care
 Commission on Graduates of Foreign Nursing Schools

Developmental Disabilities Nurses Association
Hospice and Palliative Nurses Association
Infusion Nurses Society
International Association of Forensic Nurses
International Nurses Society on Addictions
National Association of Clinical Nurse Specialists
National Association of Nurse Massage Therapists
National Association of Orthopaedic Nurses
National Association of Pediatric Nurse Practitioners
National Council of State Boards of Nursing
National Gerontological Nursing Association
National League for Nursing
National Nursing Staff Development Organization
Nurses Organization of Veterans Affairs
Nutrition Support Nurses Practice Section of A.S.P.E.N.
Pediatric Endocrinology Nursing Society
Preventative Cardiovascular Nurses Association
Society of Otorhinolaryngology and Head-Neck Nurses
Society of Trauma Nurses
Society of Urologic Nurses and Associates
Wound Ostomy & Continence Nurses Society

IV. Summary:

This document reflects a cursory review of national specialty standards. It should be used as a reference document. A search for confirmation of the information for those with and without staffing standards or guidelines will be made. When that is accomplished, analysis of the level of evidence used to reach the recommendations will be conducted. A subsequent version of this document will then be made available.