Position Statement
S 1183/ A 647 Minimum Professional Registered Nurse Staffing Standards

The Organization of Nurse Executives / NJ (ONE NJ) affirms that every patient deserves high-quality nursing care that is grounded in competency, research and best practices and delivered in a safe and efficient manner, with the goal of ensuring optimal patient outcomes . The organization further affirms that nurses are central to the establishment of safe practice environments in which they collaboratively determine the resources needed to provide optimum quality nursing care that also enhances patient satisfaction.

ONE NJ opposes legislated mandated staffing ratios. Mandated staffing ratios represent inflexible numbers that do not take into account variables such as the level of education, competency or expertise of the nurse, skill mix, the acuity and complexity of the care required by the patient, or the supportive resources available to the nurse. Current New Jersey statute requires hospitals, as a condition of their licensure, to "have in place a staffing plan that addresses nurse staffing requirements and identifies patient needs while recognizing the need for flexibility by allowing patient care assignments to be made on an individual basis by a registered professional nurse and reflects staff competence, skill and aptitude and patient needs" (N.J.A.C. 8:43G-17.1). In addition, hospitals are required to publicly post and submit data to the Department of Health pursuant to P.L.2005c.21 regarding nurse staffing information for all hospital-based patient-care units. It is the position of ONE NJ that patient care staffing decisions should remain under the purview of professional registered nurse managers in collaboration with their staff registered nurses, in order to maintain the flexibility in determining the appropriate nurse-patient ratio based on today's unpredictable, dynamic patient care environments.

Overview:

Mandated staffing ratios are determined by one static staffing variable namely, a simple count of the patient population. Thus, these ratios fail to factor in the individual patient needs, the environment in which the care is rendered, the education, competency and experience of the nursing staff, or the support team available to the nurse rendering the care. Nurse-to-patient staffing must be determined by informed staff nurses and managers on an on-going basis. Appropriate nurse staffing should be measured by quality and safety outcomes, especially those nurse sensitive indicators involving pressure ulcers, falls and ventilator associated infections. Mandated nurse staffing ratios offer no guarantee of improved quality patient care outcomes (Serratt, 2013b). And importantly, New Jersey hospitals have already achieved substantial improvements in their overall quality scores without mandated ratios. The 2013 Hospital Performance Report, an annual report released by the state Department of Health, illustrated "that hospital quality continues to improve in the state; placing our state in the top quartile nationally in health care quality (O'Dowd, 2013)".

Professional nurses want control over their own practice and to have a say in how their unit is run and staffed. Both American Nurses Credentialing Center (ANCC) Magnet^{R} and Transforming Care at the Bedside (TCAB) are nurse-led initiatives that focus on improving patient outcomes by enhancing the nurse's ability to manage their work environment. New Jersey has led the nation in both initiatives, with 24 Magnet^{R} hospitals and 50 hospitals actively participating in TCAB. Both initiatives empower nurses to have a voice in all aspects of their

work environment and to be influential in the pursuit of quality patient care, including determining how units are staffed. Professional quality assessment and control over staffing is also advocated by the American Nurses' Association (ANA). In the *ANA's Principles for Nurse Staffing, Second Edition* (Principles) the ANA states

> Appropriate nurse staffing is a match of registered nurse expertise with the needs of the recipient of nursing care services in the context of the practice setting and situation. The provision of appropriate nurse staffing is necessary to reach safe, quality outcomes; it is achieved by dynamic, multifaceted decision-making processes that must take into account a wide range of variables (ANA, 2012, p. 6).

The ANA further supports collaborative planning and review of staffing by staff nurses and management, as well as public reporting, which is already in place in New Jersey. According to the ANA, this approach will aide in establishing flexible staffing ratios that take into account the patient's needs, health status, unit census, nurse competency levels and available supportive resources.

Baccalaureate Prepared Nurses and Better Patient Outcomes:

Baccalaureate nursing programs encompass all of the course work taught in associate degree and diploma programs plus a more in-depth treatment of the physical and social sciences, nursing research, public and community health, nursing leadership and the humanities. This additional course work prepares the nurses for a broader scope of practice and provides them with a better understanding of the cultural, political, economic and social issues that affect patients and influence healthcare delivery. A few of the most recent studies are highlighted below:

- Kutney-Lee and colleagues (2013) found that a 10-point increase in the percentage of nurses holding a BSN within a hospital was associated with an average reduction of 2.12 deaths for every 1,000 patients, and for a subset of patients with complications, an average reduction of 7.47 deaths per 1,000 patients.
- Friese and colleagues (2008) examined the effect of nursing practice environments on outcomes of hospitalized cancer patients undergoing surgery. The authors found that nursing education level was significantly associated with patient outcomes. Nurses prepared at the baccalaureate-level were linked with lower mortality and failure-to-rescue rates. The authors conclude that "moving to a nurse workforce in which a higher proportion of staff nurses have at least a baccalaureate-level education would result in substantially fewer adverse outcomes for patients (p. 1159)."
- McHugh and colleagues (2012) found that surgical patients in Magnet^{R} hospitals had 14% lower odds of inpatient death within 30 days and 12% lower odds of failure-to-rescue compared with patients cared for in non-Magnet hospitals. The study authors conclude that these better outcomes were attributed in large part to investments in highly qualified and educated nurses, including a higher proportion of baccalaureate prepared nurses.
- Aiken and her colleagues (2003) at the University of Pennsylvania identified a clear link between higher levels of nursing education and better patient outcomes. This extensive study found that surgical patients have a "substantial survival advantage"(p. 7) if treated

in hospitals with higher proportions of nurses educated at the baccalaureate or higher degree level. In hospitals, a 10 percent increase in the proportion of nurses holding BSN degrees decreased the risk of patient death and failure to rescue by 5 percent. The study authors further recommend that public financing of nursing education should aim at shaping a workforce best prepared to meet the needs of the population. They also call for renewed support and incentives from nurse employers to encourage registered nurses to pursue education at the baccalaureate and higher degree levels.

- Evidence shows that nursing education level is a factor in patient safety and quality of care. As cited in the report *When Care Becomes a Burden* released by the Milbank Memorial Fund in 2001, two separate studies conducted in 1996 – one by the state of New York and one by the state of Texas –clearly show that significantly higher levels of medication errors and procedural violations are committed by nurses prepared at the associate degree and diploma levels as compared with the baccalaureate level. These findings are consistent with findings published in the July/August 2002 issue of *Nurse Educator* magazine that references studies conducted in Arizona, Colorado, Louisiana, Ohio and Tennessee that also found that nurses prepared at the associate degree and diploma levels make the majority of practice-related violations.

There are many more studies, but there is consensus that nurses with BSNs improve patient outcomes and reduce adverse events. There is much more research on this topic than has been done on mandated staffing ratios and patient outcomes.

Cost Considerations:

The financial considerations of mandating ratios are an important consideration. Using California studies (California is the only state in the country with mandated staffing ratios) data have shown negative financial impact including increased operating costs, decreased operating margins, reduced access to services and backlogs of patients in emergency departments, and layoffs of nursing and ancillary staff (Serratt, 2013a). This cost came at little guarantee to improve patient care outcomes (Serratt, 2013b).

Conclusion:

Health care reform is requiring that new models of care be examined and implemented. Mandating ratios locks organizations into costly models that may not match the needs of the newer care delivery models. New Jersey hospitals are struggling with operating margins and available services. Flexibility is needed to produce quality outcomes and cost efficient care as we redesign delivery models for the future.

References

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