

## **HOSPITAL WORKFORCE AND REGULATION**

### **NURSE STAFFING**

**ISSUE:** Severe workforce shortages threaten hospitals' fundamental promise of being able to operate at full capacity to care for their communities. Our nation is in the ninth year of a critical nursing shortage. The demand for Registered Nurses (RNs) and other health care personnel will continue to rise with the growing health care needs of the 78 million baby boomers who will begin to retire in 2010. The Department of Health and Human Services Estimates that by 2020, our nation will need 2.8 million nurses – 1 million more than the projected supply. There were more than 116,000 RN vacancies in U.S. hospitals last year, according to a recent AHA survey. Despite a documented shortage of RNs nationwide, some advocate the mandatory establishment of minimum nurse staffing ratios in hospitals.

**ASHHRA POSITION: Because the national workforce shortage continues, ASHHRA opposes legislation that seeks to limit hospitals' flexibility to determine appropriate staffing patterns for health care workers.**

- Proponents for mandatory staff ratios argue that this approach will not only improve the quality of patient care, but will also improve both patient and nurse satisfaction, thus improving the nurse work environment. However, mandating specific staff ratios when we are already experiencing a shortage of nurses will lead to unintended consequences including: patients having to wait to be admitted to a hospital, increased emergency room diversions, and increased unit closures. Ratios only serve to exacerbate the nursing shortage.
- Determining the appropriate level of staffing is a complex issue composed of multiple variables. Mandated staffing ratios, which imply a one-size-fits-all approach, cannot guarantee that the health care environment is safe or that the quality level will be sufficient to prevent adverse patient outcomes.
- Appropriate staffing levels depend on the education and experience level of the staff, the number of staff in orientation, the acuity level of the patient, the technology available in the unit, and the number of admissions, discharges, and transfers in the unit. Improving staffing levels requires the expansion and support of nursing programs and increased funding and availability of scholarships, not imposition of staffing ratios.

### **MANDATORY OVERTIME LIMITATIONS**

**ISSUE:** Every day, hospitals and their workers care for thousands of patients. For our hospitals to continue to provide the world's best healthcare, we must have adequate staff available to meet the needs of our patients 24 hours a day. Hospitals are currently facing a severe shortage of RNs, and the shortage is anticipated to grow even worse. To deal with staff shortages, hospitals use a variety of approaches including closing beds, reducing the volume of elective surgeries, and placing emergency departments on diversion. Our goal is to have the right number of qualified, competent, rested caregivers to provide patients with quality care. However, unforeseen

circumstances – e.g., the illness of a nurse or the inability of the nurse to get to work, may result in a shift being understaffed. When sufficient staff is unavailable, hospitals may utilize registry nurses, or “on call” staff (RNs who voluntarily sign up to fill in when another nurse is absent) to care for patients. When all else fails, hospitals may need to require staff to work overtime.

**POSITION: ASHHRA believes that mandatory overtime is a staffing tool of last resort. We oppose efforts to limit hospitals’ flexibility to use mandatory overtime to appropriately staff their facilities in exigent circumstances.**

- Banning the use of overtime is a futile attempt to address the national nursing shortage. Increasing funding for capacity, scholarships, and other methods will result in a decrease in the use of mandatory overtime.
- Because mandatory overtime is expensive and inefficient, it is the option of last resort when staff is unavailable through other resources.
- Patients may be at risk if hospitals cannot require staff to work overtime when unforeseen circumstances prevent the use of relief staff at the end of a scheduled shift.

### **SAFE PATIENT HANDLING STANDARD**

**ISSUE:** ASHHRA has long supported the compassionate work of our hospitals’ caregivers and is committed to providing a safe work environment. Protecting our employees’ health and preventing back and other injuries is an important issue for hospitals and human resources professionals. That’s why virtually every hospital has at least one type of lifting device to assist nurses and other caregivers in transferring patients. These may be permanently installed in patient rooms or portable, such as maneuverable slings and transport chairs. Hospitals may use other technology, such as lateral transfer devices and repositioning aids. Legislation (H.R. 378) has been introduced that will require the Occupational Safety and Health Administration within the Department of Labor to establish a standard to eliminate all manual lifting in hospitals except during a declared state of emergency.

**POSITION: ASHHRA opposes H.R. 378 and other proposals that mandate specific methods of handling patients.**

- Hospitals are very concerned about patient and employee safety. However, eliminating all manual lifting within a hospital setting is an unreasonable constraint and may be detrimental to patient care.
- Manual lifting is entirely appropriate in some circumstances, such as holding or transferring a newborn infant or when the use of a lift is likely to pose a risk of injury to the patient or the employee.
- Total elimination of patient lifting unreasonably restricts caregivers’ flexibility to determine the most appropriate method to lift, transfer, or otherwise assist in moving patients. There are many methods that can be used to safely lift patients, including specially trained lift teams which are used by many healthcare facilities. It is within the purview of the caregiver to determine the most appropriate method.

The American Society for Healthcare Human Resources Administration (ASHHRA) is the nation’s only personal membership group dedicated to meeting the professional needs of human resources professionals in hospitals and healthcare organizations. ASHHRA is a Personal Membership Group of the American Hospital Association and a joint membership partner with the Society for Human Resources Management. For information about ASHHRA, please contact Suzanne Graham, Project Assistant, at (312) 422-3724.