

## ***Ensuring Patient Safety and Quality Care Mandated Staffing Ratios***

### **Issue**

Many factors influence a hospital's staffing plan to ensure patients receive appropriate care, including the experience and education of its registered nurses (RNs), the availability of other caregivers, patients' needs and the severity of their illnesses and the availability of technology. A major consideration, however, is the availability of the RNs themselves. The U.S. is experiencing a long term health care workforce shortage. According to the latest projections from the U.S. Bureau of Labor Statistics published in the November 2007 *Monthly Labor Review*, more than one million new and replacement nurses will be needed by 2016. Government analysts project that more than 587,000 new nursing positions will be created through 2016 (a 23.5% increase), making nursing the nation's top profession in terms of projected job growth [www.bls.gov/opub/mlr/2007/11/art5full.pdf](http://www.bls.gov/opub/mlr/2007/11/art5full.pdf). At the same time, legislative proposals like the "Nurse Staffing Standards for Patient Safety and Quality Care Act of 2009 (HR2273)" would require healthcare providers to establish and implement nurse-patient ratios within the healthcare setting.

### **AHA/ASHHRA View**

The AHA and ASHHRA believe that legislatively mandated nurse-patient ratios in hospitals only will serve to increase the stress on an already overburdened health care system and potentially create a greater public safety risk. Imposing staffing ratios will likely result in the denial of access to care.

Hospitals and nurses have the same objective – provide the best patient care available. Imposing staff ratios does not address the *real* issue, which is the shortage of nurses and other health care workers. According to AACN's report on [2008-2009 Enrollment and Graduations in Baccalaureate and Graduate Programs in Nursing](#), U.S. nursing schools turned away 49,948 qualified applicants from baccalaureate and graduate nursing programs in 2008 due to insufficient number of faculty, clinical sites, classroom space, clinical preceptors, and budget constraints. Almost two-thirds of the nursing schools responding to the survey pointed to faculty shortages as a reason for not accepting all qualified applicants into their programs. Scarce resources should be directed to address this issue.

Further, a one-size-fits-all approach to staffing – whether on the federal or state level – fails to take into account the unique nature of a local community and its patients. Mandated nurse-patient ratios are based on one staffing variable – a simple head count of the nurses and patient populations. That approach fails to take into account more significant variables, including the patient's need, complexity of the patient's condition, the education and experience of the nurses, the availability of adequate support services and the environment in which the care is delivered. Also, new technologies to facilitate patient care are constantly being introduced.

Staffing needs are and should continue to be driven by patient needs, which may vary hour-to-hour, day-to-day. Hospitals need flexibility to make sure they can put qualified caregivers in the right place when they are needed.

To ensure quality care, hospitals and health systems have many safeguards in place. Quality assurance mechanisms, independent accreditation procedures and other safeguards provide an opportunity for nurses and other health care workers to voice concerns over quality of patient care. Most hospitals are evaluated every three years by the Joint Commission – an independent review group – and are required to meet state and federal health care standards. Hospitals are dedicated to ensuring the best care possible, and hospital leaders would rather close than offer services that fail to meet the highest quality standard. Still, patient safety and quality care require flexibility, and nurse staffing needs to be able to quickly respond to the changing condition of a patient in an instantaneous manner. Federally mandated staffing ratios do not take these variables into account.

There is no reliable evidence that staffing ratios improve quality of care. A literature review conducted for the California Department of Health noted that only a handful of studies and reviews had demonstrated consistent relationships between staffing levels for licensed nurses and the quality of patient care and none identified an ideal staffing ratio for hospitals (Kravitz, 2002, and Spetz, 2000).

California implemented mandated nurse staffing ratios in 2004. A study published in 2009 shows that while the ratios were intended to improve patient outcomes, there is no evidence that this has occurred as a result of the mandated ratios. In addition, hospital leaders had to redirect resources from other services and programs to fund the mandated ratios. As support staff decreased in order to fund the mandated ratios, RN duties changed to include those support activities, resulting in less job satisfaction for RN's. [Assessing the Impact of California's Nurse Staffing Ratios on Hospitals and Patient Care](#) (February 2009) Spetz, Chapman, Herrera, et. al.

Mandatory staffing ratios assume that all hospitals provide care in much the same way. Changes in health care delivery will determine the appropriate number of nurses needed to deliver care. As we begin to address health care reform and quality improvements, we will be studying best practices in how health care is delivered around the world. New technologies will also present new opportunities to improve quality and modify staffing.

We need to focus on ensuring the U.S. has an adequate supply of nurses. That's why the AHA and ASHHRA are working with policy makers to increase the nation's capacity to educate additional health care personnel for the future, and we are urging Congress to fund and support such efforts. In addition, the AHA and ASHHRA are working with Congress to reauthorize the *Nurse Reinvestment Act*. The AHA and ASHHRA also support measures that increase the number of faculty for nursing and allied health professionals and promote best practices to retain nurses in the workforce.