



The Registered Nurse Safe Staffing Act

H.R. 2083/S.1132

The Registered Nurse Safe Staffing Act protects patients. Introduced on April 29, 2015, by U.S. Reps. Lois Capps, D-Calif., and David Joyce, R-Ohio and Sen. Jeff Merkley, D-Ore., this bipartisan legislation requires Medicare-participating hospitals to establish a committee, composed of at least 55 percent direct care nurses, to create nurse staffing plans that are specific to each unit. This committee approach to creating nurse staffing plans recognizes that direct care nurses, working closely with managers, are best equipped to determine the staffing level for their patients. Without optimal RN staffing, patients risk longer hospital stays, increased infections, avoidable medication errors, falls, injuries and even death.

The Registered Nurse Safe Staffing Act protects nurses.

Hospitals are feeling pressure to reduce labor costs by eliminating or understaffing registered nurse positions. This leads to lower nurse retention rates and increased readmissions. Increasing the number of RNs per patient improves clinical and economic outcomes.

The Registered Nurse Safe Staffing Act considers:

- RN educational preparation, professional certification and level of clinical experience.
- The number and capacity of available health care personnel, geography of a unit, and available technology.
- Intensity, complexity and stability of patients.

The Registered Nurse Safe Staffing Act also:

- Ensures RNs are not forced to work without orientation in units where they are not trained or experienced.
- Establishes procedures for receiving and investigating complaints.
- Allows the secretary of health and human services to impose civil monetary penalties for each known violation.
- Includes whistleblower protections.
- Requires public reporting of staffing information.

American Nurses Association (ANA) urges your support for H.R. 2083/S.1132, the Registered Nurse Safe Staffing Act.

This legislation presents a balanced approach that promotes the development and implementation of valid, reliable, unit-by-unit nurse staffing plans to ensure patient safety.

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KEEPS PATIENTS SAFE

Adding RNs to unit staffing has eliminated nearly one-fifth of all hospital deaths, and reduced the relative risk of adverse patient events, such as infection and bleeding. (Kane, 2007)

Reducing medical errors is particularly important because the Centers for Medicare & Medicaid Services has started denying payment for preventable hospital-acquired injuries or illnesses, and other private insurers are expected to follow suit.

CUTS COSTS

Increasing the number of RNs can yield a cost savings of nearly \$3 billion — the result of more than 4 million avoided extra hospital stays for adverse patient events (Needleman, 2011) — and reduces costly hospital readmissions.

MIRRORS STATE MODELS

Collaborative efforts among state hospital associations, nurse executives and ANA-affiliated state nurses associations have resulted in balanced staffing legislation that benefits patients, nurses and hospitals.

Seven states have already enacted safe staffing legislation using the Registered Nurses Safe Staffing Act's committee approach: Oregon (2002), Texas (2009), Illinois (2007), Connecticut (2008), Ohio (2008), Washington (2008) and Nevada (2009).