Massive reductions in nursing budgets, combined with the challenges presented by a growing nursing shortage, have resulted in fewer nurses working longer hours and caring for sicker patients. This situation compromises care and contributes to the nursing shortage by creating an environment that drives nurses from the bedside.

ANA and its Constituent and State Nurses Associations (C/SNAs) support legislation to hold hospitals accountable for the development and implementation of valid, reliable, unit-by-unit nurse staffing plans. These staffing plans, based upon ANA’s Principles for Nurse Staffing, are not one size fits all. They are created in coordination with direct care registered nurses (RNs), and based on each unit’s unique circumstances and changing needs.

ANA supports the Registered Nurse Safe Staffing Act which would require Medicare-participating hospitals to establish unit specific staffing plans utilizing a committee, comprised of at least 55% direct care nurses, and publicly report the staffing plans. These plans must:

- establish upwardly adjustable minimum ratios of direct care RNs to patients for each unit and shift.
- include input from direct care RNs.
- be based upon patient numbers and the variable intensity of care needed.
- take into account: the level of education, training, and experience of the RNs providing care; staffing levels and services provided by other health care personnel; unit and facility-level staffing, quality, and patient outcome data and national comparisons as available; other factors impacting the delivery of care, including unit geography and available technology.
- consider staffing levels recommended by specialty nursing organizations.
- ensure that RNs are not forced to work in units where they are not trained or experienced.

Research Shows
Safe Staffing Can:

KEEP PATIENTS SAFE
Adding RNs to unit staffing has been shown to eliminate nearly 1/5 of all hospital deaths, and to reduce the relative risk of adverse patient events. (Kane)

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

RETAIN EXPERIENCED NURSES
Evidence has shown a link between mandatory staffing plan legislation and nurses’ perception of a more positive nurse work environment when compared with mandatory ratios or no staffing plans. (Cox)

Retaining nurses is also a cost-saving measure, as it reduces the amount hospitals spend on recruiting and training new staff.

The cost of recruiting and replacing an RN is estimated to be at least 1.1 to 1.6 times a nurse’s annual salary. According to the Bureau of Health Professions, the average hospital RN salary for 2012 is $71,344.

CUT COSTS
Increasing the number of RNs can yield a cost savings of nearly $3 billion—the result of more than 4 million avoided extra stay days for adverse patient events, such as infection and bleeding occurring in the hospital (Needleman).
The RN Safe Staffing Act ensures compliance by:

- holding hospitals accountable and establishing procedures for receiving and investigating complaints.
- allowing the Secretary of Health and Human Services to impose civil monetary penalties for each knowing violation.
- including whistle-blower protections for RNs and others who may file a complaint regarding staffing.
- requiring public reporting of staffing information. Hospitals must post daily for each shift the number of licensed and unlicensed staff providing direct patient care, specifically noting the number of RNs. The bill also requires the collection, maintenance, and submission of data by participating hospitals sufficient to establish a link between the staffing system and patient acuity. Such data includes nursing-sensitive patient outcomes, operational outcomes such as work-related injury or illness, as well as vacancy and turnover rates, and nursing care hours per patient day.

Why Not Legislate Specific Ratios?

While ANA respects all attempts to address unsafe staffing levels, ANA has chosen to emphasize the direct care nurses’ role in establishing appropriate staffing levels. Considerations when establishing the right nurse-patient ratio for any unit should go beyond the number of patients for whom each nurse is to provide care. Appropriate staffing plans should reflect attention to the intensity of each patient’s needs, the experience of nursing staff, layout of the unit, and the level of ancillary support and technology. Rather than a fixed ratio, ANA supports minimum upwardly adjustable RN-to-patient ratios established by the hospital staffing committee that take all of these factors into account.

State Trends on Nurse Staffing

Several states have introduced legislation mirroring ANA’s staffing approach, forging collaborations with stakeholders that have resulted in the enactment of safe staffing laws. 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.

States that have enacted safe staffing legislation reflecting the ANA Model to date include: Oregon (2002); Texas (regulations, 2002, legislation, 2009); Illinois (2007); Connecticut (2008); Ohio (2008); Washington (2008); and Nevada (2009).