



"Nurse Staffing"

A Position Statement of the Virginia Hospital and Healthcare Association, Virginia Nurses Association and Virginia Organization of Nurse Executives

Introduction

The profession of nursing is responsible for responding to the needs of the sick and supporting the preservation of health for individuals and the public. Within all areas of our healthcare system, nurses form the therapeutic relationships with patients that are necessary to promote health, healing and comfort. The unique contribution of nurses to the quality and safety of patient care delivery is important to recognize and preserve.

Virginia hospitals, other healthcare settings and the community leaders who sit on their governing boards are committed to ensuring patients receive quality care in a safe environment. They are also committed to ensuring that hospitals are attractive places to work, especially in light of a tight health care labor market. Appropriate nurse staffing is critical to ensuring patient safety and quality outcomes for patients and their families as well as creating a positive work environment, maintaining staff satisfaction and retaining nurses and other health professionals.

The Virginia Hospital and Healthcare Association, the Virginia Nurses Association and the Virginia Organization for Nurse Executives, have collaborated to develop this position statement to help hospitals and healthcare settings ensure that nurses provide the highest quality care for their patients while maintaining positive work environments for employees.

Nurse Staffing and Patient Outcomes

The presence of appropriate nurse staffing levels has been linked to the prevention of adverse patient events. Demonstrating causal relationships between defined levels of nurse staffing and specific patient events however is difficult. Organizational features of healthcare systems, patient characteristics, and individual nurse characteristics all play a role in influencing specific patient outcomes. In 2007, the Agency for Healthcare Quality and Research published a meta-analysis of 94 observational studies of nurse staffing and patient outcomes conducted in the U.S. and Canada from 1990 through 2006. A relative risk reduction was demonstrated between the amount of nurse staffing and nosocomial infections, length of stay, pulmonary failure, failure to rescue and mortality. The significance of these relationships varied by clinical settings and patient populations. The significance was greater in surgical patient populations than in medical populations however the relationship in both populations was significant. In addition, there was a significant correlation demonstrated between the level of nurse job satisfaction and autonomy and reduction in the risk of death. Extended nurse work hours were also demonstrated to have a

negative effect on overall patient outcomes. Empirically, the evidence is now sufficient to demonstrate that there is a correlation between nurse staffing and the ability to provide quality patient care although a definitive patient ratio in specific clinical settings that are required to support this correlation have not been established (Kane et al, 2007).

The ability to maintain appropriate staffing levels within our healthcare system will become increasingly challenging as the demand for nursing services increases and the supply of registered nurses dwindles. The gap between the demand for nurses and the supply of nurses is expected to widen significantly in the upcoming decade. While increasing the supply of nurses and improving the efficiency of nursing services may prove to be helpful strategies, the continued attention of professional organizations to the importance of appropriate staffing levels will be imperative (Buerhaus, Staiger & Auerbach, 2008).

Additional studies reinforce that health care providers must ensure adequate nurse staffing. Inadequate staffing has been linked to urinary tract infections, pneumonias, increased length of stay, upper gastrointestinal bleeds, failure to rescue major surgical patients, medication error rates, pressure ulcers, central line infections, mortality, likelihood of dying within 30 days, work-related staff illness and injury rates. It also has been linked to increased patient complaints, nurse burn out and job dissatisfaction.

Background: In order to meet their missions of providing communities with quality patient care and services on a continuous basis -- 24 hours a day, 7 days a week, it is critical that hospitals and other healthcare settings recruit and retain clinical staffs that are adequate in numbers and qualified in their abilities and skills. To meet this objective, management follows proven human resources strategies, especially in the area of nurse staffing.

The process for developing safe staffing begins with the nursing staff assessing each patient's status and coordinating the provision of nursing care, treatment and services, based on the needs of the individual patient. It is the responsibility of nurse leaders and executives, who are members of the management team, to obtain input from nursing staff on patient care needs and to develop an appropriate staffing plan. When developing a staffing plan, many variables are taken into consideration, including the needs of the patient, the patient diagnoses, the volume of patients, the acuity of patients, patient satisfaction, the care setting, the environment of the care setting, resources available in the care setting, the competency of the nursing staff, the skill mix of the nursing staff and the availability of medical and support staff. Also considered are state and federal safe-staffing standards, augmented by staffing recommendations put forth by certifying agencies and health care professional organizations. .

Because of the number of variables considered in developing an appropriate staffing plan, it is critical that nursing leaders have flexibility and are able to consider all factors when developing a plan that best meets the needs of patients.

Considerations for Effective Nurse Staffing Plans: As stated above, nurse leaders must consider a number of variables when developing a nurse staffing plan that meets the needs of their patients. To augment these considerations, the American Organization of Nurse Executives (AONE) has developed principles it considers crucial for nurse staffing plans to be effective:

- Nurses and nursing care are valuable.
- Aspects of patient care cannot be postponed.
- Experienced staff must be available at all times.
- The need for staff on less desirable shifts, has increased.
- Collaboration is essential.
- Nurses prefer that they not be reassigned from their base unit.
- Comparative data are required for learning and change.
- The patient census will continue to be highly variable.
- Increased staff flexibility is necessary and desirable to meet the patient needs.
- Costs for providing patient services must continue to be stable or decrease.
- Clinical resource management must be tough on costs but particularly tough on waste.

Additionally, the American Nurses Association (ANA) published Principles on Safe Staffing in 1998. These principles are:

- I. Patient Care Unit Related
 - a. Appropriate staffing levels for a patient care unit reflect analysis of individual and aggregate patient needs.
 - b. There is a critical need to either retire or seriously question the usefulness of the concept of nursing hours per patient day (HPPD).
 - c. Unit functions necessary to support delivery of quality patient care must also be considered in determining staffing levels.
- II. Staff Related
 - a. The specific needs of various patient populations should determine the appropriate clinical competencies required of the nurse practicing in that area.
 - b. Registered nurses must have nursing management support and representation at both the operational level and the executive level.
 - c. Clinical support from experienced RNs should be readily available to those RNs with less proficiency.
- III. Institution/Organization Related
 - a. Organizational policy should reflect an organizational climate that values registered nurses and other employees as strategic assets and exhibit a true commitment to filling budgeted positions in a timely manner.
 - b. All institutions should have documented competencies for nursing staff, including agency or supplemental and traveling RNs, for those activities that they have been authorized to perform.
 - c. Organizational policies should recognize the myriad needs of both patients and nursing staff.

VHHA/VNA/VONE Principles for Safe Nurse Staffing:

In response to the 2004 reports by the Institutes of Medicine regarding nurse work hours and recognizing the work in many states that pursue legislative efforts to mandate safe staffing levels and prohibit the use of overtime for hospital-based nurses, the Virginia Hospital and Healthcare Association the Virginia Nurses Association and the Virginia Organization for Nurse Executives, have collaborated to develop the following principles to provide nurse leaders and executives direction when staffing for patient care.

- Staffing plans should consider the needs of individuals, including the specific needs of patients and competencies of nurses and other staff members.
- Staffing plans should also consider the needs of staff, including the need for professional development and time for personal and family commitments.
- When planning nurse work hours, a balance must be struck between the needs of patients and the needs of the staff; however the safety of patients must always be paramount.
- Each healthcare setting should create a staffing plan with the involvement of relevant stakeholders.
- Actual staffing should be periodically evaluated for effectiveness using comparable bench marking data and patient outcomes.
- The staffing plan must reflect the volumes, needs, and acuities of the targeted patient population, environmental resources, human resources and staff competence.
- The staffing plan should optimize the productivity of staff.
- The staffing plan should be re-evaluated on a periodic basis and modified, if needed, to ensure relevance.
- The staffing plan should ensure that a core number of competent staff, with the specialization of skills required is assigned to meet the needs of patients.
- The staffing plan should be developed in conjunction with bedside staff nurses and shared with all nursing staff.
- The staffing plan should reflect current standards, including those issued by accrediting bodies and other regulatory authorities.
- The staffing plan should address the use of overtime and supplemental staff.
- Actual staffing should reflect the staffing plan.
- The use of mandatory overtime is not encouraged but may be necessary to ensure patient safety.
- Use of mandatory overtime should be evaluated for opportunities to improve nurse staffing and reduce the need for mandatory overtime.
- The design of work hours should limit overtime work of nurses.
- The selection and implementation of technology (to include electronic medical records and medical equipment) should involve appropriate nurse stakeholders. Careful assessment of the impact on nursing time spent at the bedside with patients, nurse workflow and nurse staffing must be considered for any technology implementation.
- Nurse staffing plans should be developed using an evidence-based method, and consider patient acuity, nurse competency and workload intensity

Resources Used in Developing this Position Statement

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