Wisconsin Nurses Association  
2008 WNA Reference #6

Subject: Safe Nurse Staffing
Introduced by: Wisconsin Nurses Association Public Policy Council
WNA Core Issue(s): Nurse Shortage/Safe Nurse Staffing

Summary: Over the past decade, health care providers continue to implement measures to reduce the costs of health care. Registered Nurse salaries are typically the largest expense item within personnel budgets and are frequently targeted for reduction. These cost-cutting efforts often result in inadequate and unsafe RN staffing levels thus impacting quality of patient care. These changes occur at the same time that nurses are finding increases in patient acuity, increases in complexity of technology and shortening of length of stay. These factors are contributing to RN recruitment and retention.

WNA continues to remain responsive to the changes in the workplace by adopting and sharing position statements related to safe nurse staffing to legislative and regulatory bodies. The most consistent message includes support of ANA’s Principles for Safe Nurse Staffing as this best conveys the dynamics and challenges to promoting safe nurse staffing 24 hours per day seven days a week.

With the continued release of research supporting the importance of having the RN as the direct care provider and the importance of creating systems of quality and safe care, nursing is seeing the emergence of the creating of nurse staffing systems. Many variables, such as acuity of patients, level of experience of nursing staff, layout of the unit, or level of ancillary support, are keys to establishing the “right” nurse - patient ratio for any one unit or area. For this reason, ANA supports a staffing plan approach which would hold healthcare organizations accountable for the development and implementation of valid and reliable nurse staffing plans. According to ANA, the staffing system must include the following:

- Be created with input from direct-care RNs or their designated representative;
- Be based on the number of patients and patient acuity level, with consideration given to patient admissions, discharges, and transfers on each shift;
- Reflect the level of preparation and experience of those providing care;
- Reflect staffing levels recommended by specialty nursing organizations; and
- Provide that an RN not be forced to work in a particular unit without having first established that he or she is able to provide professional care on such a unit.

WNA recognizes that there is not a one-size-fits-all approach to safe nurse staffing. However, a safe nurse staffing system must include provisions for the healthcare organization to have flexibility of tailoring nurse staffing daily and from shift-to-shift the specific needs of patients based on factors including how sick the patient is, the experience of the nursing staff, technology, and support services available to the nurses. Most importantly, this approach treats the direct care registered nurse as a professional empowered to make daily staffing decisions in collaboration with the manager.

WNA believes that it is time to move beyond a piece-by-piece approach to addressing safe nurse staffing. The issue is broader than opposing mandatory overtime or staffing by ratios. What needs to be developed is a legislative approach that is comprehensive and therefore ensures safe nurse staffing for our patients and nurse colleagues. WNA is aware that safe nurse staffing continues to be an area of concern for RNs. The impact on the nurse when the staffing system fails can be loss of job, loss of license, civil suit and criminal charges.

Recommendations: That the Wisconsin Nurses Association:

1. Supports efforts to mandate the establishment of valid and reliable nurse staffing systems in all patient care settings beginning with acute care and to require standard, public reporting of nurse staffing levels and mix and patient outcomes.
2. Pursue legislative and regulatory strategies to maximize the safety and quality of patient care beginning with acute care that include the following:

   a. Require that hospitals establish a nurse staffing plan that includes unit and shift specific staffing needs based on ANA’s Principles for Nurse Staffing such as patient characteristics and total number of patients for whom care is being provided.

      i. The nurse staffing plan and related policies and procedures must be developed and maintained by a staffing committee under the direction of the chief nurse executive and whose membership includes an appropriate number of direct care nurses.

      ii. The staffing plan must include an overtime policy that addresses both voluntary and mandatory overtime and the role of overtime in nurse fatigue.

      iii. The staffing plan will be evaluated on an ongoing basis by collecting data measuring a delineated set of validated nursing-sensitive indicators.

      iv. The staffing plan must be reviewed and evaluated at least biennially to determine whether the plan properly ensures appropriate care.

   b. Establish care giver protections that shall include:

      i. Prohibiting the hospital / employer from taking retaliatory action (discharge, suspension, demotion, harassment, denial of employment or promotion, layoff of nursing staff or other adverse action) against a nurse who discloses a policy or practice of the hospital that the nurse believes violates law, rule or professional standards of practice that poses a risk to the health, safety or welfare of a patient or the public.

   c. Establish sanctions that include fines or the revocation of hospital licensure for the failure of a hospital to develop and implement valid staffing systems.

   d. Monitors compliance through use of an annual random audit of a sample of the hospitals to verify compliance with the above requirements. The audit report will be available for public inspection. The cost of the audit will be paid out of funds from licensing fees paid by hospitals.

3. Recognize, support, and advance the application of the above staffing principles practices to all areas of nursing practice, recognizing the unique of each clinical setting.

WNA Goals

Goal I. Collectively and collaboratively advocate for access to comprehensive quality health care services for all people and,

Goal II. Assure that the registered nurse is an essential provider in all practice settings through education, research, workplace advocacy, legislation and regulation.