



additional resources available at www.wha.org

Legislating Nurse to Patient Staffing Ratios

Overview

Planning for and providing nursing care to a group of patients is a complex process. Determining the nursing needs of those patients; how many, what type of nurses are necessary to address those needs; and how best to use an organization's resources to match the patients needs and nursing care delivered is the process of nurse staffing. In most hospitals, this is done on a shift-to-shift basis by experienced nurse leaders. Now, however, some are offering up formalized, legislated nurse-to-patient ratios have as an alternative. Legislation, of course, removes the use of nursing expertise and replaces it with a mandated formula for staffing.

Background

California is the first and the only state to pass legislation to establish minimum nurse to patient staffing ratios for each unit in the hospital. This legislation has been in effect since 2004. The California ratio law is very specific, the rules are inflexible and apply at all times for all licensed nursing staff. While other states have contemplated such proposals, none have enacted such legislation, perhaps because the logic of ratios quickly falls apart. Ongoing studies of patient care outcomes have not shown any improvement with the California approach, and in some ways, care may be even less safe.

Some of the reasons why are as follows:

- California suffers from a shortage of nurses. Some hospitals were unable to hire nurses to achieve ratios and had to use temporary, floating or traveling nurses to comply with the law. These nurses are unfamiliar with patients, units and hospitals. Mandating ratios did nothing to mitigate the severe shortage of nurses and in fact, could have worsened it. Supporting Schools of Nursing, re-entry programs, recruitment and retention campaigns might have achieved a similar outcome without the unintended consequences.
- Under ratios, patient “hand offs” to a different nurse are increased. It is well documented that “handing off” a patient from one caregiver to another increases the chance of error.
- Ratios may force hospitals to reduce support staff in order to achieve required ratios. This is because the funds to employ more nursing staff may come at the expense of other unit-based staff that perform “non-nursing” work. An unintended consequence of the legislation is that nurses may have actually acquired more tasks and duties.



Wisconsin Hospital Association, Inc.

Legislating Nurse to Patient Staffing Ratios

The Shortcomings of Mandated Staffing Ratios

An outside policy making body determining a “best” way to staff a hospital and care for complex patients cannot work. Mandatory staffing creates rules that are inflexible and do not take into account...

- The needs of the patient. Not all patients in a hospital have the same nursing needs.
- The skill and knowledge of each nurse, such as the difference between a new practitioner and an experienced nurse, the difference between a nurse familiar with a unit and someone new to the unit and whether the nurse has cared for this patient among other important variables.
- Hospital units are not the same. Setting a ratio for the Emergency Room (ER) or the Intensive Care Unit (ICU) of a hospital implies that all ERs and ICU see equally complex (or less medically complex) patients. In addition, some hospitals are already designed for more efficient practice of nursing than others. For example, the size of unit, the length of hallway, the presence computer support and other variables influence the type/level of nursing assignment that can be effectively managed.
- Patient care delivery is changing. By defining in law or rule the nursing units and their staffing, innovative ways to assign staff and care for patients becomes impossible. As an example, some hospitals do not move patients among units but care for intensively ill patients in the same unit as other patients by having all equipment available in all rooms. New ideas like this are restricted by mandates.

Current evidence does not support using a mandated nurse to patient staffing ratio. In fact, the evidence from California would suggest mandating ratios has been a failure. A mandate for a preset nurse to patient ratio assumes that all nurses are equally skilled, all patients have the same level of need, and that similar units in all hospitals have the same care delivery efficiencies. Specifically, the California law presumes that these variables are all stable over a 24 hours period in every hospital in the state at all times. This is simply an impossible assumption to make, let alone base patient care assignments on.

The Wisconsin Association of Nurse Executives (W-ONE) is also opposed to ratios and has developed a report entitled, *Guiding Principles in Determining Appropriate Nurse Staffing: Standards of Practice for Acute Care in the State of Wisconsin*. The report reviews the relevant research to date on nurse staffing and sets guiding principles for determining appropriate nurse staffing. This document can be accessed online at: http://www.w-one.org/uploads/NurseStaffing_WONE_2005.pdf.

The Wisconsin Hospital Association supports this Report and its findings on best practices for nursing staffing, including:



Legislating Nurse to Patient Staffing Ratios

- Ensuring nurse leadership, in collaboration with other direct care staff, has the authority and accountability for determining nurse staffing.
- Matching patient care requirements with appropriate nursing resources each shift, each day.
- Coupling objective information relating to patient needs, skill of staff and budgeted resources with clinical judgment to create a system allowing for increasing and decreasing staffing to match care demands.
- Considering the creation of professional standards by specialty associations.
- Giving clinical nurses a meaningful voice in staffing. This involves a commitment to efficient and effective use of resources and a commitment to improved approaches to patient care.
- Having mindset of continuous evidence-based practice must an obligation of the profession.
- Ongoing evaluation of patient outcomes is a necessary element to insure quality patient care.

WHA Position

With these concerns in mind it is the position of the Wisconsin Hospital Association that *nurse staffing should be done by individual hospitals using data related to patient need, patient mix, staff skill and knowledge, and the physical environment in which care is delivered in order to best determine nurse staffing in their own facilities.* Mandated staffing ratios would not provide better care and would be bad for Wisconsin.

Summary

Mandated nurse to patient ratios have been proposed as a quick and easy way to improve patient safety and outcomes. Quick and easy solutions rarely exist for very complex issues and are rarely the right answer. WHA and the health care industry are focused on solutions that are evidence-based to improve quality and patient outcomes, as well as recognizing the vast differences among patients, units and hospitals. The best current evidence supports using a number of factors such as patient acuity, unit design and nurse expertise to determine nurse staffing, not a “one size fits all” government mandated approach such as ratios.

WHA Staff Contact

Judy Warmuth, Vice President, Workforce
608/274-1820 or jwarmuth@wha.org

Eric Borgerding, Executive Vice President
608/274-1820 or eborgerding@wha.org

Paul Merline, Vice President, Government Relations
608/274-1820 or pmerline@wha.org

