



**The Pennsylvania Organization of Nurse Leaders
Position Statement
on
Professional Nurse Staffing**

Brief Statement about PONL

PONL is the state wide organization for nurse leaders. As such, PONL is the voice of nursing leadership in Pennsylvania and represents nurse leaders at all levels – chief nursing officers, directors, managers and others responsible for the delivery of safe, effective patient care. The PONL Mission is to advance contemporary nurse leadership in shaping healthy communities. PONL functions as a networking and information vehicle for Pennsylvania Nursing leaders and is the state affiliate of the American Organization of Nurse Executives (AONE).

PONL's Position

Nurse Ratios

- In the summer of 2009 PONL created and disseminated their position statement *Opposing Nursing Staffing Ratios*. PONL continues to be adamantly opposed to any legislative mandate on nurse to patient ratios.
- The intervening years have demonstrated that the forced imposition of staffing ratios has limited evidence to support improved patient care outcomes.^{1, 2, 3}
- The nursing care needs of patients are varied and complex. Arbitrary staffing ratios do not consider unique differences in patients, nurses or within and between health care settings.⁴

Patient Classification Systems (PCS)

- A variety of patient classification systems (PCS) have been available since the 1960's and profess the capacity to assess patient care needs and subsequent staffing requirements.
- Ongoing investigation into these tools continues to raise concern regarding their reliability and validity.⁵
- Problems associated with PCS's include the lack of standardization in measures, an inability to compare results between systems, and their failure to adequately capture nursing work or predict staffing requirements.⁶

- The cost of purchasing and maintaining a commercially available acuity system could place an undue burden on hospitals. Similarly, development, validation and maintenance of an organizational specific acuity system can be costly and labor intensive.
- If an organization utilizes a PCS and is confident with results PONL would support their continued use of the tool.
- Given the overall arching concerns about PCS effectiveness PONL strongly opposes any regulatory or legislative requirement to use a PCS.

PONL Beliefs Regarding Best Nurse Staffing Practices

- PONL applauds the efforts of health care facilities who achieve Magnet recognition[®], Pathway to Excellence[®] status, as well as all those organizations that incorporate Magnet-like practices into the workplace.
- PONL promotes the use of benchmark staffing standards that are available from professional specialty organizations and a multitude of other sources.
- Staffing plans need to be constructed on a firm evidence based platform, be proactive, fiscally responsible, and continually evaluated and adjusted to achieve desired results.
- We believe one of the most effective ways to attain superior patient outcomes and enhance nurse satisfaction is for nurse leaders and nursing staff to openly and continually communicate, assess, plan, execute and evaluate strategies used in the provision of patient care. Use of benchmark standards, evidence based decisions, transparency, open dialogue, honesty and mutual trust fosters best patient care outcomes and mitigates unnecessary and intrusive government intervention.
- Patient care delivery is affected by a multitude of complex patient, nurse and organizational variables many of which are unique to the specific facility and/or unit.
- Some of the factors to consider when formulating a staffing plan may include: skill and competency level of staff, professional benchmarking standards, availability of support staff, skill mix, the number of patients, acuity of patients, admission/discharge/transfer activity, patient educational needs, the geographical set up of the unit, supporting technology, and discharge planning.
- Given the complexity of patient care needs staffing plans are best constructed and evaluated on a unit by unit basis by a team composed of a designated nursing leader(s) and unit staff. Shared decision making between leaders and staff is essential in order to attain both desired patient care outcomes and staff satisfaction.
- Planning for unexpected staffing needs is a critical component of any staffing plan. A process for raising concerns about staffing adequacy is an important component of the overall organizational staffing process. Methods for addressing perceptions of staffing inadequacy need to be developed with input from the professional nursing staff, incorporated into the organizations policies/ practices, widely communicated and fully implemented.
- Since “whistle blower” protection is already a component of Pennsylvania law, PONL believes it is redundant and unnecessary to add this to any legislation.
- We recognize that the accountability for safe and effective nurse staffing is the ultimate responsibility of the chief nursing officer. The position of chief nursing officer invests

that individual with both the authority and accountability for the provision of safe nursing care within his/her jurisdiction.

- A variety of nurse leaders within the facility may be involved in planning and executing nurse staffing plans but the chief nursing officer retains the definitive responsibility for nursing care delivery.
- The governing board of each organization has the right to know that patient care is planned for and provided in accordance with approved industry standards. The chief nursing officer ensures that this is communicated by established methods utilized for information exchange within the facility.
- PONL strongly endorses all efforts that preserve the autonomy of each organization to establish strategies needed to guarantee both safe, effective and collaborative staffing practices and the delivery of high caliber patient care.

References

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