**PONL Position Statement on Nurse Staffing Practices and Ratios**

The Pennsylvania Organization of Nurse Leaders (PONL) is strongly committed to nurse staffing practices that support the provision of safe patient care. PONL endorses the autonomy of each healthcare organization to establish appropriate strategies to deliver high levels of patient care by providing safe, effective, and collaborative staffing practices. PONL is adamantly opposed to any legislation that would mandate nurse-to-patient ratios for all heath care organizations.

PONL believes best nurse staffing practices include the following:

* Chief nursing officers of health systems, hospitals, community-based settings, etc. have ultimate accountability and responsibility for safe and effective nurse staffing within their jurisdiction.
* Multiple factors must be considered in determining safe staffing needs, including skill and competency level of staff, professional benchmarking standards, availability of support staff, skill mix, the number of patients, patient acuity, admission/discharge/transfer activity, patient educational needs, geographical set up of the unit, support technology, case mix, and discharge planning. **No legislative mandate on nurse patient ratios can take all these factors into account.**
* Mandated staffing ratios discounts the ability to plan for unexpected staffing needs, and this is a critical component of any staffing plan.
* The most effective way to attain superior patient outcomes and enhance nurse satisfaction is for nurse leaders and nursing staff to continually and openly communicate, assess, plan, execute and evaluate nurse staffing strategies used in the provision of patient care.
* Nurse leaders are encouraged to use national benchmark staffing standards from professional specialty organizations and other reputable sources, such as the National Database of Nursing Quality Indicators (NDNQI), to develop staffing plans that are evidence-based, proactive, fiscally responsible, and continually evaluated to result in optimal and safe patient care.
* Nurse leaders are encouraged to use ongoing research that identifies accurate, easy to use patient acuity systems (PAS) that incorporate the patients’ direct needs; activities occurring on the individual nursing units; geography of the unit; education and experience of the nursing staff; and staffing mix.

**Current State**

Legislation within the Commonwealth of Pennsylvania has introduced [House Bill (HB) 106](https://www.legis.state.pa.us/CFDOCS/Legis/PN/Public/btCheck.cfm?txtType=PDF&sessYr=2021&sessInd=0&billBody=H&billTyp=B&billNbr=0106&pn=0547) and there are plans to introduce Senate Bill (SB) 240 of 2021, known as the Patient Safety Act, to “mandate minimal, uniform, numerical, and specific registered nurse-to-patient staffing ratios.”

Legislating a pre-determined number of nurses assigned to patients does not take into consideration resources, acuity of the patients, skill set of the staff, technology, and work environment available within an organization, or the nursing shortage (Wynendaele, et al., 2019). According to Wynendaele, et al., (2019), “Evidence‐based decision‐making linking nurse staffing with staff‐related outcomes is a much-needed research area. Although multiple studies have investigated this phenomenon, the evidence is mixed and fragmented.” Without true research that investigates and compares California’s nurse staffing ratios with like organizations, advancement of nursing ratios remains speculative at best.

Decisions regarding what constitutes “safe staffing” have multiple moving parts such as intensity of patients' needs; “environmental turbulence” (admissions, discharges, and transfers taking place during a shift); level of experience of nursing staff; layout of the unit; and availability of resources, such as ancillary staff and technology. Current operational staffing within organizations is calculated using a variety of approaches for safe and effective care, which includes shift-by-shift measurement of patient needs and deployment of qualified staff approaches, because no single approach applies to all healthcare settings (Griffiths, et al., 2021; Sharma & Ritu, 2020).

If nurse staffing ratios were the answer to patient care, then why is there only one state, California, that has implemented them? In December 2020, southern California abandoned their legislatively mandated staffing ratios for a period of time during the COVID-19 pandemic, due to a shortage of nurses and influx of patients. Organizations found it impossible to maintain the ratios. The governor absolved organizations from following the mandated ratios to maintain healthcare and access to nursing care. Hospital officials declared, "We are simply out of nurses, out of doctors, out of respiratory therapists" (Dembosky, 2020). The state of California asked the federal government for staff, including 200 medical personnel from the U.S. Department of Defense, and their attempt to hire contract nurses from temporary staffing agencies and other states was not possible due to heavy demands for nurses across the United States (Dembosky, 2020). With the current nursing shortage and projections for the shortage to continue, there are simply not enough licensed nurses to go around (*The U.S. nursing shortage: A state-by-state breakdown,* 2021).

Nurse staffing is not “one-size fits all” because daily staffing needs vary among organizations from large urban medical centers to community-based organizations, and critical care access hospitals. As a result, individualized staffing methods must be employed; “staffing templates used by larger, urban facilities are not useful because of the fluctuations in patient acuity and available support from ancillary personnel and peers” (Seright & Winters, 2015).

A registered nurse staffing ratio bill will have major fiscal implications as well. The Massachusetts Health Policy Commission’s (HPC) 2018 *Analysis of Potential Cost Impact of Mandated Nurse-to-Patient Staffing Ratios* found that the implementation of nurse-to-patient ratios would cost providers an estimated $676 to $949 million in annual increased costs, yet would “net relatively minimal savings, and have an insignificant impact on quality” (Kacik, 2018). In addition, the Massachusetts HPC’s (2018) analysis of mandated nurse staffing ratios to two different scenarios indicated that hospitals would have to hire 2,286 or 3,101 additional full-time registered nurses, and wages would increase between 4% to 6% for all nurses in Massachusetts. According to Michael Brookshire, it was also noted that mandated staffing ratios could exacerbate an already present nursing shortage (Kacik, 2018). According to the U.S. Bureau of Labor Statistics, as reported by Kacik (2018) current estimates report at least 1.1 million new RNs will be needed by 2022 to bridge the projected and actual nursing shortfall. With these figures in mind, staffing ratios will be not only a burden to Pennsylvania healthcare organizations, but to the citizenry as well. In their November 2018 election, Massachusetts put the question of ratios into the hands of the people and 70.8% of voters rejected a nurse-to-patient staffing ratio ballot measure (Kacik, 2018).

**PONL** **Supports**

* American Organization for Nursing Leadership (AONL) 2021 *Policy Statement on Nurse Staffing* *“...* mandated nurse staffing ratios are a static and ineffective tool that cannot guarantee a safe health care environment or quality level to achieve optimum patient outcomes.... [and] Mandated approaches to nurse staffing limit this innovation and increase stress on a health care system already facing an escalating shortage of educated nurses.”
* The American Nurses Association (ANA, 2020) believes that “…there is insufficient evidence …for mandatory nurse-to-patient ratios to be considered optimal in all settings and situations.” “Because the delivery of nursing care is a multifaceted process, the determination of appropriate nurse staffing is not as simple as merely increasing the number of nurses beyond what is minimally necessary.” “Appropriate nurse staffing can be characterized as an ever-present challenge of managing the delicate balance of the polarities of mission (improving population health and the quality and satisfaction for patients, clinicians and staff) and margin (operations and per capita cost of health care)” (ANA, 2020).
* Hospital & Healthsystem Association of Pennsylvania statement (2019) “nurses should lead the transformation of care, not be left behind by outdated policy proposals like nurse staffing requirements... nurses are crucial care providers, family liaisons, and life savers. They don’t treat their patients as ‘just a number’, yet proposed legislation threatens to reduce nurses to one.”

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