



The Politics of Caring

Setting Nurse–Patient Ratios

ANA bill calls for development of staffing systems in hospitals.

Insufficient nurse staffing is the number-one concern of nurses today. Therefore, securing appropriate staffing to protect nurses and patients remains a top priority for the ANA.

The ANA supports nurse–patient ratios to address the current crisis but feels strongly that these ratios must be set—not by legislators, but in the workplace, in direct coordination with nurses themselves, and based on unit-by-unit circumstances and needs. While the ANA respects all attempts to address the staffing issue, it has real concerns about the establishment and legislation of fixed nurse-to-patient ratios in federal or state legislation. While such legislated numerical ratios seem to offer a concrete solution and may appear to be a good fit for some workplaces, so many other variables—including acuity of patients, level of nursing staff experience, layout of the unit, and level of ancillary support—are key to establishing the appropriate nurse–patient ratio for any one unit.

This is why the ANA worked with Senator Daniel Inouye (D-HI) and Representative Lois Capps (D-CA) during the last session of Congress to develop and introduce legislation that would ensure adequate RN staffing in health care facilities. This vital legislation has been reintroduced in both the House (HR 1672) and the Senate (S 71) for the new, 109th Congress, but with one important change: this year the House bill has bipartisan sponsorship. We are pleased to report that Representative Rob Simmons (R-CT) joined Capps

as a lead sponsor of the bill when it was introduced on March 17.

Although the bills have different titles (the “RN Safe Staffing Act” in the Senate and the “Quality Nursing Care Act” in the House), they are identical in language and purpose.

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S 71 and HR 1372 would mandate the development of staffing systems in hospitals. The legislation is aimed at ending the widespread practice of health care facilities stretching their nursing staff with unsafe patient loads, mandatory overtime, floating to specialty units without training and orientation, and other practices that undermine safe, quality care.

The bill also amends the conditions of participation for hospitals in the Medicare program and establishes a requirement for minimum staffing ratios. Rather than establishing a specific numeric ratio, the act requires the establishment of a staffing system that “ensures a number of registered nurses on each shift and in each unit of the hospital to provide for appropriate staffing levels for patient care.”

- Specifically, the staffing system must
 - be created with input from direct-care RNs or their designated

representative.

- be based on the number of patients and level of patient acuity, 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.
- 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.

Another key provision of the bill requires public reporting of staffing information. Under the legislation, hospitals would be required to post daily the number of licensed and unlicensed staff providing direct patient care on each unit and each shift, specifically noting the number of RNs.

Finally, the bill provides whistleblower protections for RNs and others who file a staffing complaint. The bill establishes procedures for receiving and investigating complaints and creates enforcement mechanisms, including civil monetary penalties that can be imposed by the Secretary of Health and Human Services for each knowing violation.

While there is widespread agreement in the nursing community about the nature of the current staffing crisis, there is ongoing debate over the best solution. The ANA believes that RNs are the professionals best prepared to make these staffing decisions. See

www.nursingworld.org or <http://thomas.loc.gov> for more information. †

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