



# The Politics of Caring

## The ANA's 2005 State Legislative Wrap-Up

*Safe patient handling and staffing at the forefront.*

### SAFE PATIENT HANDLING AND MOVEMENT

The ANA, in cooperation with its constituent member associations (CMAs), has successfully promoted state legislation designed to protect nurses from potentially career-ending musculoskeletal injuries while increasing patients' safety and comfort. New York, Ohio, and Texas have enacted legislation based on language developed by the ANA and the CMA lobbyists that requires health care facilities to develop safe patient handling programs and utilize safe patient handling techniques and equipment.

A 7641, S 4929 were introduced at the request of the New York State Nurses Association. These companion bills require the establishment of a two-year safe patient handling demonstration program to collect evidence-based data reflecting the incidence of employee and patient injuries resulting from manual patient handling versus the use of technology. The findings will be used to describe best practices for improving the health and safety of New York's health care workers and patients during patient handling.

Introduced with the support of the Ohio Nurses Association, HB 67 creates a program in which funds transferred from the state safety and hygiene fund (workers' compensation fund) may be used to make interest-free loans to nursing home employers to implement a no manual lift program.

The Texas Nurses Association worked for the enactment of SB 1525, which requires hospitals and nursing

homes to implement a safe patient handling and movement program.

### NURSE STAFFING

Nurses have sought support from state and federal elected officials to help protect patients by holding hospitals accountable for providing adequate nurse staffing. Three approaches to ensure sufficient nurse staffing have been proposed.

The first approach toward accountability is to implement nurse staffing plans, with input from practicing nurses, to ensure safe nurse-to-patient ratios are based on patient need and other criteria. The second approach is for legislators to mandate specific nurse-to-patient ratios in legislation or regulation. The third approach is a combination of the first two. Legislation also has been suggested that would require facilities to post nurse staffing information for the public.

### NURSE STAFFING PLANS

The ANA and CMAs are promoting legislation to hold hospitals accountable for developing and implementing valid and reliable nurse staffing plans. These plans are based on the ANA's Principles for Nurse Staffing, which provides recommendations on appropriate staffing and requires nurses to be an integral part of the nurse staffing plan development and decision-making process.

This approach to staffing provides hospitals with the flexibility to tailor nurse staffing to 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. This flexibility does not negate the accountability of hospitals to

ensure safe and effective nurse staffing.

In 2005, Oregon legislation was enacted at the request of the Oregon Nurses Association that strengthens landmark 2002 patient protection legislation. The bill requires hospitals to develop and implement a written, hospital-wide staffing plan for nursing services. The staffing plan must include the number, qualifications, and categories of nursing staff needed for all units and must be developed by a committee composed of an equal number of hospital managers and direct care RNs.

Rhode Island enacted legislation requiring every licensed hospital to submit a core-staffing plan to the department of health each January. The plan must specify for each patient care unit and each shift, the number of RNs, LPNs, and CNAs ordinarily assigned to provide direct patient care and the average number of patients upon whom such staffing levels are based.

### POSTING OF STAFFING LEGISLATION

New Jersey enacted legislation requiring a general hospital or nursing facility to complete and post daily staffing information for each unit and each shift. This information will also be provided to the commissioner of Health and Senior Services monthly and will be available to the public annually.

Visit [www.nursingworld.org/gova/state.htm](http://www.nursingworld.org/gova/state.htm) for additional information on these and other legislative successes. For opportunities to become involved in these state legislative initiatives, contact your state nurses association at [www.nursingworld.org/cmas/cmaaddr.cfm](http://www.nursingworld.org/cmas/cmaaddr.cfm). ▼

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