

AONL Mandated Nurse Staffing Legislation Toolkit

Executive Summary

Legislation mandating nurse staffing ratios is growing across the country. In 1999 California was the first to pass such a law, which went into effect in 2004. Since then, six states have introduced bills mandating nurse staffing levels, with varying momentum. Yet, no evidence-based best practices, standards, or research exists to support the use of these ratios.

The appropriate number of patients assigned per nurse fluctuates depending on hospital type, patient population, care delivery models, unit layout, patient acuity, patient flow, and the education and experience of the nurse. Mandated nurse staffing ratios imply a “one size fits all” approach to patient care. Nurse leaders and nurses are best qualified to determine appropriate staffing for the needs of their patients. Mandated nurse staffing ratios are a static and ineffective tool that do not ensure quality care, optimal patient experience and staff well-being.

Safety for patients and the health care team is our top priority. Hospitals and health systems across the country are working to advance patient safety, affordability and enhance value by transforming health care delivery. Mandated legislative proposals to nurse staffing limit innovations in team-based care models and increase stress on a health care system already facing an escalating shortage of educated nurses, especially during a global pandemic. Instead of mandating stringent staffing ratios across the board, the American Organization for Nursing Leadership recommends flexible staffing plans, customized to individual hospitals, that consider the above factors, discipline, and shifting needs.

AONL is working with national nursing and health care organizations to systematically address nurse staffing to enhance value, while optimizing quality and patient outcomes. Read on to learn about legislation in the works, alternative staffing strategies, and resources to help combat these mandates.

Pending legislation: What you need to know

Bills regulating nurse staffing percentages have cropped up in a handful of states.

State	Legislation Status
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Missouri	Lawmakers have introduced HB1232 for the second year in Missouri. The bill, which mandates that all hospital units, clinical units, and patient care areas create and implement a written staffing plan, is not currently moving and has not been voted out of committee. This bill is similar to HB 2606 (2020). AONL anticipates continuing to see this language, which is almost identical to a similar law that recently passed in California.
New Jersey	A-2439 (Benson) / S-1083 (Vitale), which mandates nurse staffing levels in hospitals, ambulatory surgery facilities and certain DHS facilities, has been introduced in the current session.
New York	A108B/S1168A Safe Staffing for Quality Care Act, which requires hospitals implement clinical staffing committees, was signed into law in May 2021. A7119/S6346, which will require nursing homes to provide 3.5 RN hours per resident per day, also became law. Both laws require reporting to the State Department of Health and carry penalties for non-compliance.
Pennsylvania	Amendments to HB966-SB115 -Licensure compact bill included several provisions related to staffing ratios and reporting. The Pennsylvania Organization of Nurse Leaders has issued a call to action to oppose the bill.
Connecticut	LCO 5009, a bill addressing public health preparedness and racial justice contained a provision to establish a 2:1 nurse patient ratio in hospital ICU.
California	With the passage of AB 394 in 1999, which was implemented in 2004, California became the first state to launch minimum registered nurse-to-patient ratios for hospitals.
Michigan	The bipartisan Safe Patient Care Act consists of Michigan House bills 4482-4484 and Senate bills 204-206 (identical in both chambers). They are awaiting a hearing in their respective committees.

Affiliate resources

AONL state affiliates offer a variety of research, background and talking points to help nurse leaders address staffing mandate legislation in their respective states.

Michigan Health & Hospital Association’s Mandatory Nurse Overtime & Nurse-to-Patient Staffing Ratios Document

This paper offers talking points and recent research to brief senior hospital staff on nurse staffing legislation and aid them in answering questions about the topic.

Google drive link: file:///Users/genevievediesing/Downloads/MI-mandatory_staffing_ratios_112017.pdf

Michigan Organization of Nurse Leaders Position Statement on Safe Staffing Record Keeping and Transparency

This position statement explains why additional legislative requirements around nurse staffing are not an appropriate strategy.

Google drive link: file:///Users/geneviediesing/Downloads/MI-MONL%20White%20paper%20on%20staffing%20Ratios%20&%20MNA%20priorities.pdf

Organization of Nurse Leaders of New Jersey Nursing Workplace Environment and Staffing Council Evidence-based Toolkit

This guide offers information to help leaders develop and implement hospital-based nursing workforce environment and staffing councils.

Google drive link: file:///Users/geneviediesing/Downloads/NJ-NWESC-TOOLKIT%20revised%20March%202020.2.pdf

New York Organization of Nurse Executives & Leaders (NYONEL) Toolkit for Safe Nurse Staffing Always

This toolkit recommends safe staffing practices in New York hospitals and long-term care facilities.

Google drive link: file:///Users/geneviediesing/Downloads/NY-NYONEL%20safe%20staffing%20toolkit.pdf

New York Department of Health Study

This study shows no conclusive findings regarding the value of mandated nurse staffing ratios that would have been imposed with the passage of the original version of the Safe Staffing for Quality Care Act: https://health.ny.gov/press/reports/docs/2020-08_staffing_report.pdf

Pennsylvania Organization of Nurse Leaders' Contact Your State Officials Letter

Find specific information on the Nurse Licensure Compact Act, as well as details about new, unnecessary additions to the bill. This letter includes contact information for Pennsylvania state officials. Contact your officials today to urge them to remove the new amendments.

Google drive link: file:///Users/geneviediesing/Downloads/PA-bill-amendments.pdf

Texas Hospital Association's Mandated Nurse-to-Patient Staffing Ratios Still a Bad Idea for Texas

This op-ed provides helpful background information on why mandatory nurse staffing ratios are a bad idea for Texas hospitals.

Google drive link: file:///Users/genevievediesing/Downloads/TX-2013-Flexible%20Nurse%20Staffing%20Committee%20Approach%20Right%20for%20Texas%20(FINAL).pdf

Safe, proven staffing strategies

The Business of Caring: Promoting Optimal Allocation of Nursing Resources

This outcomes-based staffing report, developed by AONL, American Nurses Association and Healthcare Financial Management Association, offers nursing leaders a path toward collaboration between nursing and finance departments, among other multidisciplinary partnerships. It also sets forth an action plan to help health care leaders better allocate resources, with steps toward conducting technology assessments, promoting interprofessional collaboration, working toward joint accountability, and more. Collaboration between those who deliver care and those who ensure the financial viability of care delivery is key to developing outcomes-based nurse staffing models and boosting high-value health care.

Link:

<https://www.aonl.org/resources/the-business-of-caring>

The New York Organization of Nurse Executives & Leaders (NYONEL) praises innovated models to promote safe staffing. Link to statement below.

The New York Organization of Nurse Executives & Leaders (NYONEL) praises the use of the strategies identified in [American Nurses Association \(ANA\) Principles for Nurse Staffing](#), which cites the importance of nurse leader autonomy.

NYONEL recommends that health care facilities create multi-disciplinary teams, led by a professional nurse, that include at least 50% direct care nurses and the chief nursing officer, as direct care nurses understand nuances among various patient populations.

“For these strategies to have an impact, nursing leaders in clinical care must have the authority endorsed by the entire agency leadership team to empower registered nurses to implement safe staffing plans,” says NYONEL. “All members of the agency leadership bear this responsibility for patient safety and quality outcomes.”

The ANA Staffing Principles underscores the importance of taking a team-approach to patient care, which includes allocating resources.

“The chief nursing officer (CNO) of a hospital has the expertise to understand all facets of patient care. However, the allocation of resources is not – and should not be – the sole responsibility of the CNO,” NYONEL says. “No two patients are the same and

therefore the judgment of professional bedside nurses is essential to safe staffing implementation and must be incorporated in the development of individual agency staffing patterns.”

Exploring the Research

Sepsis-related deaths study raises questions

Researchers at the Center for Health Outcomes and Policy Research (CHOPR) at the University of Pennsylvania School of Nursing, conducted an independent study indicating variation in patient-to-nurse ratios across hospitals in New York contributes to avoidable deaths for patients with sepsis. CHOPR Director and study co-author Linda H. Aiken, PhD, RN, suggests that mandated nursing ratios may reduce sepsis-related patient deaths and lower sepsis care costs.

Because this study was based on outdated care models that don't account for today's interdisciplinary, team-based care frameworks, AONL questions the validity of this research. During the COVID-19 pandemic, clinicians trained across various specialties and care settings to fulfill a range of patient needs. They embraced telehealth and hospital-at-home models of care, innovating broadly to meet the demands of the moment. These care models have remained popular at health care facilities nationwide and provide different environments for patients than the ones outlined in this study. Link: <https://www.nursing.upenn.edu/details/news.php?id=1797>

Study: Mandated staffing ratios may not improve ICU outcomes

While some research has identified correlations between lower patient-to-nurse ratios and lower rates of complications within ICUs, for example, interventions to increase nurse staffing on general wards have not always shown improvements in patient outcomes. A study published in the *Journal of Critical Care Medicine* shows that Massachusetts legislation mandating ICU nurse staffing failed to show improvements in patient mortality or complication rates among critically ill patients. The study's authors found that their research aligns with other studies focusing on nurse staffing outside the ICU. The authors thereby suggest that costly statewide legislation to mandate nurse staffing strategies may not improve patient outcomes.

Link: <https://pubmed.ncbi.nlm.nih.gov/30179886/>

Report shows budget crunches, bottlenecks and care plateau following staffing mandate

In 2004, California was the first state to implement minimum nurse-to-patient staffing requirements in acute-care hospitals. A report from the California HealthCare Foundation that tracks the impact of the legislation found that hospital leaders did not notice major changes to the quality of patient care in their facilities. Instead, leaders

cited staffing bottlenecks in some emergency departments, as well as added costs from the staffing requirements. Hospital leaders were forced to reduce budgets and services, or introduce other cost-saving measures. This impact remained consistent across both high-performing and under-performing hospitals.

Link: <https://www.chcf.org/publication/assessing-the-impact-of-californias-nurse-staffing-ratios-on-hospitals-and-patient-care/>