GUIDELINES: REGISTERED NURSE STAFFING

Background.

In 2006, the New Mexico Organization of Nurse Executives (NMONE), in conjunction with the NM Center for Nursing Excellence (NMCNE), established "Voluntary Consensus Guidelines for Nurse Staffing" after a thorough review of the literature and discussion with nurse leaders around the state. The NM Hospital Association (NMHA) and the NM Nurses Association endorsed the Guidelines in 2007.
In 2008, a survey done by NMHA showed that only 48% of nurse leaders in the state who answered the survey had incorporated the Guidelines in to their hospital policy. Only 44% of those who answered the survey planned to have any collaboration with staff nurses on a collaborative staffing plan.
Over the past several years, states have addressed nurse staffing in various ways.

- CA, CT, IL, ME, MN, NV, NJ, NY, NC, OH, OR, RI, TX, VT, WA enacted legislation and/or adopted regulations to address nurse staffing
- CT, IL, NV, OH, OR, TX, WA require hospitals to have staffing committees responsible for plans and staffing policy
- CA stipulates in law and regulations the required minimum nurse to patient ratios to be maintained at all times
- IL, NJ, NY, RI, VT require some form of disclosure and/or public reporting[1]

Recent research demonstrates a positive relationship between appropriate nurse staffing and its impact on patient outcomes, safety of patients and nurses, nurse physical and psychological health, and nurse satisfaction. Of particular concern is the correlation of nurse fatigue and nursing errors. NMONE recognizes that appropriate staffing policies are but one component of a positive practice environment.

NMONE does not support regulated nurse patient staffing ratios to resolve staffing issues. Though ratios may be one of several approaches and tools an organization uses, determining appropriate staffing for any given unit and/or facility is complex and should take into account myriad variables, including shift-to-shift variables, patient turnover, and the experience, education, skills and competency of available staff. Mandated ratios imply a one-size-fits-all approach that NMONE feels is inappropriate for the diverse healthcare organizations of New Mexico.

Nurse Leaders have a professional and ethical responsibility to provide a safe patient environment by providing appropriate levels of staffing to reduce the impact of nurse fatigue on patient care and quality. Furthermore, NMONE believes that we, as leaders, can impact safe practice environments - without legislative mandate - through monitoring and tracking hours worked by registered nurses. The ANA's position is that the registered nurse has an ethical responsibility to consider their fatigue prior to accepting an assignment (ANA, 2006).

The New Mexico Nurse Practice Act, as well as the American Nurses Association Code of Ethics, outlines each nurse's responsibility to ensure safe patient care. Nurses at all levels have accountability to ensure safe and quality patient care through appropriate work scheduling.

Nurse Leaders are accountable to establish and uphold appropriate work scheduling policies.
Nurse Managers are accountable to provide and monitor for a safe patient environment including monitoring staff for excess fatigue.
Staff nurses are accountable to provide safe patient care, to identify and report unsafe work scheduling patterns, and to monitor their own fatigue levels.

[1] http://www.nursingworld.org/MainMenuCategories/ANAPoliticalPower/State/StateLegislativeAgenda/StaffingPlansandRatios_1.aspx

P.O. Box 4491
Albuquerque, NM 87196-4491

Recommendations

1. Healthcare organizations are required to develop clearly articulated guidelines that address staffing practices. "The ratio of licensed nursing personnel to patients shall be determined by the acuity of patients, the patient census, and complexity of care that must be provided (NMAC 7.7.2.27)."
    a. With collaboration between staff nurses and management, departments of nursing are strongly encouraged to develop a staffing framework and planning process that takes into account the number, skill mix and experience of nursing personnel, the acuity of patients and the complexity of their care, the availability of support staff, available technology, and the physical environment of a given nursing unit.

2. **Shift Length:** The literature strongly indicates that errors and near misses dramatically increase after 12 hours of work. NMONE recommends shifts not to extend beyond 12 hours.

3. **Flexible Shift lengths:** Though 12-hour shifts are the norm, they may not be the best option for all nurses, particularly for mature nurses. With 45% of New Mexico nurses over age 50, flexible shift length may offer retention options. Flexible scheduling options provide an opportunity for all nurses to balance the demands of their professional and personal obligations.

4. **Rest Between Shifts:** NMONE recommends a minimum of 8 hours of rest between shifts.

5. **On Call:** On call is to cover acute, emergent influxes in patient care needs. When called in to work, principles of staffing such as shift length limitations, rest between shifts, and total hours worked should apply.

6. **Scheduled On Call:** Some units, based on their patient population and type of service, have unpredictable and highly variable workloads (operating room and labor and delivery are examples of these types of units). Scheduled on call is used to manage the variable workload, and should be clearly articulated as the expectation of the job by the unit/department written guidelines. Scheduled on call may result in overtime, but would not be considered mandatory overtime. Principles of staffing such as shift length limitation, rest between shifts, and total hours worked should apply.

7. **Total Hours Worked:** NMONE encourages and supports the practice of limiting hours worked by the registered nurse to no more than 60 hours in seven days. Nurses who work at more than one facility have personal accountability to ensure they receive rest periods between shifts to ensure their ability to provide safe patient care.

8. **States of Emergencies:** Scheduling policies may not apply to states of emergency as declared by municipal, county, state, or federal officials. In these extreme situations, nurse leaders, in collaboration with the nursing staff, establish a plan that ensures safe, quality patient care as well as the safety of the nursing staff. Organization executives, managers, and staff must consider the total number of hours worked, the conditions of work, and the effects of fatigue and stress on human performance when making decisions and assignments.

9. **Education**: NMONE urges all nurses to review the New Mexico Nurse Practice Act. Evidence of patient safety and the impact of nurse fatigue/patient errors have been clearly demonstrated in the literature. All nurses are urged to monitor their own personal work schedule,, including time management, as delineated in these guidelines, to ensure they are capable of providing safe patient care.

APPENDIX A

In developing staffing guidelines, defining key terms for the organization are helpful.

Definitions:

Regularly Scheduled Hours: Based on 40 hours per week/80 hours per pay period.
Overtime: Hours worked in excess of 40 hours per week/80 hours per pay period.
Mandatory overtime: Work scheduled by the employer that exceeds regularly scheduled hours
Voluntary overtime: The employee voluntarily works hours that exceeds regularly scheduled hours.
Total Work Hours: Regularly scheduled hours + overtime hours (mandatory and voluntary)
Appropriate Nurse Staffing: Appropriate nurse staffing is a match of registered nurse expertise with the needs of the recipient of nursing care services in the context of the setting and situation. The provision of appropriate registered nurse staffing is necessary to reach quality outcomes, and it is achieved by a dynamic, multifaceted decision making process that takes into account a wide range of variables.

References

Aiken, L. (July 20, 2010). Safety in Numbers, *Nursing Standard*.

American Nurses Association (2011). Nurse Staffing Plans and Ratios.

American Nurses Association (2011). Principles for Nurse Staffing-DRAFT.

Buerhaus, P. (*March-April 2010).* What Is the Harm in Imposing Mandatory Hospital Nurse Staffing Regulations? *NURSING ECONOMIC$.*

Chapman, S. (Sep/Oct 2009). How Have Mandated Nurse Staffing Ratios Affected Hospitals? Perspectives from California Hospital Leaders. *Journal of Healthcare Management.*

DeGuzman, P. (Feb/Mar/Apr, 2008). Legislated Nurse Staffing Ratios: What You Need to Know. *Virginia Nurses Today*.

Hendren, R. (2011). How Nurse Executives Can Help Tired Nurses. Retrieved from *www.healthleadersmedia.com*.

Hwang, L. (March 2009). By the Numbers. *Registered Nurse – Journal of Patient Advocacy*.

Martin, C. (June 2011). Nursing Fatigue: Complex Problem That Defies Easy Solutions. *Illinois Nurse*.

New Mexico Organization of Nurse Executives (2006) Consensus Guidelines for Nurse Staffing. Retrieved from *www.nmone.org*

Page, A. Editor, Committee on the Work Environment for Nurses and Patient Safety (2004). Keeping Patients Safe: Transforming the Work Environment of Nurses.

P.O. Box 4491
Albuquerque, NM 87196-4491