Nursing Staff in Hospitals Study Committee
October 18, 2005
State Capital

Introduction
Mary Ann Osborn, President 2005 of Iowa Organization of Nurse Leaders.

IONL is the Iowa chapter of the American Organization of Nurse Executives. Membership includes approximately 400 nurse leaders.

IONL is also an affiliate organization of the Iowa Hospital Association.

IONL represents nursing leaders throughout the state who are responsible on a daily basis for quality care in their organizations. This includes providing adequate staffing for patients entrusted to their care.

Approximately 60% of Iowa nurses work in hospital settings, and a critical role of nurse leaders is to work with staff to create positive work environments that attract and retain nurses to the hospital practice setting.

IONL and INA are both committed to the highest quality care and a strong professional environment. These mutual goals led to a series of meeting this past summer to create the position paper that you have received.

The key elements are:

- Expertise in nursing is a foundation of staffing decisions. Nursing judgment is paramount.
- Patient care needs dictate level of staffing. Needs vary, therefore staffing varies. Very dynamic and must be able to respond quickly.
- Objective data concerning patient needs, staff skill and available resources is required for decision-making. Example, if a mandatory 1:5 ratio existed, in the event of 2 RNs and 10 patients there would be no ability for adjustment based on patient conditions. It may be more appropriate for a 1:4 or 1:6.
- Multiple variables need to be considered with benchmarking, not just productivity measures or ratios.
- Effectiveness of staffing is determined by ongoing evaluation of outcomes. There are specific nurse sensitive indicators such as falls, skin breakdown, UTI, etc.

In addition to the principles identified, staff nurses involvement with decision making related to nursing practice results in the best care. INA and IONL are committed to shared governance and shared decision making as outlined in the ANA Nursing Excellence Magnet Award. Some examples being practiced in Iowa hospitals today include:

- Staff self-scheduling

- Charge nurses utilizing "red, green, yellow light" method to determine and communicate their depts. ability to accept additional patients. The nurse's judgment is respected and patients are flowed to another department.

- Providing additional support to unit staff i.e., admission nurses, Rapid Response Team, wound care teams, and IV therapy nurses. If mandatory ratios were in place, hospitals may need to re-allocate these resources to direct bedside care. Patients would lose this level of specialized expertise and clinicians would lose the support.

- Peer interviewing of new hires.

IONL Survey Data

Vacancy Rate	2004	2005
	4.8%	4.6%
Turnover		8.6%

In response to the question of how hospitals respond to unexpected increased staffing needs, the common practices are:

- Call in non-scheduled or part-time staff.
- Flex full-time person's schedule i.e., trade Thursday shift for sudden need on Tuesday.
- Managers/Supervisors assume a clinical assignment.
- Flow patients to another dept. better able to handle at that point in time.

The key is to engage the nurses in the process. They are the best judge of their degree of fatigue or ability to work additional hours. Mandatory overtime is rare and reserved for critical staffing situations.

In Summary

IONL opposes mandatory staffing ratios. The decision must rest with nurses and be based on clinical judgment regarding patient condition and level of RN expertise and experience.

IONL whole-heartedly supports participative decision-making and is committed to creating positive work environments where professionals can do their best work.