

STAFFING: The Pivotal Role of RNs

RN Staffing Standards:
Medicare Requirements and
the Joint Commission Standards

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Patients go to the hospital for an intervention and stay in the hospital for the nursing care...



RNs make the difference

Studies show that patients in medical-surgical units with a 1:8 nurse to patient ratio are 31% more likely to die within 30 days than those in units with RN to patient ratios of 1:4, and complications such as infections, pneumonia, shock and gastrointestinal bleeding are much more prevalent with fewer nurses. Adding just one more patient to an RN's patient list results in a 7% higher morbidity and mortality rate. (L. Aiken et al., *Hospital Nurse Staffing and Patient Mortality, Nurse Burnout and Job Dissatisfaction*, 288 JAMA 1987-1993 (2002).



RNs make the difference

- ❑ Higher rates of patient falls are associated both with fewer nursing hours per day and a lower percentage of RNs. Dunton, N., Gajewski, B., Taunton R.L. and Moore, J. (2004). *Nurse Staffing and Patient Falls on Acute Care Hospital Units*, Nursing Outlook, 52(1), 53 – 59.
- ❑ Higher numbers of RN hours of care per day associated with: shorter length of stay; lower rates of UTI, upper GI bleeding, pneumonia, cardiac arrest and failure to rescue. Needleman, J., Buerhaus, P., Mattke, S., Stewart, M., and Zelevinsky, K., (2002) *Nurse Staffing Levels and Quality of Care in Hospitals*, New England Journal of Medicine 346 (22), 1715-1722; Policy, Politics & Nursing Practice, 3: 306-308.



The RNs' Experience:

- ❑ On a Medical/Surgical Unit there were only two RNs on duty for 23 patients, all over 65 years of age.
- ❑ In an ER department one RN was on duty, assigned to adult walk-in triage, with no patient care assistance; she saw 120 patients during a 10 hour period.
- ❑ On an Intensive Care Unit, there were only two RNs for 12 patients.
- ❑ On an Intensive Care unit, there was an inadequate number of staff to cover the care of three ventilated patients along with 8 other high acuity patients. At least one registered nurse received no breaks, including no meal break.
- ❑ On an ambulatory care unit, a registered nurse was forced to ask a family member of the patient to assist with transport when she was unable to transport the patient herself because of patient load.



What did the RNs have in common?

- They worked in hospitals that were accredited by the Joint Commission and were eligible to participate in the multi-billion dollar Medicare program.

ANA's view -

Hospitals that participate in Medicare should meet the basic requirements of the program.



CMS Condition of Participation for the Medicare Program

42 C.F.R. 482.23 –

(b) Standard: Staffing and delivery of care. The nursing service must have adequate numbers of licensed registered nurses, licensed practical (vocational) nurses, and other personnel to provide nursing care to all patients as needed. There must be supervisory and staff personnel for each department or nursing unit to ensure, when needed, the immediate availability of a registered nurse for bedside care of any patient.



The Joint Commission Standards

- ❑ NR.1.10. A nurse executive directs the hospital's nursing services.
- ❑ HR.1.10. The hospital provides an adequate number and mix of staff that are consistent with the hospital's staffing plan.
- ❑ HR.1.30. The hospital uses data from clinical/service screening indicators and human resource screening indicators to assess and continuously improve staffing effectiveness.



The Problem

- ❑ The Joint Commission standards do not focus on RN staffing
- ❑ The standard is lower than the CMS requirement
- ❑ The Joint Commission's non-prescriptive approach is too loose –
 - There are not enough RNs to render bedside care when needed, but it doesn't show up in the survey
 - Inadequate RN staffing doesn't matter because there is no RN staffing standard



The Lawsuit Against HHS

- ANA, NYSNA and WSNA sued HHS in June 2006
 - The Joint Commission's accreditation is equivalent to approval for participation in the Medicare program, provided that the Commission standards are as high as those standards that the HHS Secretary finds necessary in the interest of the health and safety of individuals who are furnished services in the hospital.
 - The Joint Commission's RN staffing standard is lower than that of HHS/CMS.
 - The Secretary of HHS remains ultimately responsible for ensuring safeguards in the Medicare Program.



The Status of the Case

- ❑ HHS filed a Motion to Dismiss
- ❑ ANA et al. filed an Opposition and an Amended Complaint
- ❑ The case was stayed while ANA, NYSNA and WSNA talked with the Joint Commission
- ❑ The case was reactivated and the motion to dismiss was denied as moot
- ❑ HHS will file a second motion to dismiss
- ❑ ANA will file its opposition in December 2007



Some progress -

On an informal/internal basis, the Joint Commission may:

- ❑ focus more on staffing plans
- ❑ look at the role of the chief nurse executive
- ❑ develop more staffing-sensitive aspects of the tracer methodology during surveys

Note: The HHS Inspector General has included in the 2008 work plan a “study [to] evaluate the extent and adequacy of CMS’s policies and procedures regarding the Joint Commission hospital accreditation process.”



ANA's Assessment

- ❑ Without a change in the Joint Commission standard, there is no way to know if hospitals will meet the mark as defined by CMS
- ❑ Without a change in the RN standard, the nurse executive does not have something to take to the CEO as a basis for funding higher RN staffing levels
- ❑ Without a change in the standard, improvement will be discretionary and will be accomplished too slowly



ANA's Proposed Standard

- Standard NR.4.10
- The nursing service must have adequate numbers of licensed registered nurses, licensed practical nurses, and other personnel to provide nursing care to all patients as needed. There must be registered nurse supervisors, registered nurses, and other personnel for each department and nursing unit to ensure, when needed, the immediate availability of a registered nurse for bedside care of any patient.



Implementing the proposed standard: elements of performance

- Nurse staffing levels are determined and implemented based on factors present on each unit during each shift, including
 - Numbers of patients.
 - Patient condition, including severity of illness.
 - Experience level and expertise of assigned staff.
 - Activity on the patient care unit, including admissions, discharges and transfers.



Performance elements should include...

- Availability of personnel and services (such as clerical, transport, housekeeping, pharmacy, laundry and laboratory) that enable nurses to devote more of their time to patient care.
- Presence, numbers and needs for staff nurse oversight of nursing students, new graduates, orientees, float and agency nurses, as well as trainees in other disciplines who require nursing support.
- Analysis of unit-level nursing-sensitive outcomes data.
- Contextual issues including architecture of the environment and available technology.



Performance elements should include...

- In order to provide transparency and to provide a means to assist hospital leadership and the Joint Commission to ensure ongoing assessment and review of staffing adequacy, current unit-level data on nurse staffing levels are posted in locations that are available and accessible to patients, visitors and staff
 - Posted data include actual numbers of patients, registered nurses, licensed practical nurses, unlicensed nursing staff providing direct patient care on each unit with comparisons to the unit's normal staffing plan.



Performance elements should include...

- Posted data are updated on each shift.
- Information posted shall include the name(s), contact telephone numbers and email addresses of individuals for patients and/or family members to contact to ask questions or voice concerns about nurse staffing levels, along with the telephone number to voice concerns or complaints to the Joint Commission.
- Posted staffing plan that shows the number and types of staff to meet patient needs.



The Nurse Executive

- In addition, Elements of Performance for Standard 1.10 should ensure that the hospital's nurse executive maintains a direct reporting relationship to the hospital's Chief Executive Officer.



A Call to Action

- Work toward enforcement of HHS/CMS regulations regarding RN staffing
- Call upon the Joint Commission to develop and use an RN staffing standard that ensures adequate nurse staffing
- Report unsafe staffing
- Support nursing education
- Support staffing legislation

