

### Talking Points Nurse Staffing Legislation

The following talking points may be used by hospital leaders in discussing nurse staffing legislation:

- Hospitals recognize the importance of nurses in providing high-quality care and know that nurses make a difference in preventing harm and saving lives.
- Hospitals pay close attention to nurse engagement, nurse staffing, and nurse fatigue, recognizing that these issues can impact the quality and safety of patient care.
- Hospitals are required to ensure safe and adequate staffing under licensure regulations, The Joint Commission accreditation standards, and Medicare Conditions of Participation.
- While nurses clearly make a difference in preventing harm and saving lives, there is no empirical evidence regarding what the configuration of nurse staffing should be or the specific process that hospitals should use to make nurse staffing decisions.
- Nurse staffing levels are influenced by a variety of factors that, in varying combinations, could influence patient care outcomes. These factors typically are reviewed by hospitals each day and for each nursing shift. These include, but are not limited to:
  - Education of nurse.
  - Total years of experience, including experience in specialty care areas.
  - Number of patients assigned to the nurse.
  - Use of other licensed and ancillary staff.
  - Patient acuity and volume within a unit.
  - Ancillary and technology support to the nursing staff.
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- Hospitals develop staffing plans for each nursing unit taking into account:
  - Input from staff nurses and nurse managers in the patient care unit.
  - The type of patient care unit.
  - The typical volume of patients being cared for on a daily and a shift-by-shift basis in the unit.
  - The activity level on the unit (such as patient admissions and discharges).
  - The acuity of patients placed in the unit.
  - Unit configuration, including both space and technology.
  - The use of ancillary and support staff.
  - The model of nursing care used by the unit.
  - Data from reliable sources that assist the hospitals in identifying budgeted nursing hours per patient day for similar types of units in comparable hospitals (such as teaching or non-teaching).
  - Non-direct patient care time to cover for staff meals, vacation, sick time, in-service education, and other non-direct patient care responsibilities outside of the unit.

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- Ensuring nurse input in nurse staffing is important; however, hospitals must have flexibility in making staffing decisions to account for patient needs and hospital resources.
- Hospitals cannot support legislation that forces hospitals to implement staffing recommendations made by committees created by state law, regardless of the multitude of factors that regularly impact hospital staffing decisions.
- Hospitals recognize the importance of making staffing plans accessible to patients and employed nurses, but oppose legislation that would mandate that staffing plans be made available to anyone in the general public who wants to see them.
- In California, which has mandated nurse staffing ratios, there is no clear evidence to suggest that increased numbers of nurses significantly impacted quality of care. Data does reflect, however, that California hospitals did experience increased labor costs higher than in other states.
- Bills mandating staffing practices result in unfunded reporting mandates on hospitals.