Position Statement of Wisconsin Organization of Nurse Executives (W-ONE)

September 2009

Opposition to Legislation on Nurse to Patient Ratios

The Wisconsin Organization of Nurse Executives (W-ONE) recognizes the importance of providing adequate patient care staffing to ensure safe, quality care. W-ONE developed recommendations in a white paper, “Guiding Principles in Determining Appropriate Nurse Staffing: Standards of Practice for Acute Care in the State of Wisconsin” which can be found at this site.

Therefore, W-ONE is opposed to legislating nurse to patient ratios.

Each patient presents a number of variables including:

- Complexity of medical diagnosis and presence of secondary conditions
- Patient’s age
- Severity of the medical condition
- Nursing care interventions needed to treat the current condition and prevent complications
- Psycho-social and safety needs
- Patient / family educational needs

Each care environment presents a number of variables including:

- Physical layout of each nursing unit
- Availability of/use of clinical technologies
- Unpredictable census variability
- Mixing of patient types and patient acuity on same unit
- Availability of ancillary support (pharmacy, lab, respiratory, housekeeping, etc)
- Number, training and experience of available staff

W-ONE supports staffing systems which meet the following standards:

- Assess patient’s needs on a continuous basis
- Account for the physical layout of the care environment
- Identify the training and experience of care providers required to deliver optimal care
- Utilize resources in a responsible manner.

Mandated staffing ratios will not meet this standard. W-ONE opposes the legislation of staffing ratios and believes:

- Wisconsin nurse leaders are committed to creating work environments that best serve the needs of those seeking care and those providing that care.
- Patient care staffing decisions require the evaluation of multiple variables to ensure safe, quality patient care.
- Registered Nurses are trained to assess, plan, implement and evaluate these variables and to establish a plan of care for each individual patient including the staffing requirements.
- Patient staffing must be based on current clinical research. Several staffing models have been developed and validated to provide a framework for Registered Nurses to determine appropriate nurse to patient assignment.
Conclusion

- Mandated nurse to patient ratios were implemented in California in the 2004. There are no published studies describing the impact of ratios on patient outcomes or improvements within the healthcare system in California as a result of these changes. It should also be noted no other state has implemented ratios since 2004.
- The current evidence supports using a number of factors such as patient acuity, use of clinical technology, unit design and nurse expertise to determine nurse staffing, not a “one size fits all” ratio driven model.

Other Position Statements

W-ONE supports the Wisconsin Hospital Association’s position statement:
“Nurse staffing should be done by individual hospitals using data related to patient need, patient mix, staff skill and knowledge, and the physical environment in which care is delivered in order to best determine nurse staffing in their own facilities.”

W-ONE supports the American Organization of Nurse Executives position statement:
“It is the position of AONE that patient care staffing is a management decision based on a complex set of variables under the purview of the registered professional nurse manager”.

References
Wisconsin Hospital Association, “Legislatings Nurse to Patient Staffing Ratios” (No date)
Wisconsin Organization of Nurse Executive, “Guiding Principles in Determining Appropriate Nurse Staffing: Standards of Practice for Acute Care in the State of Wisconsin”, January 2005
American Nurses Credentialing Center (ANCC), Honor Society of Nursing, Sigma Theta Tau International (STTI), Concerro, Inc. “Excellence and Evidence in Staffing Roundtable”, March 2008