

Nurse Staffing Ratios

ISSUE

For over 15 years, Illinois has rejected calls to mandate “one size fits all” nurse-to-patient ratios for Illinois hospitals, recognizing instead that important staffing decisions must be made by professional nurses based on their experience and expertise.

IHA POSITION

IHA strongly opposes mandated nurse staffing ratios because they do not account for a patient’s acuity (patient care needs) or the experience of a registered professional nurse. Numeric ratios are a one-size-fits all approach that discounts existing practices and laws. Illinois, and the nation, are in the midst of a nurse shortage. If numeric ratios were enacted, hospitals might have to unnecessarily close units and limit access to services and procedures simply because there are not enough licensed nurses to satisfy potential ratio mandates for all healthcare services being provided.

KEY POINTS

Rigid, mandatory nurse staffing ratios are inappropriate and inefficient because:

- ▶ **All patients are not alike.** A patient’s needs are individually different and must be assessed by medical professionals when assigning nursing care hours.
- ▶ **All hospitals are not the same.** Variations that affect staffing include the type of hospital, whether it is in an urban, suburban or rural location, availability of nursing skill mix, and physical layout of the hospital.
- ▶ **All nursing resources are not equivalent** with respect to years of experience, training and education; a new graduate does not possess the same skill as a veteran nurse.

Recent studies conclude that state-mandated nurse staffing ratios have no measurable positive effect on patient outcomes, reduced complications, and mortality.

Nurse Staffing Ratios CONTINUED

KEY POINTS

Additionally, Illinois hospitals currently comply with myriad laws designed specifically to address and facilitate safe staffing:

- ▶ **The Nurse Staffing by Patient Acuity Act**, enacted in 2008, requires each Illinois hospital to implement a plan and nursing committee (comprised of at least 50 percent direct care nurses) that aligns patient care needs with registered nursing expertise. The Act received unanimous support in both chambers of the Illinois General Assembly and was supported by the Illinois Nurses Association and IHA.
- ▶ **The Illinois Hospital Licensing Act** requires hospitals to evaluate every patient at each change of shift in order to determine new staffing requirements for the subsequent shift. The law also requires the number of professional personnel assigned to each patient care unit to be consistent with the types of nursing care needed by the patients and staff capabilities.
- ▶ **The Hospital Report Card Act**, enacted in 2004, allows Illinois consumers access to hospital nurse staffing and patient outcomes for each hospital.
- ▶ With the unanimous passage of Senate Bill 201 in 2005, Illinois became the 11th state to **Prohibit Mandated Nurse Overtime** in hospitals. Only in the event of an unforeseen emergent circumstance may nurses be required to work overtime and then only for four hours beyond their predetermined, agreed-to work shift.