ANA MASSACHUSETTS
AMERICAN NURSES ASSOCIATION

October 29, 2014

Chairman Altman and members of the Health Policy Commission:

My name is Tara Tehan and I am President of the American Nurses Association Massachusetts. As the state constituent member of the American Nurses Association, the oldest professional nursing organization in the United States, the American Nurses Association – Massachusetts (ANA-MA), represents the interests of the registered nurses across Massachusetts. Our members include nurses who practice in a variety of settings, providing direct care as well as nurses in management, academia, and advanced practice roles. As the President, I am here today to provide testimony on behalf of ANA-MA on the issue of nurse staffing as it relates to implementing HB 4228, An Act Relative to Patient Limits in all Hospital Intensive Care Units.

Registered nurse staffing is a complex process that requires the consideration of many factors. Appropriate nurse staffing is a match of registered nurse experience with the needs of the recipient of nursing care services in the context of the practice setting and situation.[2] Given this, safe staffing needs to be a fluid and dynamic approach given the minute to minute changes that can occur in the healthcare setting. The American Nurses Association has developed Principles for Nurse Staffing, in which the many considerations that must be factored into the development of an optimal staffing plan are outlined. These include:

- The characteristics and needs of the patient and family.
- The characteristics and expertise of the Registered Nurse.
- Availability and expertise of the interdisciplinary team.
- Principles related to the organization and workplace culture.
- The overall practice environment.
- The evaluation of a staffing plan.

Determination of Patient Acuity

The characteristics and considerations of the patient are the primary factors that must be used when determining the right nurse to patient assignment. However, patient acuity is just one component of intensity of patient needs. Any reliable patient classification system that determines the hours of nursing care a patient requires during a twenty-four hour period must include an objective assessment of the needs of the patient done by the nurse at the bedside for all admissions, discharges, transfers and changes in the condition of the patient. A patient acuity tool must consider the following:

- Age and functional ability.
- Communication skills.
- Cultural and linguistic diversities.
- Existence and severity of multi-morbid conditions.
- Scheduled procedure(s).
- The need to communicate and collaborate with the patient, the patient family, and the interdisciplinary team (for example family meetings to discuss prognosis and goals of care).
- Ability to meet heath care management needs of the patient.
- Safety needs of the patient.

- Availability of social supports.
- Transitional care, within or beyond the healthcare setting.
- Continuity of care.
- Complexity of care needs.
- Environmental turbulence (i.e., rapid admissions, turnovers, and/or discharges).
- Other specific needs identified by the healthcare consumer, the family and the registered nurse.

Given the diversity of intensive care units across the state, ANA-MA recommends that regulations developed by the Health Policy Commission must require all hospitals to develop staffing committees to select or develop an appropriate acuity system to be used in the hospital's intensive care units. These staffing committees should be comprised of at least 55% of direct care Registered Nurses and should be the decision-making body for the selection of an acuity system. Acuity systems should meet the following specifications

- Be based on an assessment by a registered nurse directly caring for the patient.
- Consider patients status and special needs, severity of the condition, degree of stability, complexity of needs, and intensity of required nursing care.
- Available to be used at the time of patient admission, transfers, discharges, during any change in patient condition, and daily.
- Be simple and easy to use.

The patient's identified acuity, as determined by the chosen acuity system should be the basis for determining the patient assignment. The nurse manager or his/her designee should base shift assignments on the patient's acuity and use the indicated acuity to determine 1:1 or 1:2 patient assignments.

Quality Measures

An effective evaluation of staffing plans requires the consideration of both patient and staff measures including:

- Patient Outcomes.
- Time needed for direct and indirect patient care.
- Work related staff illness and injury rates.
- Turnover/Vacancy rates.
- Overtime rates.
- Rate of use of supplemental staffing.
- Compliance with regulation.
- Patient and Nurse Satisfaction.[2]

HB 4228 requires the identification, and reporting, of 3-5 related patient safety quality indicators. The quality indicators should be patient outcomes that are determined to be nursing sensitive and improve if there is a greater quantity or quality of nursing care[3]. ANA-MA recommends the following patient safety, quality indicators for use in intensive care units:

- Registered Nurses Hours per Patient Day (Recommended definition is the percentage of registered nursing care hours as a total of all nursing care hours).
- Hospital Acquired Infections.
- Patient Falls (with and without injury).
- Pressure Ulcer Rate, Hospital Acquired.
- Restraint Use.

The identification and development of Nursing Sensitive Indicators, and appropriate quality measures in general, is evolving. We recommend that the Department of Public Health recognize this and be open to additional quality measures in the future.

Public Reporting on Staffing Compliance

ANA-MA supports the public reporting on both registered nurse staffing compliance and quality indicators through existing methods of public reporting. Currently *PatientCareLink*, a collaborative between the Massachusetts Hospital Association, Organization of Nurse Leaders of MA and RI, and the Home Care Alliance provides a mechanism of voluntary reporting on staffing plans, actual staffing through reporting of actual worked hours per patient day, and quality measures. ANA-MA recommends requiring hospitals to report, on a quarterly basis, Registered Nurse Hours per Patient Day as well as the chosen Nursing Sensitive Indicators, using the current *PatientCareLink*. Oversight of hospital compliance will be provided by the Department of Public Health.

An evaluation of the staffing plan is essential to ensuring optimal staffing. ANA-MA supports collaboration between staff nurses and nursing leadership in developing and evaluating a staffing plan. In addition to public reporting, ANA-MA recommends the use of unit-based staffing committees to review patient acuity data, actual staffing, and patient safety quality outcome data. This unit-based, peer reviewed committee will provide a venue for staff nurses to bring staffing concerns forward.

We appreciate the opportunity to provide testimony before this Committee and to express our support for an approach that protects consumers while ensuring decision making regarding nurse staffing remains with the Registered Nurse. We are committed to working with policy-makers and providers to support and advance meaningful reform to safeguard the health care needs of all the citizens of the Commonwealth.

1. American Nurses Association. September 2013. Safe Staffing Literature Review. Retrieved March 20, 2014 from http://www.nursingworld.org/MainMenuCategories/ThePracticeofProfessionalNursing/NurseStaffing/Key-Findings-from-Research-Studies-on-Safe-RN-Staffing.pdf.aspx
2. American Nurses Association. (2012). ANA's Principles for Nurse Staffing. 2nd Edition. Silver Spring: Nursesbooks.org
3. American Nurses Association. October 2014 Nursing – Sensitive Indicators. Retrieved October 9, 2014 from http://www.nursingworld.org/MainMenuCategories/ThePracticeofProfessionalNursing/PatientSafetyQuality/Research-Measurement/The-National-Database/Nursing-Sensitive-Indicators_1