



ONL NJ Position Statement 2024

Mandated Staffing Ratios: One Size Does Not Fit All

Position: ONL NJ opposes a mandate of staffing ratios and requirements for acuity systems.

Hospitals have systems in place to allocate resources to safely meet patient needs.

The Organization of Nurse Leaders of New Jersey (ONL NJ) affirms that every patient deserves safe, individualized, high quality nursing care, a core nursing value supported by the Code of Ethics for Nurses (ANA, 2019). A critical element impacting positive patient outcomes is the effective match between the complexity of the patients' needs and the nurses' competency, skill level, expertise and experience (AACN, 2018). Current New Jersey statute requires hospitals to "have in place a staffing plan that addresses nurse staffing requirements and identifies patient needs while recognizing the need for flexibility by allowing patient care assignments to be made on an individual basis by a registered professional nurse and reflects staff competence, skill and aptitude and patient needs" (N.J.A.C. 8:43G-17.1).

Mandated ratios are antiquated and do not guarantee safe patient care.

Mandated staffing ratios represent inflexible numbers that do not consider variables such as the level of education, competency or expertise of the nurse, skill mix, complexity and individual needs of patients, autonomy of the professional nurse in decision making, nor the supportive resources available to the nurse. Regulations that provide minimum direct care registered professional nurse-to-patient staffing ratios and unlicensed assistive personnel-to-patient staffing ratios for all patient units is an antiquated approach to patient care. Ratios limit the ability to achieve the optimal team-based model that draws individuals from several disciplines and services, those who are licensed as well as unlicensed. Implementing such mandated ratios risks the community's access to care from potential reduction or closure of services, facilities and hospitals.

The American Association of Critical Care Nurses (AACN) states "staffing is a complex process. Its goal is to match the competencies of nurses with the needs of patients at multiple points throughout their injury or illness. Because the conditions of critically ill patients fluctuate rapidly and continuously, it is imperative that nurse staffing decisions consider more than fixed nurse-to-patient ratios. Reliance on staffing ratios alone can create a dangerous mismatch by applying a fixed solution to a dynamic situation. Staffing solely according to rigid ratios ignores variability in patient needs, patient acuity, nurse competencies, and the status of the work environment" (AACN Standards for Establishing and Sustaining Health Work Environments, 2nd edition 2016). Additionally, nurse-to-patient ratios have no impact when combined with poor working environments (Aiken et al 2011). McHugh and colleagues (2014) observed that Magnet status

through the American Nurses Credentialing Center (ANCC), which promotes healthy work environments in its standards, is a worthy goal to achieve and one that New Jersey hospitals have led since the program's inception in 1994.

New Jersey hospitals continue to achieve substantial improvements in quality scores.

ONL NJ supports the ongoing collection and analysis of patient quality and safety outcomes especially those nurse sensitive indicators involving pressure ulcers, falls and hospital acquired infections.

According to the 2021 Hospital Performance Report, New Jersey hospitals continue to achieve substantial improvements in their overall quality scores without mandated ratios. The annual report released by the state Department of Health, illustrated "New Jersey hospitals continue to make great strides in reducing medical errors (PSIs) and decreasing the incidence of hospital acquired infections (HAIs) in our hospitals, exceeding or equaling national rates on most measures, thereby making our hospitals safer for patients and their families" (State of New Jersey Department of Health, 2021). Moreover, New Jersey ranks sixth nationwide for the percentage of Leapfrog A grade hospitals (New Jersey Health Care Quality Institute, 2022) and eighth for health care (US News & World Report, 2023).

Alternative to mandated staffing ratios.

ONL NJ has collaborated with the Chief Nursing Officers Constituency Group at the New Jersey Hospital Association, New Jersey State Nurses Association (NJSNA), the NJ Council of Magnet Organizations (NJCOMO), the NJ Council of Deans and Directors to form the Nursing Workforce Environment Staffing Committee (NWESC) as an example of a collaborative forum to give staff nurses respected voice in the determination of human and environmental resources needed to provide the best care to the patients we serve. The NWESC model demonstrates that nursing professionals can address the workplace environment without mandated ratios or staffing committees. It has been successfully implemented in more than 68 percent of the hospitals in New Jersey. Healthcare systems can readily employ a similar model to NWESC that emboldens staff, improves communication and advocates for resources to continue to make our hospitals safer for the patients and their families.

It is the position of ONL NJ that the autonomy of the professional nurse must be maintained at all times. Currently, appropriate staffing decisions are made by professional registered nurse managers in collaboration with their registered nurses. This maintains the flexibility in determining the appropriate staffing based on today's unpredictable, dynamic patient care environments highlighting one size does not fit all.

About ONL NJ

Since 1971, the Organization of Nurse Leaders of New Jersey (ONL NJ) has been the professional organization of choice for nursing leaders in their quest for a united voice in representing nursing administration and management in all practice settings. ONL NJ has over 500 members, representing more than 90% of the hospitals in New Jersey. Our membership includes 20,000 active registered nurses and includes aspiring nurse leaders, doctoral recipients, educators, nurse managers, clinical nurse leaders, administrative directors of nursing and patient care, and Chief Nursing Officers.

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