



ONL NJ Position Statement

2022-2023

Nurse Staffing

Position: ONL NJ opposes a legislated mandate of imposed staffing ratios

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).

ONL NJ supports the ongoing collection and analysis of patient quality and safety outcomes, especially those nurse sensitive indicators involving pressure ulcers, falls and ventilator associated infections, as measured outcomes of appropriate nurse staffing. 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, the acuity, complexity and individual needs of patient care, nor the supportive resources available to the nurse.

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). Very recently, (November 15, 2022), The Leapfrog Group, a national nonprofit representing hundreds of employers and purchasers of health care, announced that New Jersey now ranks 6th in the US for percentage of "A" grade hospitals for safety and quality, up from 12th in Spring 2022.

It is the position of ONL NJ that patient care staffing decisions should remain under the purview of professional registered nurse managers in collaboration with their staff registered nurses, to maintain the flexibility in determining the appropriate staffing based on today's unpredictable, dynamic patient care environments. ONL NJ has collaborated with the New Jersey State Nurses Association (NJSNA), the NJ Council of Magnet Organizations (NJCOMO), the NJ Council of Deans and Directors and the NJ Nursing Leadership Council (NJ NLC) to form the Nursing

Workforce Environment Staffing Commission as an example of a collaborative forum to give staff nurses respected voice in the determination of human and environmental resources needed to provide best care to the patients we serve.

As an example, 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 60 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.

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.

For more information, contact:

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