OREGON NURSES ASSOCIATION
ACTION REPORT
NURSE STAFFING

Submitted by
Cabinet on Human Rights, Ethics, Practice & Research

Recommended action:

1. Adoption of an updated definition of unsafe nurse staffing.
2. Support for continued development of an evidence base related to nurse staffing in Oregon.
3. Support an annual comprehensive ONA Survey of Staff Nurse professional opinion evaluating:
   a) The appropriateness of staffing levels in the nurse’s place of practice and;
   b) The effectiveness of implementation of nurse staffing law, as in statutes and administrative rules, at the nurse’s place of practice.
4. Development of collaborative efforts related to nurse staffing with entities such as, but not limited to Oregon Association of Hospitals and Healthcare Systems, American Nurses Association, and the National Database on Nursing Quality Indicators.
5. Seek funding for research studies related to nurse staffing in Oregon.

Background

In 2003, the House of Delegates debated and then adopted a definition of a staffing problem. This definition has served well, but the current language of Oregon Revised States on nurse staffing adds the element of safety as the variable that is required for staffing which is not perfect versus staffing that is reportable. Thus, the element of patient safety needs to be added as depicted in the table below:

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<th>Proposed 2008 Definition</th>
<th>2003 Definition</th>
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<td>Unsafe staffing refers to the actual or potential likelihood that negative patient/family and/or nurse staff outcomes will occur.</td>
<td>“Unsafe staffing refers to the professional judgment of the nurse that there is a situation which, due to the staffing, contains the potential or actual likelihood of one or more negative outcomes for the patient(s), families, and/or staffing giving care in a room, one a unit, or within a cluster of specialty related units.” (2003, ONA HOD).</td>
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<td>There is evidence that the following variables are frequently if not always linked to negative outcomes:</td>
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<td>• Not enough staff are present;</td>
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<td>• The right mix of staff are not present;</td>
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<td>• The patient acuity is not manageable with the staff present;</td>
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<td>• The nurse workload intensity is too complex to be managed safely within the shift;</td>
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<td>• Other factors such as remodeling, students, orientees, and presence of inoperable/broken equipment or lack of equipment.</td>
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The Oregon Revised Statues related to nurse staffing defines “safe” and “unsafe patient care”. These definitions are congruent with the proposed new definition of unsafe staffing.

Since 1996, ONA has maintained a data base of reports that are related to instances of insufficient and unsafe nurse staffing. This data currently holds reports of approximately 2400 individual nurses, groups of nurses and charge nurses from all over the state of Oregon, including ONA represented hospitals as well as the jails, public health agencies, home health agencies. Reports have also been received from nursing students. It is important that this data base continue and be supported through allocation of ONA staff time and talent since this is the only known data base on nurse staffing in the state of Oregon.

During the past year, ONA has joined a group convened with the Oregon Association of Hospitals and Healthcare Systems. The ONA “delegation” has consisted of staff nurses from ONA, and ONA staff (Davidson, Taylor). This group has begun to explore issues related to nurse staffing such as a proposal for a common repository of information from various facilities on nurse staffing, a co-sponsored summit on nurse staffing in fall, 2008. Such collaboration has resulted in important communication and some collaboration and should be fostered.

Finally, several entities within Oregon and outside of it are interested in supporting research activities related to nurse staffing. ONA, Professional Services is actively seeking to obtain funding for much needed support related to the link between nurse staffing and outcomes on a shift/on a unit, a different unit of analysis than many of the existing nurse staffing research. Obtaining such funding is part of the ONA effort to refine its approach to nurse staffing in Oregon.

**Implementation:**

1. ONA Cabinet on HREPR will be the primary responsible structural unit to monitor nurse staffing.
2. Designated group on Cabinet on HREPR will continue to participate in collaborative efforts with OAHHS.
3. ONA staff will seek research funding for nurse staffing studies.
4. ONA Professional Services will maintain the Staffing Request and Documentation data base.

**Financial impact:**

1. Current activities are covered in the Professional Services budget and in the budget allocation for the Cabinet on HREPR.