



## **Update on Staffing Ballot and Coalition Membership**

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In November 2018, citizens of the Commonwealth Massachusetts will likely be able to cast their vote in favor of or in opposition to implemented mandated ratios. The American Nurses Association has developed evidence based, safe staffing guidelines in a comprehensive white paper. The ANA Massachusetts believe that strict staffing ratios undermines a nurses critical thinking and involvement in patient care, and dilutes the guidelines outlined by ANA. We favor a flexible plan that allows nurses, not legislators or the general public, to consider the acuity of their patients, the skill mix of nurses and a variety of other factors when deciding on patient care assignments.

When the potential arose for ANA MA to join the Coalition to Protect Patient Safety, the Board of Directors commenced an arduous process of deliberation as to whether to join in a coalition in opposition to the ballot initiative or not. ANA MA is a strong, supportive voice for the issue of safe staffing and believe that we have the gold standard of staffing guidelines in the ANA white paper. Ultimately, the Board believed that joining the Coalition would strengthen the voice we have in opposition and would offer opportunities in a variety of forums with key stakeholders to present the ANA Safe Staffing guidelines as a viable option for staffing determinations instead of the strict ratios. The Coalition has adopted and promotes ANA's safe staffing guidelines and it has been incorporated in the presentations that are being given at hospitals throughout Massachusetts.

We realize that there may be many questions regarding this important issue. We urge everyone to access and read the ANA Safe Staffing White Paper as it is a comprehensive guide to nurse staffing. Also, please do not hesitate to reach out to ANA Massachusetts with additional questions or concerns. We will continue to provide updates as to the current state of the staffing ballot and Coalition. Below are some resources we hope can provide some clarification and guidance.

### **COMMONLY ASKED QUESTIONS**

#### ***WHAT IS THE ANA MASS SAFE STAFFING POSITION AND WHY ARE WE OPPOSING THE MNA BALLOT INITIATIVE?***

The nurses who are members of MNA, like all nurses in the Commonwealth, provide compassionate, patient centered and evidence based care to the residents of Massachusetts. They are our colleagues. We do not however support the strict staffing ratio ballot initiative.

## **WHAT IS THE ANA MASS SAFE STAFFING POSITION?**

ANA Supports optimal staffing as essential to providing excellent nursing care with optimal patient outcomes. Staffing models that consider the number of nurses and/or the nurse-to-patient ratios and can be adjusted to account for unit and shift level factors. Factors that influence nurse staffing needs include: patient complexity, acuity, or stability; number of admissions, discharges, and transfers; professional nursing and other staff skill level and expertise; physical space and layout of the nursing unit; and availability of or proximity to technological support or other resources.

Nurse staffing is clearly more than numbers. We favor a plan with enough flexibility to allow the nurse at the bedside to decide how they provide care after careful consideration of the acuity of the patient, the experience level of the nurse, and the resources available on the unit. We also support staffing committees made up of more than 55% clinical nurses to guide organizations in assignment making. We believe organizations need to be held accountable when staffing is not appropriate.

## **HOW IS THIS DIFFERENT FROM THE MNA STAFFING BALLOT INITIATIVE?**

The impact of the ballot initiative would remove clinical input while staffing hospitals day in and day out. Assignments are made on the basis of patient needs on any given day and require professional input. Putting strict ratios into law, makes the government, who are not nursing professionals, decide each day what patients will need. Although this measure sounds good on the surface, and recognizing that some nurses have supported this measure with the perception that it will provide more nurses, in actuality, it can create more disparate nursing coverage for patient care. Moving staffing decisions away from the professional nurses in an organization on a daily basis ultimately increases rigidity, and could actually limit needed coverage on a particular unit, because nurses would be assigned by law, not by patient need.

<b>ANA STAFFING GUIDELINES</b>	<b>PROPOSED BALLOT INITIATIVE</b>
<b>NURSE DRIVEN STAFFING</b>	<b>GOVERNMENT MANDATED STAFFING</b>
<b>UTILIZES EVIDENCE BASED STAFFING METHODOLOGY PROCESS</b>	<b>MANDATES FIXED RATIOS AT ALL TIMES</b>
<b>ACCOUNT FOR MANY FACTORS IN NURSE STAFFING: PATIENT ACUITY AND COMPLEXITY</b>	<b>REMOVES ABILITY TO VARY STAFFING BASED ON MULTIPLE FACTORS: LIMITS NURSE ABILITY TO SHIFT ASSIGNMENTS BASED ON ACUITY</b>
<b>NUMBER OF ADMISSIONS, DISCHARGES &amp; TRANSFERS</b>	<b>LACK OF FLEXIBILITY – RATIOS REMAIN THE SAME DESPITE RAPID SHIFTS IN PATIENT NUMBERS</b>
<b>EXPERIENCE LEVEL OF NURSES</b>	<b>SKILL MIX NOT CONSIDERED</b>
<b>PHYSICAL SPACE</b>	<b>NOT CONSIDERED</b>
<b>LAYOUT OF NURSING UNITS</b>	<b>NOT CONSIDERED</b>
<b>AVAILABILITY OF OTHER RESOURCES (EG: NURSING SUPPORT STAFF/TECHNOLOGY)</b>	<b>DOES NOT ACCOUNT FOR CONTRIBUTIONS OF NURSING SUPPORT STAFF AND THE</b>

## RESOURCES FOR YOUR REVIEW

### ANA Safe Staffing White Paper:

<http://c.ymcdn.com/sites/www.anamass.org/resource/resmgr/docs/NurseStaffingWhitePaper.pdf>

### ANA Safe Staffing Model Legislation:

[http://c.ymcdn.com/sites/www.anamass.org/resource/resmgr/health\\_policy/2018\\_House\\_staffing\\_legislat.pdf](http://c.ymcdn.com/sites/www.anamass.org/resource/resmgr/health_policy/2018_House_staffing_legislat.pdf)

## IMPORTANT POINTS FROM THE LITERATURE

**“No empirical evidence supports that a specific numbers assigned through mandatory ratios achieve better patient outcomes.”**

Blakeman Hodge, M., Romano, P., Harvey, D., Samuels, S., Olson, V., Sauve, M., & Kravits, R. (2004). Licensed caregiver characteristics and staffing California acute care hospital units. *Journal of Nursing Administration, 34(3)*, 125-133.

**“Once passed into law, legislation is difficult to change if research disproves its effectiveness and public and private support of the nursing profession could be affected negatively. “**

Buerhaus, P.I. (2010). It's time to stop the regulation of hospital nurse staffing dead in its tracks. *Nursing Economic\$ 28(2)*, 110-113.

**“Another major concern with mandatory nurse-patient ratios is ignorance of critical factors, such as nurse education, skills, knowledge, and years of experience.”**

Chapman, S. (2009). How have mandated nurse staffing ratios affected hospitals? Perspectives from California hospital leaders. *Journal of Healthcare Management, 54(5)* 321-335.

**“Mandatory staffing ratios also ignore other critical criteria necessary for adequate staffing decisions, including patient acuity and required treatments, length of stay, team dynamics of staff, physician preferences, environmental limitations, variations in technology, and availability of ancillary staff.”**

Douglass, K. (2010). Ratios – If it were only that easy. *Nursing Economic\$, 28(2)*, 119-125.

**“Since the passage of California Assembly Bill 394, which mandated minimum, specific, and numerical nurse-patient ratios in hospitals, three studies (Bolton et al., 2007; Donaldson et al., 2005; Greenberg, 2006) found no significant impact on nursing effectiveness.”**

Bolton, L., Aydin, C., Donaldson, N., Brown, D., Sandhu, M., Fridman, A., & Aronow, H (2007). Mandated nurse staffing ratios in California: A comparison of staffing and nursing-sensitive outcomes pre- and post-regulation. *Policy, Politics and Nursing Practice, 8(4)*, 238-250.

Douglass, K. (2010). Ratios – If it were only that easy. *Nursing Economic\$, 28(2)*, 119-125.

**“Due to the mandated ratios which were implemented in California, hospital administrators have made difficult decisions and changes. These include reduced hiring and dismissal of ancillary staff, holding patients longer in the emergency department, hiring more agency and per diem nurses, and cross training nurses to cover breaks.”**

Douglass, K. (2010). Ratios – If it were only that easy. *Nursing Economic\$,* 28(2), 119-125.

*We sincerely thank you for your commitment to the American Nurses Association Massachusetts and to our wonderful profession. Please reach out to us at any time regarding this issue or others.*