



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 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 50% 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 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.

Resources:

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