IONL Position Statement
Nurse Staffing/Ratio – Matching Nursing Resources with Inpatient Needs

Background:

Nurse staffing is one of the most critical activities that occurs in hospitals and healthcare organizations and affects patient care quality, patient outcomes, patient satisfaction, staff satisfaction, and organizational well-being. Many factors are important and considered when developing a staffing plan for each patient care area and when finalizing the staffing needs and patient assignments for each RN on each shift on each unit. Factors include the number, acuity and clinical needs of patients, education and transition needs of patients, psychosocial and emotional needs of patients; skills, experience and education of the RNs working, skills, experience, and education of UAPs (unlicensed assistive personnel), involvement of multidisciplinary team members (e.g., pharmacists, respiratory therapists, physical therapists, dietitians). organizational and unit factors such as medication and dietary delivery systems, unit layout, support systems, equipment, documentation, etc. The process of staffing is too dynamic and complex to rely on a simple nurse-to-patient ratio system that assumes all patients are the same, all nurses are the same, and all units are the same.

Position Statement:

IONL supports the current Illinois Hospital Report Card Act and the Illinois Nurse Staffing by Patient Acuity Act, which mandate a publicly visible staffing plan for each patient care area, developed by a committee that includes at least 50% bedside nurses. The committee must meet at least twice a year to accomplish the following: evaluate, review, revise, and develop the staffing plan for each unit based on the usual patient population (e.g., cardiac, medical, surgical, obstetric, pediatric, emergency, intensive care); and staff factors and organizational and unit factors, including the number of patients each RN is usually assigned. The staffing plan includes the process for adjusting staffing by shift, based on patient acuity and other factors, to meet the needs of those patients present and expected for that shift. The control for the staffing decisions is at the hospital unit level, with input from staff and leadership, to deliver optimal and safe patient care.

IONL does not support legislation that mandates specific nurse-to-patient ratios for all hospitals. While many of the ratios appear appropriate on the surface, there is no flexibility in their application based on patient, staff, and organizational factors. Ratios are arbitrary, focusing on numbers of patients and RNs, rather than patient needs, staff skills and experience, and desired patient outcomes.

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