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POSITION STATEMENT ON SAFE STAFFING RECORD KEEPING AND TRANSPARENCY

The Michigan Organization of Nurse Leaders (MONL) membership is comprised of Michigan registered nurses in leadership roles across the care continuum, including nurse executives, nurse managers, nursing educators, students enrolled in nursing administration programs, retired nurse leaders, consultants and directors and deans of nursing programs. The mission of **MONL** is to promote proactive nursing leadership and provide professional development and support for our members. We achieve our objectives through a collaborative process while serving as a catalyst for shaping and influencing health care policy and deliver.

LEGISLATION PROPOSING RECORD KEEPING AND TRANSPARENCY EXPECTATIONS RELATED TO NURSE TO PATIENT RATIOS:

Background: 13 states in the US have adopted similar legislation around Staffing Committees and/or Public Reporting. The non-ratio legislation related to staffing committees and reporting is, however, already largely addressed. **The Michigan proposed legislation relevant to nurse staffing record keeping and transparency is duplicative of existing state and federal regulations and health system accreditation standards.**

- There are existing federal regulations promulgated through Center for Medicare and Medicaid Services (CMS), Conditions of Participation (COP) for U.S. Hospitals, §482.23b Nursing Services. The CMS conditions already require hospitals to maintain "written staffing schedules which correlate to the number and the acuity of patients." In addition to the documented number of patients and acuity (intensity of care need), the conditional requirement includes numerous other variables such as training and education level of the nurse(s), environment where the care is provided, etc. *All of which must be available in maintained records for review at any time.
- Furthermore, The Joint Commission for Accreditation of Hospitals and Health Systems (TJC) requires these standards are met and maintained "Leaders provided for a sufficient number and mix of individuals to support safe, quality care, treatment, and services." Additionally, TJC assesses hospital compliance to reporting (including public transparency): LD.03.04.01 "The hospital communicates information related to patient safety and quality to those who need it, including staff, licensed independent practitioners, patients, families, and all external interested parties."
- State of Michigan laws for Hospital record retention already exist: 7 years from the date of service Mich. Comp. Laws § 333.20175 (2008).

Additionally:

- Many hospitals already have nursing structures/or committees of staff nurses that contribute to the discussions and decisions made related to staffing plans and models.

- Nurse Practice Councils, active in many MI hospitals, consider part of their responsibility for nursing practice to be an advocate for safe staffing (whether it is in staffing models; skill-mix; staffing patterns; or tools/technologies designed to support the practicing nurse).
- Nurse leaders publically report at least annually, to their Governance Boards, a staffing effectiveness report – encompassing and correlating staffing plans; numbers; staffing type; etc. to clinical patient outcomes. This report is also available and/or required for review with state and national regulatory/accrediting bodies, including TJC and CMS.

It is the position of Michigan Organization of Nurse Leaders that additional legislated requirements are NOT an appropriate strategy, and would be poor use of national and state resources that could otherwise be utilized to support efforts to increase educational and development funding opportunities for nurses.

MONL BELIEFS and CURRENT STATE:

MONL nurse leaders believe nurses are vital to ensuring patients receive quality care and are satisfied with their hospital experience. Research shows that nursing care is key to good patient outcomes. (ANA Key findings pdf). We also believe nurses are best prepared and poised to determine the staffing appropriate to manage their unique patient populations...*doing so requires their engagement and knowledge of staffing standards, methodologies, benchmarking comparatives, patient acuity and diagnostic information, etc. – all transparently provided.*

MONL nurse leaders values their nurses and are committed to providing environments where nurses want to practice. Our approach to enhancing the practice of nursing is three-fold: (1) empower nurses as decision-makers; (2) invest in nurse education; and, (3) leverage technology to enable nurses to work more efficiently. **This MONL position paper will focus on Decision Making (please see MONL: POSITION STATEMENT ON SAFE STAFFING, 04/2016 for additional information).**

Empowering Nurses as Decision-makers

Research has consistently shown nurses desire control over their environment and the way they practice their profession and provide care. MONL seeks to continually empower RNs with authority over their practice, including staffing decisions, as well as recognize the awesome work and responsibility of nurses as professionals.

- Nursing Shared Governance structures at many hospitals provide a forum for nurses at all levels to engage together in decision-making and innovation in Nursing Excellence.
- Similarly, Practice Councils comprised of staff nurses routinely review, revise, create, and/or recommend practice/procedure changes; and effectively advocate for safe practice.
- The Magnet Recognition Program is a model for empowering nurses. The documented result of Magnet status is top tier quality, improved nurse satisfaction, lower turnover, and greater application of best practices. Numerous MI Health hospitals have accepted the challenge to pursue Magnet standards.
- In the great state of Michigan, nurses are also engaged and empowered in innovation supporting safe practice through the Michigan Keystone work. MI outcomes are often reported as leading edge; and are frequently better than California reported outcomes.

RECOMMENDATIONS AND SUMMARY COMMENTS:

1. Legislative bill requiring nurse staffing record keeping and transparent provision of such information is not needed (existing regulations and requirements exist).
2. Hospital nursing units routinely post staffing schedules and matrices. Many hospitals engage nurses in self-scheduling (i.e., developing and posting their own staffing schedules). MONL encourages this practice.
3. Many hospitals already have in place staffing committees that would support the transparent sharing of staffing information; MONL recommends this continuance. Note: such structures are regularly verified by accrediting agencies.
4. States should invest their energy and time in support of continuing education for nurses so that, for example, those who have Associate degrees can obtain Bachelor's degrees. Nursing faculty are also needed, so support for graduate study is a critical method for improving patient care.
5. Funding opportunities for continuous professional nurse development should be a key focus.

CONCLUSION:

In conclusion, the commitment to nurses as professionals and the importance of their involvement in decision making and leadership and their role as a collaborative team member is critical to encouraging nurses to stay in the profession and to attracting the best candidates to the profession. We ask our congress men and women to continue efforts to support the recruitment and retention of nurses specifically in strategies addressing acute and projected shortage areas, educational need, and professional development – rather than in legislation that is duplicative and unnecessary.

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