

NURSE STAFFING REPORTING

POSITION

The American Nurses Association (ANA) supports standard, public reporting of nurse staffing levels, staffing mix, and patient outcomes. Publicly available information on staffing and nursing sensitive indicators is needed to provide health care consumers with reliable information about the health facilities on which they rely.

BACKGROUND

Numerous studies have shown that the amount of nursing care provided to patients is a key determinate of quality care. Research published in the October 23, 2002 *Journal of the American Medical Association* demonstrated that registered nurse staffing levels have a significant impact on preventable deaths in hospitals, and that the odds of patient mortality increase 7 percent for every additional patient added to the average registered nurse's workload. The Joint Commission on the Accreditation of Healthcare Organizations reported in 2002 that inadequate nurse staffing contributes to nearly a quarter of all unexpected incidents that kill or injure hospitalized patients.

Yet, there is no reliable means for patients to obtain information on nurse staffing. Centers for Medicare and Medicaid Services (CMS) home health comparisons do not include any information about the quantity of nursing care, and CMS' own studies have shown that the nursing home staffing data reported to CMS is highly inaccurate.

The Patient Safety Act, federal legislation supported by ANA, would address these concerns by requiring health care facilities to report information on nurse staffing. Hospitals, nursing homes, home health agencies, hospice, ambulatory surgical centers, and renal dialysis facilities would be required to submit quarterly reports detailing their registered nurse (RN), licensed professional nurse (LPN), and unlicensed patient care personnel staffing. This information would be broken down in terms of the total hours of nursing care per patient for each unit and each shift. Information showing the average number of patients per RN, LPN and unlicensed assistants, would also be required. In addition, these providers would report risk-adjusted patient mortality rates (in raw numbers and in diagnostic-related groups), and the incidence of other adverse patient outcomes. Nursing facilities would also report their retention rates for RNs, LPNs, and certified nurse assistants.

The CMS would be required to make the information publicly available, including publication on the Health and Human Services website. CMS would also share this information with state agencies responsible for licensing or accrediting the facility, and with any member of the public who requests it. CMS would be required to directly audit

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the data require by skilled nursing facilities, and would establish a means to audit the information from other sources through their regular participation agreements. In addition, CMS would be required to compare nursing homes against each other based on their staffing levels.

The bill also provides important protections to health facility employees who notify state or federal authorities, and/or accreditation agencies about conditions in the facility that are dangerous or potentially dangerous to patients.

RATIONALE

The Centers for Medicare and Medicaid Services (CMS), in collaboration with the Hospital Quality Alliance (HQA) is already engaged in public reporting of some quality measures through the Hospital Compare website (www.hospitalcompare.hhs.gov). There, consumers can get information online on “how often hospitals provide some of the recommended care to get the best results for most patients.” According to CMS “this quality information not only helps you make good decisions about your health care, but also encourages hospitals to improve the quality of health care they provide.” ANA believes that adding nurse staffing information to this information would go a long way in furthering this important goal.

The National Quality Forum (NQF) and the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) support public reporting of nurse staffing and other nursing sensitive indicators.

Recognizing the important relationship between nurse staffing and patient care, in 2004 the NQF recommended that acute care hospitals track and report the number of nursing hours per patient day for RN, LPN, and unlicensed nurses. This recommendation was among 15 national voluntary consensus standards for nursing-sensitive care endorsed in the document by NQF. (*National Voluntary Consensus Standards for Nursing-Sensitive Care: An Initial Performance Measure Set*)

In 2005 the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) added its support for the NQF-recommended measures by publishing *Implementation Guide for the NQF Endorsed Nursing-Sensitive Care Performance Measures*. ☺