**Nurse Staffing By Patient Acuity**

**(Illinois Law:** *210 ILCS 85/10.10***)**

According to the American Nurses Association, nurse staffing is a complex issue. Matching the right nurse to the right patient at the right time requires an understanding of the individual patient’s need for care, nurse characteristics, workflows, and the context of care, including organizational culture and access to resources.

Patient acuity, the measurement of the intensity of nursing care required by a **patient**, is an important component of nurse staffing because acuity-informed staffing approaches have actually been shown to improve patient outcomes and enhance nurse satisfaction.

Illinois hospitals are engaged in many efforts to provide an excellent workplace environment and rewarding career opportunities for nurses. Passed in 2007, Illinois’ Nurse Staffing by Patient Acuity Act was a groundbreaking initiative that addresses the concerns of direct care staff nurses and hospitals in order to best serve and deliver safe, quality care to patients.

**Features of the Act**

* Promotes quality patient care consistent with professional nursing standards supported by evidence-based studies.
* Assures that direct care nurses have a significant voice in the hospital’s staffing process.
* Mandates that at least 50% of nursing care committees charged with addressing the hospital’s staffing plan are direct care staff.
* Allows hospitals and their nurses to plan staffing and then adjust that plan as patient needs change to account for a wide range of considerations, including: the number of patients; the severity of their illness; and the available staff skills mix.
* Balances requirements for a written plan with a very dynamic process involving direct care staff in each hospital to promote best patient outcomes.
* Aligns staffing considerations based on patient needs and nursing resources.
* Allows Illinois’ 200 hospitals and their nurses to specifically tailor their staffing plans to meet the unique needs of patients in each of their hospitals.

***Considerations for Discussion with Your Direct Care Nurses:***

1. Provide a snapshot of your hospital’s nursing demographics and patient population, e.g., personalize to your organization’s unique situation, such as rural, suburban, academic.
2. Share your organization’s current infrastructure and commitment to direct care staff.
3. Provide examples of work environment and enhancements to support direct care staff in their delivery of patient care services.
4. Describe how your hospital has implemented the Act.
5. Outline specifics regarding direct care staff’s role and opportunity to voice input and direction to staff planning. ***Compare and contrast to how circumstances would change if RATIOs became law.***
6. Discuss recommendations from direct care staff that have been taken into consideration in your hospital and how they’ve improved the delivery of care for both your nurses and patients.
7. Encourage your direct care nurses to share how their role is much more than just a ratio “numbers” game. Share involvement and participation in nursing care committees and professional development, quality improvement, patient safety, and patient/family care rounds.
8. Discuss the nurse shortage issue, specifically to highlight your hospital’s current commitment and efforts related to workforce development.

**Talking Points for Direct Care Nurses – Opposing Nursing Staff Ratios**

* Having had nurse-patient staffing ratios for over 15 years, California remains the only state that has mandated them.
* More than 40 hospitals and health systems in Illinois have achieved the hard won **Magnet** designation from the American Nurses Credentialing Center for nursing excellence, quality patient care and innovations in professional nursing practice. That is more than any other state except Texas.
* The Centers for Medicare and Medicaid Hospital Compare Star Ratings were designed to assess hospitals’ overall quality performance. For 2020, Illinois has a much higher percentage of 4 and 5 star hospitals than California and a lower percentage of 1 and 2 star hospitals than California.
* Recent government data indicates that Illinois hospitals perform better than California hospitals on key nurse-sensitive quality measures including Catheter Associated Urinary Tract Infections, Central Line Associated Bloodstream Infections, and Clostridioides difficile.
	+ CMS Hospital-Acquired Conditions (HACs) Reduction Program
		- Illinois has substantially fewer hospitals (36) than California (78) penalized because their patients had too many infections and potentially avoidable injuries.

* + Illinois performs better than California on key Healthcare-Acquired Infection (HAI) measures and Standardized Infection Ratios (SIR) - CMS Healthcare-Acquired Infections by States .
		- Catheter-Associated Urinary Tract Infections (CAUTI) – ICU & Select Wards (HAI 2 SIR)
		- Central Line-associated Bloodstream Infections (CLABSI) – ICU & Select Wards (HAI 1 SIR)
		- Clostridioides difficile (C. diff) (HAI 6 SIR)
* Independent studies designed to assess California’s experience with mandated nursing staff ratios conclude that ratios do not improve patient outcomes or nurse job satisfaction.
* Illinois does not have enough nurses to meet the requirements of staffing ratios – the state faces a major nursing shortage.
* The Illinois Nursing Workforce Center (within the Department of Financial and Professional Regulation) estimates that Illinois has an overall shortage of 21,000 nurses.
* The Center released a report in 2018 that indicates Illinois has an aging Registered Nurse workforce – with more than half of the state’s RNs 55 years of age or older. The report also indicates that nearly one-third of the state’s RNs plan to retire within the next five years.
* In spite of that shortage, national data show that Illinois has higher hospital RN staffing levels than California and the national average. Illinois is 14th best in the U.S.
* Because of the nurse shortage, it is very likely that hospitals will have to rely more and more on Agency staff, which is paid more than employed nurses but lack the level of investment to the organization or community.
* Ratios present nurses with challenges of increased documentation and lack of control over their own practice.
* When deciding on a treatment plan for patients, nurses take into account multiple factors – patients are never just numbers. Effective staffing decisions are made with consideration of the patient’s needs, professional nursing and other staff skill level and expertise, availability of technological support and other resources; even the physical space and layout of the nursing unit plays a role. A mandate would legislate numerous complex decisions down to a single number at a time when there is no evidence showing a government-forced, one-size-fits-all nurse staffing mandate has improved the quality of care. There are even studies that have shown that a mandate such as this has negatively affected the care of patients in hospitals.
* It’s been estimated that complying with mandated ratios could cost Illinois hospitals $2 billion dollars. Many Illinois hospitals simply cannot absorb those kinds of costs because they are already struggling to survive. Services and units would have to close, directly impacting patients’ access to care.