

**Position Paper**

 **on the 2015 Joint State Government Commission Report**

**Professional Bedside Nursing in Pennsylvania: a Staff Study**

The Pennsylvania Organization of Nurse Leaders (PONL) is the professional organization representing nurse leaders across the Commonwealth. PONL is the voice of nursing leadership in Pennsylvania representing nursing administrators at all levels including chief nursing officers, directors, managers, educators and others responsible for the delivery of safe, evidence-based patient care. PONL functions as a networking and information vehicle for Pennsylvania nursing leaders and is the state affiliate of the American Organization of Nurse Executives (AONE).

* In 2009, PONL created and disseminated the position statement *Opposing Nursing* *Staffing Ratios*. PONL continues to oppose legislative mandates on nurse to patient ratios.

We believe the most effective ways to attain superior patient outcomes and enhance nurse/patient satisfaction is for nurse leaders and nursing staff to openly and continually communicate, assess, plan, execute and evaluate strategies used in the provision of health care. Through the use of benchmark standards, inclusive of evidence-based decisions, transparency, open dialogue, honesty and mutual trust, we believe improved patient care outcomes will be fostered. This approach will mitigate the need for unnecessary and intrusive legislative intervention. This fluidity of staffing decisions drives quality outcomes for patients through empowerment and autonomy of direct care nurses.

* Staffing plans developed and assessed by professional nurses should be constructed on a firm evidence-based platform, be proactive, flexible, fiscally responsible, and continually evaluated and adjusted to achieve desired results.
* PONL strongly endorses the autonomy of each healthcare organization to establish strategies needed to guarantee safe, effective and collaborative staffing practices to deliver high caliber care to all patients.
* We believe the accountability for safe and effective nurse staffing is the ultimate responsibility of the chief nursing officer in collaboration with the hospital leadership team. This individual is invested with both the authority and accountability for the provision of safe nursing care within his/her facilities.
* In review of the Joint State Government Commission Report Professional Bedside Nursing in Pennsylvania: a Staff Study (2015), PONL has the following opinions:
* Although the Study provides a starting point for nurse workforce data collection, additional information, thorough analysis, and the unique needs of individual organizations are needed before conclusions can be drawn by health care providers, nursing professionals, and public policymakers as to what constitutes safe staffing.
* Taken in isolation, hospital staffing levels do not provide a comprehensive means to evaluate effective care delivery or correlate to better quality outcomes for patients. Currently, nurse sensitive outcomes provide an objective means for consumers to evaluate nursing care delivery and demonstrates a systematic approach to evaluating care provided.
* Hospitals continually monitor and match required nursing care hours per patient utilizing available indices from professional specialty organizations. The National Database of Nursing Quality Indicators ® (NDNQI), a benchmarking tool, allows the organization to monitor nursing care hours needed and provided both within the hospital and compared to other hospitals across the country.
* PONL acknowledges and endorses the efforts of health care facilities who achieve Magnet recognition®, Pathway to Excellence® status, and organizations that incorporate Magnet-like practices into the workplace. Magnet facilities have shared leadership councils that serve as forums for staff to actively participate in their work setting. Patient safety outcomes and high staff satisfaction rates are elements incorporated into Magnet expectations. Substantial research exists which links this model of leadership to a healthier work environment and increased levels of staff satisfaction, employee engagement and empowerment. Furthermore, PONL encourages all health care facilities to adapt a “no tolerance policy” regarding unprofessional behavior within the workforce and in addition to violence from the public.
* PONLfully supports the Institute of Medicine (IOM) Report *The Future of Nursing: Leading Change, Advancing Health (2010)* calling for more nurses prepared at the baccalaureate level. Four months before the IOM Report was published, PONL issued the *Statement on the Educational Preparation for Pennsylvania Professional Registered Nurses* citing that today’s provision of patient care and coordination of patient resources is highly complex and technologically demanding. These challenges require professional nurses to be more educationally prepared to handle this complexity. Continued evidence validates that the percentage of bachelor’s- prepared nurses in the workplace significantly influences improved patient outcomes.
* Nurses in the Commonwealth of Pennsylvania are protected by the Federal Whistleblower Protection Enhancement Act of 2012.

In conclusion, it is the position of PONL that staffing legislation would fail to address the most significant factors that influence improved patient outcomes and may have an unintended consequence of directing organizations away from truly essential elements of quality care delivery. Notably, these include having a high percentage of bachelor’s-prepared direct care nurses, use of nationally recognized staffing benchmark tools, fostering work environments that incorporate principles of shared governance with staff, and achieving the recommendations set forth in the 2010 Institute of Medicine Report.

**References:**

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