In the fast-paced emergency department (ED), RNs must be available for their patient’s acute and critical needs, but that becomes a challenge with understaffing. According to the New York State Nursing Association (NYSNA), some emergency nurses are assigned over 10 patients each and up to 15-18 in some very busy hospitals. Agency of Healthcare Research and Quality studies show lower nurse to patient staffing levels have been associated with one or more adverse patient outcome, such as shock/cardiac arrest or failure to rescue (Stanton, 2004).

The Safe Staffing for Quality Act

If approved, the Safe Staffing for Quality Act would amend public health law requiring acute care facilities in New York State to provide certain minimum nurse-patient staffing ratios by unit, for example: one to one for the ED, one to one for trauma emergency, and one to two for emergency critical care. It would also require facilities to provide plans and records of staffing. NYSNA issued a memo of support for the bill because it can “save lives, reduce adverse outcomes, reduce costs, and improve nurse retention” and explained it was supported by the NY Assembly, but is currently held up in the Senate.

Learning from California’s Decade-Old Mandate

Although at least 15 other states have implemented patient staffing laws, California was the first state to require minimum nurse patient staffing ratios. A study of a California emergency department after the mandate showed the number of patients left without being seen and the time to antibiotics for pneumonia decreased, but patient wait times increased, and there was no
significant reduction in medical errors (Weichenthal & Hendey, 2011). Another study showed lower patient mortality and less nurse burnout and job dissatisfaction in California compared to two states who had not implemented staffing ratios (Aiken, et al., 2010).

Linda Rosenberg, Immediate Past-President, Cal ENA, and manager at Sharp Memorial Hospital, San Diego, reflected, “our staff adjusted to the new law without much grief.” She explained their charge nurse, POD leaders (assigned to a group of rooms), and trauma float nurses do not have a patient care assignment which allows them flexibility based on the patient volume.

“When they work, we use them for breaks and lunch relief, and they also help with throughput,” Rosenberg said. “They monitor when admits or discharge orders go up and help to facilitate getting patients out of the department.”

Opponents of the bill believe it oversimplifies staffing and doesn’t account for factors, such as nursing experience or patient acuity (NYONE, n.d.). Other critiques are that it may lead to more holds in the ED, a shortage of trained nurses, and reduce spending in other areas, such as staffing of other healthcare personnel (Tevington, 2011).

“State-mandated ratios are only one way to approach quality patient care issues,” said David Samuelson, Treasurer, Cal ENA. “I like the wording in the federal legislation proposing that hospitals have a staffing committee, made up of over 50% staff nurses that set standards for their own hospital.”

*If you would like to help support the Safe Staffing for Quality Act, join NYSNA for their Lobby Day event in Albany on March 26. For more information, go to [www.nysna.org](http://www.nysna.org).*
References


