ANA Principles on Safe Staffing

INTRODUCTION
Adequate nurse staffing is critical to the delivery of quality patient care. Identifying and maintaining the appropriate number and mix of nursing staff is a problem experienced by nurses at every level in all settings. Regardless of organizational mission, tempering the realities of cost containment and cyclical nursing shortages with the priority of safe, quality care has been difficult, in part, because of the paucity of empirical data to guide decision-making. Since 1994, the recognition of this critical need for such empirical data has driven many American Nurses Association (ANA) activities including identification of nursing-sensitive indicators, establishment of data collection projects using these indicators within the State Nurses Associations (SNAs) and the provision of ongoing lobbying at federal and state levels for inclusion of these data elements within state and national data collection activities. In 1996, the Institute of Medicine produced its report The Adequacy of Nurse Staffing in Hospitals and Nursing Homes (Wunderlich, et al./1996) in which it too recognized the need for such data. Despite these efforts, heightened and more immediate attention to issues related to the adequacy of nurse staffing is needed to assure the provision of safe, quality nursing care.

POLICY STATEMENTS

• Nurse staffing patterns and the level of care provided should not depend on the type of payor.
• Evaluation of any staffing system should include quality of worklife outcomes, as well as patient outcomes.
• Staffing should be based on achieving quality of patient care indices, meeting organizational outcomes and ensuring that the quality of the nurse's worklife is appropriate.

PRINCIPLES
The nine principles identified by the expert panel for nurse staffing and adopted by the ANA Board of Directors on November 24, 1998 are listed below. Discussion of each of the three categories follows the list.

I. Patient Care Unit Related
   a. Appropriate staffing levels for a patient care unit reflect analysis of individual and aggregate patient needs.
   b. There is a critical need to either retire or seriously question the usefulness of the concept of nursing hours per patient day (HPPD).
   c. Unit functions necessary to support delivery of quality patient care must also be considered in determining staffing levels.

II. Staff Related
   a. The specific needs of various patient populations should determine the appropriate clinical competencies required of the nurse practicing in that area.
   b. Registered nurses must have nursing management support and representation at both the operational level and the executive level.
   c. Clinical support from experienced RNs should be readily available to those RNs with less proficiency.

III. Institution/Organization Related
   a. Organizational policy should reflect an organizational climate that values registered nurses and other employees as strategic assets and exhibit a true commitment to filling budgeted positions in a timely manner.
   b. All institutions should have documented competencies for nursing staff, including agency or supplemental and traveling RNs, for those activities that they have been authorized to perform.
   c. Organizational policies should recognize the myriad needs of both patients and nursing staff.

1. "...the recipients of nursing care are individuals, groups, families, or communities...the individual recipient of nursing care can be referred to as patient, client, or person. ... The term 'patient' is used throughout to provide consistency and brevity..." (ANA/ Nursing’s Social Policy Statement).

OVER
The Principles for Delegation document is designed to provide overarching principles and guidelines for practice in situations where registered nurses delegate tasks to others. The purpose of this document is to define relevant principles and provide registered nurses (RNs) with practice strategies when delegating patient care to nursing assistive personnel (NAP).