Texas Nurse Staffing Trends
Before and After Mandated Nurse Staffing Committees

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Nurse Staffing Legislation

• Ratios
  – California
• Public Disclosure of Staffing Levels
  – Illinois
  – Minnesota
  – New Jersey
  – New York
  – Rhode Island
  – Vermont
Nurse Staffing Legislation

- Nurse Staffing Committees
  - Connecticut
  - Illinois
  - Minnesota
  - Nevada
  - Ohio
  - Oregon
  - Texas
  - Washington
Evaluation of Ratios

• Nurse Staffing in California (10 studies)
• Effect on Patient Outcomes (9 studies)
• Effect on Nurse Outcomes (1 study)
Evaluation of Nurse Staffing Committees

- Nurse Staffing (0 studies)
- Effect on Patient Outcomes (0 studies)
- Effect on Nurse Outcomes (0 studies)
- Implementation Process (2 studies)
  - Oregon & Illinois
  - Wide variability in implementation
The Texas Experience

• 2002 Discretionary Rule Making Process
  – Safe Nurse Staffing Rules
    • CNO education & reporting structure
    • Staffing committee
      – 30% direct care nurses
      – Monitor & evaluate staffing plan
      – Consider nurse-sensitive outcomes
    • Policy for addressing nurse abuse & harassment
The Texas Experience

• 2009 Non-Discretionary Rule Making Process
  – Texas Senate Bill 476
    • 60% direct care nurses (selected by peers)
    • Voting privileges & meeting frequency clarified
    • Semiannual evaluation of staffing plan
      – Planned and actual staffing levels
      – Nurse-sensitive indicators & patient needs
      – Evidence-based staffing standards
  • Report to governing board
Study Purposes

• Examine nurse staffing trends before & after adoption of the discretionary and nondiscretionary safe nurse staffing rules in Texas;

• Examine variations in nurse staffing trends based on contextual factors.
Methods

• Secondary analysis of AHA Annual Survey

• Cross-sectional – 13 years
  – Pre-regulation Period 2000 - 2002
  – Post-Regulatory Period 2003-2012
    • Discretionary Rule Period 2003 - 2009
    • Nondiscretionary Rule Period 2010 – 2012

• Sample (313 hospitals)
  – Non-Federal Acute Care Hospitals
  – Survey data for ≥ 10 years
Study Variables

• 3 levels of staffing (total nurses, RNs, LVNs)
  – FTEs
  – Productive HPPD
  – RN Skill Mix

 Adjusted for inpatient volume

• Contextual Variables
  – Bed Size, Ownership/Control, Geographic Location, Baseline Staffing Quartile
44% small
42% medium
14% large

40% Government
35% NFP
25% FP

54% Metropolitan
46% Non-metropolitan

8% on Mexico Border
Findings

• Statistically significant changes in nurse staffing between 2000 and 2012 (F=26.76, 2 df; p<.001)
• Variation in direction & magnitude of change
  – Total nurse staffing
    • 59% increased total staffing; median = .59 HPPD
  – RN staffing
    • 69% increased RN staffing; median = .96 HPPD
  – LVN staffing
    • 74% decreased LVN staffing; median = .51 HPPD
Discussion

• Patterns of change
• Magnitude of change
• LVN utilization
• Effect of discretionary & nondiscretionary rules
• Limitations
  – Administrative database
  – Economic recession
  – Nursing shortage
Conclusions & Recommendations

• The effects of nurse staffing committees on nurse staffing remain speculative

• Additional research is needed
  – Compliance with staffing rules
  – Level of participation (quality & quantity) by staff nurses
  – Effect of staff nurse input on staffing decisions