





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 StaffingCommittees

- 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

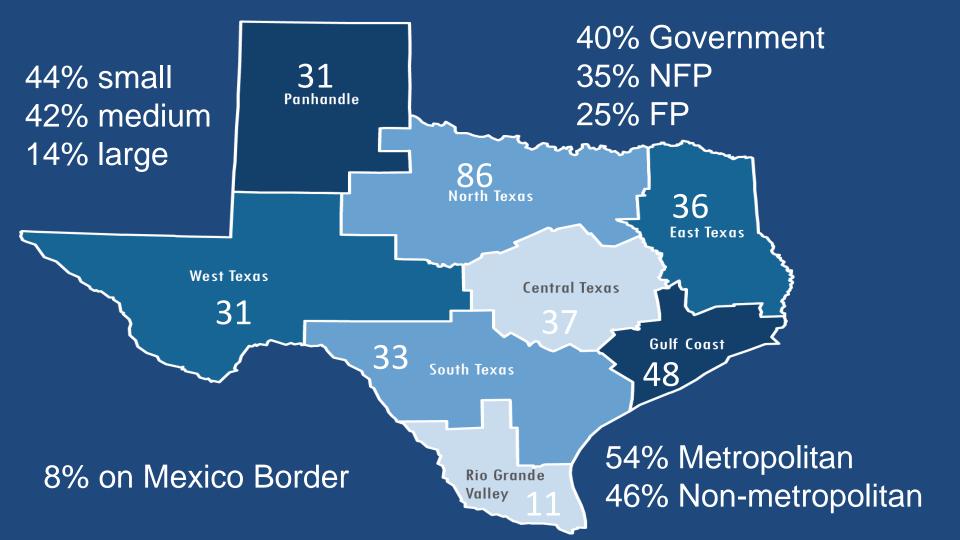
- Secondary analysis of AHA Annual Survey
- Cross-sectional 13 years
 - -Pre-regulation Period 2000 2002
 - -Post-Regulatory Period 2003-2012
 - Discretionary Rule Period 2003 2009
 - •Nondiscretionary Rule Period 2010 2012
- Sample (313 hospitals)
 - -Non-Federal Acute Care Hospitals
 - –Survey data for ≥ 10 years

Study Variables

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

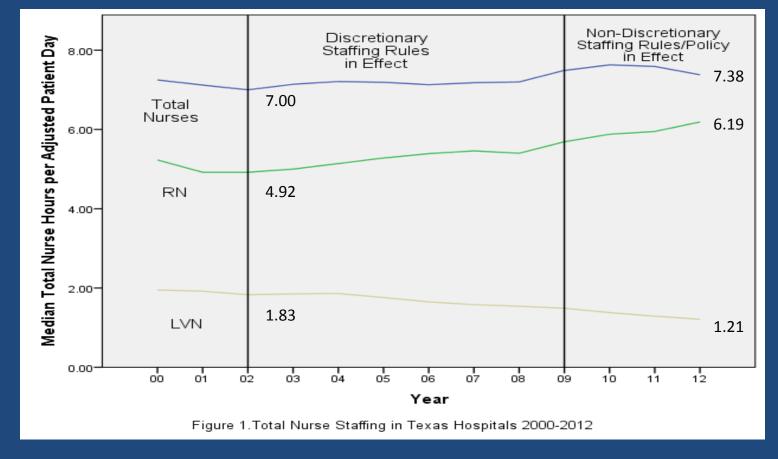
Adjusted for inpatient volume

- Contextual Variables
 - Bed Size, Ownership/Control, Geographic Location, Baseline Staffing Quartile



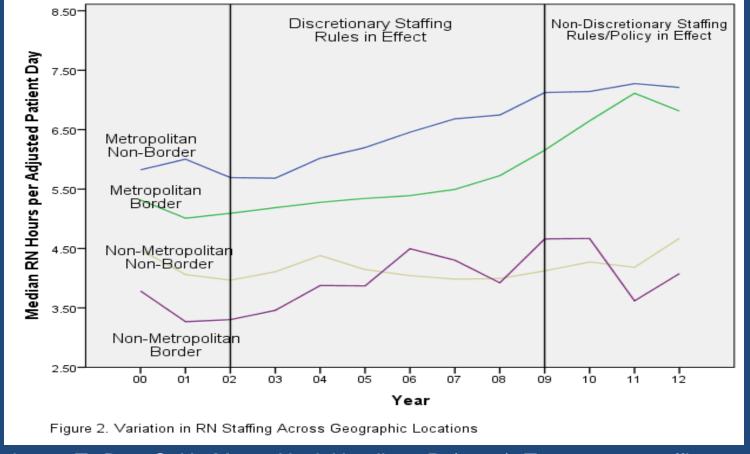
Findings

- 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

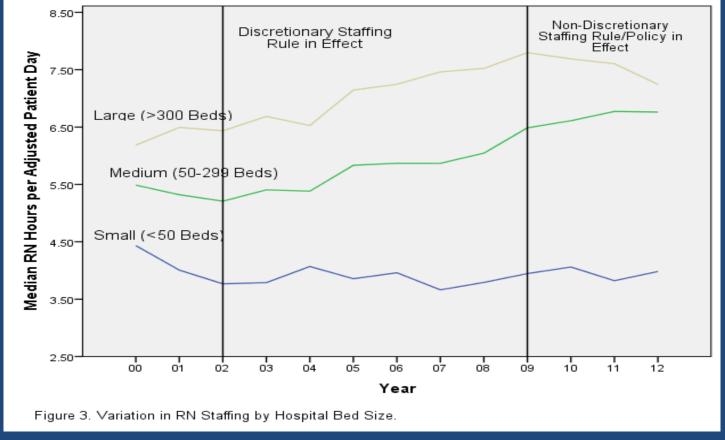


5% net increase

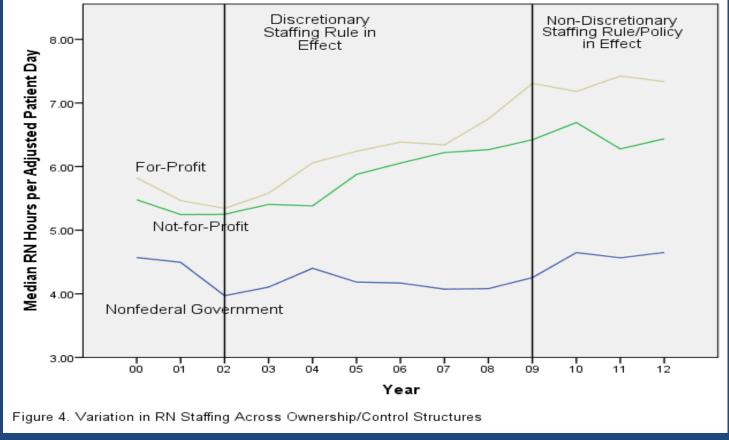
Jones, T., Bae, S. H., Murry, N., & Hamilton, P. (2015). Texas nurse staffing trends before and after mandated nurse staffing committees. *Policy, Politics, & Nursing Practice, 16*(3-4), 79-06.



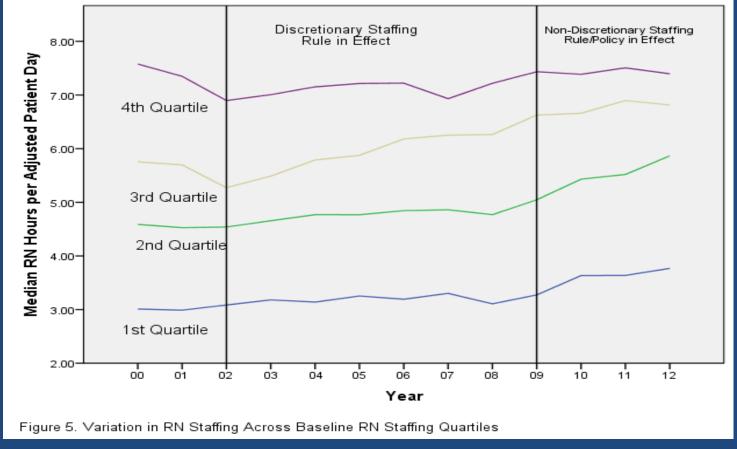
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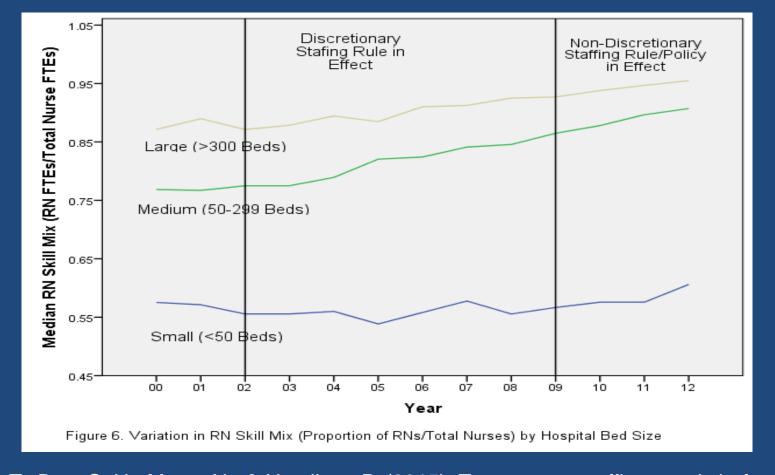
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Discussion

- 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

