Data Analysis: Nurse Staffing Ratios and Patient Outcomes in NJ

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Introduction

NJCCN reviewed the New Jersey Department of Health (NJDOH) current requirements for acute care hospitals and compared them to the proposed legislation S2700/A3683 for Registered Nurses (RNs) only. Additionally, NJCCN evaluated Leapfrog Data and reviewed positions from national and specialty nursing organizations. NJCCN requested data from Press Ganey to review NJ nurse-sensitive outcomes as compared to the U.S. outcomes. Based on the NJ supply and demand report and these findings, the NJCCN has provided recommendations for consideration. Recommendations are found at the end of this report.

New Jersey Department of Health (NJDOH) Data

- Number of hospitals that report staffing data to the NJDOH (Q4:2022-Q3:2023) = 69
- Number of hospitals with complete data for the last four quarters (Q4:2022-Q3:2023) = 50 (72.5%)
- Number of hospitals that provided incomplete or partially complete data in the last four quarters (Q4:2022-Q3:2023) = 19 (27.5%)

Staff Nursing Ratio Data: Based on S2700/A3683 Bill

Analysis of 50 hospitals with complete data for four quarters [Q4:2022-Q3:2023])

Below is an analysis of hospital data reported to the New Jersey Department of Health (NJDOH) for the period of Q4:2022 to Q3:2023, focusing on hospitals that provided complete data. These data are compared to the Staffing Nursing Ratio Bill S2700/A3683 recommendations. *A bill to evaluate how current nurse staffing levels align with the proposed legislative standards.*

Critical Care Units (ICU/CCU/Neonatal/Burn)

The S2700/A3683 bill recommends a 1:2 nurse-to-patient ratio for the following:

<u>Intensive Care Units (ICU) (49 out of the 50 hospitals reported having an ICU)</u>

All four quarters (Q4:2022-Q3:2023)

- 30 hospitals met minimal staffing requirements.
- 19 hospitals did not meet minimal requirements.

Two most recent quarters (Q2:2023-Q3:2023)

- 37 hospitals met minimal staffing requirements.
- 12 hospitals did not meet minimal requirements.

Neonatal Intensive Care Unit (NICU) (18 out of the 50 hospitals reported having a NICU)

All four quarters (Q4:2022-Q3:2023)

- 7 hospitals met minimal requirements.
- 11 hospitals did not meet minimal requirements.

Two most recent quarters (Q2:2023-Q3:2023)

- 9 hospitals met minimal requirements.
- 9 hospitals did not meet minimal requirements.

Pediatric Intensive Care Unit (PICU) (9 out of the 50 hospitals reported having an PICU)

All four quarters (Q4:2022-Q3:2023)

- 5 hospitals met minimal requirements.
- 4 hospitals did not meet minimal requirements.

Two most recent quarters (Q2:2023-Q3:2023)

- 8 hospitals met minimal requirements.
- 1 hospital did not meet minimal requirements.

Medical/Surgical Unit:

The S2700/A3683 bill recommends a 1:4 nurse-to-patient ratio for the following specialty:

Medical/Surgical (50 out of the 50 hospitals reported having a Med/Surg Unit)

All four quarters (Q4:2022-Q3:2023)

- 3 hospitals met minimal requirements.
- 45 hospitals did not meet minimal requirements.

Two most recent quarters (Q2:2023-Q3:2023)

- 3 hospitals met minimal requirements.
- 45 hospitals did not meet minimal requirements.

Step Down/Telemetry/Intermediate Care Unit:

The S2700/A3683 bill recommends a 1:3 nurse-to-patient ratio for the following specialty:

Intermediate/Stepdown (34 of the 50 hospitals reported having an Intermediate/Stepdown Unit)

All four quarters (Q4:2022-Q3:2023)

- 5 hospitals met minimal requirements.
- 29 hospitals did not meet minimal requirements.

Two most recent quarters (Q2:2023-Q3:2023)

- 5 hospitals met minimal requirements.
- 29 hospitals did not meet minimal requirements.

Behavioral Health/Psychiatric Unit:

The S2700/A3683 bill recommends a 1:5 nurse-to-patient ratio for the following:

Adult Open (12 out of the 50 hospitals reported having an Adult Open Unit)

All four quarters (Q4:2022-Q3:2023)

- 6 hospitals met minimal requirements.
- 6 hospitals did not meet minimal requirements.

Two most recent quarters (Q2:2023-Q3:2023)

- 7 hospitals met minimal requirements.
- 5 hospitals did not meet minimal requirements.

Adult Closed (22 out of the 50 hospitals reported having an Adult Closed Unit)

All Four quarters (Q4:2022-Q3:2023)

- 12 hospitals met minimal requirements for all four quarters.
- 10 hospitals did not meet minimal staffing requirements.

Two most recent quarters (Q2:2023-Q3:2023)

- 2 hospitals met minimal requirements
- 10 hospitals did not meet minimal requirements.

Child/Adolescent Closed (5 out of the 50 hospitals reported having a Child/Adolescent Closed Unit)

All four quarters (Q4:2022-Q3:2023)

- 3 hospitals met minimal requirements for all four quarters.
- 2 hospitals did not meet minimal staffing requirements.

Two most recent quarters (Q2:2023-Q3:2023)

- 3 hospitals met minimal requirements.
- 2 hospitals did not meet minimal requirements.

Substance Abuse (1 out of the 50 hospitals reported having a Substance Abuse Unit)

All four quarters (Q4:2022-Q3:2023)

- 0 hospitals met minimum requirements.

Operating Room/Recovery Room:

The S2700/A3683 bill recommends the following:

- Under Anesthesia (Operating Room): 1:1 nurse-to-patient ratio.
- Post-Anesthesia Care Unit (PACU): 1:2 nurse-to-patient ratio.
    - PACU: Reporting does not account for the non-continuous nature of PACU operations, leading to a misrepresentation of actual staffing levels during active hours.

Labor and Delivery/Postpartum/Mothers-Only Unit:

S2700/A3683 separates these units and recommends specific nurse-to-patient ratios as indicated below.

- Labor and Delivery: 1:3 nurse-to-patient ratio.
- Postpartum (Mother and Infant Sharing Room): 1:4 nurse-to-patient ratio
- Mothers-Only Unit: 1:6 nurse-to-patient ratio.

Labor and Delivery and Mother Baby under Obstetrics (Post-Partum). The state's current reporting method does not distinguish these areas as separate units with distinct ratios but rather combines them under the broader category of Obstetrics (Post-Partum). Therefore, we are unable to analyze these data.

Pediatric/Intermediate Care Nursery/Well-Baby Nursery:

The S2700/A3683 bill recommends Pediatric/Intermediate Care Nursery: 1:4 nurse-to-patient ratio. Well-Baby Nursery: 1:6 nurse-to-patient ratio for the following.

Pediatric (19 out of the 50 hospitals reported having a Pediatric Unit)

All four quarters (Q4:2022-Q3:2023)

- 16 hospitals met minimal requirements for all four quarters
- 3 hospitals did not meet minimal requirements.

Two most recent quarters (Q2:2023-Q3:2023)

- 19 hospitals met minimal requirements the last two quarters

Emergency Department (ED):

- As defined by the NJDOH, the reported staffing numbers include "the average nurses working per hour over a 24-hour period". This metric does not account for the fluctuating staffing levels during the day that can happen in an ED and cannot be applied to the current recommendation of S2700/A3683 for the nurse-to-patient ratio.
- Using the definition the "average nurses' working per hour over a 24-period" fails to capture fluctuating patient volumes, high turnover in patients, and acute care dynamics, resulting in an inaccurate reflection of nurse-to-patient ratios in real-time. Therefore, we cannot analyze these data against the proposed bill. It is unclear how this could be implemented.
    - General: 1:4 nurse-to-patient ratio.
    - Critical Care Service: 1:2 nurse-to-patient ratio.
    - Trauma Service: 1:1 nurse-to-patient ratio.

Unlicensed Assistive Personal (UAP)

Suggested proposal from **Bill S2700/A3683:**

- Unlicensed Assistive Professional for all units Day Shift: 1:7 UAP-to-patient ratio
- Unlicensed Assistive Professional for all units Night Shift: 1:11 UAP-to-patient ratio

Bill S2700/A3683 aims to set day and night shift ratios for Unlicensed Assistive Personnel (UAP) levels in healthcare organizations. The New Jersey Department of Health (NJDOH) reporting does not differentiate between day and night shift for UAPs.

The New Jersey Administrative Code § 8:43G-17.1

The New Jersey Administrative Code § 8:43G-17.1 provides an in-depth description of the nurse staffing requirements for hospitals. It highlights the importance of developing an effective staffing plan that not only meets the needs of nurses, but also considers the needs of patients. The regulation mandates several essential criteria:

- a daily staffing schedule guaranteeing a minimum of one registered professional nurse overseeing each patient care unit during every shift
- a provision that at least 65% of direct patient care hours in inpatient units must be provided by licensed nursing personnel
- a framework for evaluating additional nursing requirements for each unit and shift.

These provisions are designed to improve the quality of patient care and nurse's well-being by including continuous assessments of outcome-based quality indicators on nursing care.

Below is the analysis of the provision outline in New Jersey Administrative Code § 8:43G-17.1 that 65% of direct patient care hours in inpatient units must be provided by licensed nursing personnel. Leapfrog Safety Data already captures the percentage of licensed nursing professionals.

Number of Hospitals reported on Leapfrog = 67

- Hospitals that met the 65% staffing of direct patient care by licensed nursing professionals = 33
- Hospitals that did not meet the 65% staffing of direct patient care by licensed nursing professionals = 32
- Hospitals that did not have data on staffing on direct patient care by licensed nursing professionals = 2

Leapfrog scores for hospitals that met 65% staffing provisions outlined by Administrative Code § 8:43G-17.1

- Grade A: 13 Hospitals
- Grade B: 12 Hospitals
- Grade C: 8 Hospitals

Leapfrog scores for hospitals that did not meet the 65% staffing provision outlined in Administrative Code § 8:43G-17.1:

- Grade A: 11 Hospitals
- Grade B: 13 Hospitals
- Grade C: 8 Hospitals

Leapfrog Score Data

The Leapfrog group works to establish standards for all participating hospitals and ambulatory surgery centers. In 2023 Leapfrog revised the nursing workforce section. Leapfrog recognized those hospitals that are ANCC designated either Magnet or Pathway to Excellence. Within the Leapfrog requirements there is a standard for "nursing workforce" which is from the Nursing Quality Forum Safety Practice #9. This standard requires hospitals to address:

1. Leadership accountabilities and the board to ensure adequate nurse staffing levels with documentation.
2. Budget financial resources for balancing staffing levels and skills levels to improve performance.
3. Develop a staffing plan with input from nurses to ensure that adequate nursing staff-to-patient ratios are achieved.
4. Identify Total Nursing Care Hours per Patient Day, RN Hours Per Patient Day and Nursing Skill Mix. Note that to achieve the standard, the hospital results must be greater than or equal to the 50th percentile for that hospital's cohort. (See charts below)
5. Percentage of RNs who have a Bachelor of Science in Nursing (BSN) Prepared.

An analysis was conducted looking at Leapfrog data reports.

Benchmarks Used by Leapfrog

Percentiles are calculated based on the responses from 2023 Leapfrog Hospital Surveys submitted as of June 30, 2023. These cut-points will remain in place for the entire Survey Cycle, unless it is determined that there are compelling reasons to make revisions.

Total Nursing Care Hours per Patient Day	Small Teaching Hospitals	Large Teaching Hospitals	Non-Teaching Hospitals	Pediatric Hospitals	CAH Hospitals
50th percentile	9.04	9.14	9.56	10.38	10.38
25th percentile	7.88	8.18	8.13	9.42	8.68
10th percentile	6.86	7.57	6.93	8.52	6.48

Percentiles are calculated based on the responses from 2023 Leapfrog Hospital Surveys submitted as of June 30, 2023. These cut-points will remain in place for the entire Survey Cycle, unless it is determined that there are compelling reasons to make revisions.

RN Hours per Patient Day	Small Teaching Hospitals	Large Teaching Hospitals	Non-Teaching Hospitals	Pediatric Hospitals	CAH Hospitals
50th percentile	6.03	6.16	6.30	8.84	6.63
25th percentile	5.10	5.47	5.25	8.05	4.89
10th percentile	4.26	4.85	3.77	6.54	4.30

Percentiles are calculated based on the responses from 2023 Leapfrog Hospital Surveys submitted as of June 30, 2023. These cut-points will remain in place for the entire Survey Cycle, unless it is determined that there are compelling reasons to make revisions.

Nursing Skill Mix	Small Teaching Hospitals	Large Teaching Hospitals	Non-Teaching Hospitals	Pediatric Hospitals	CAH Hospitals
50th percentile	67.75%	69.10%	67.64%	80.53%	66.36%
25th percentile	62.23%	63.00%	60.31%	73.38%	55.94%
10th percentile	54.73%	58.26%	52.74%	62.38%	52.89%

Number of New Jersey hospital reported to Leapfrog = 67

Leapfrog scores for hospitals that have a full report for the last 4 quarters based on NJDOH reporting

- Grade A: 16 Hospitals
- Grade B: 21 Hospitals
- Grade C: 8 Hospitals
- No grade reported: 1

Hospitals that had incomplete, partially completed, or inaccurate data in the last four quarters:

- Grade A: 7 Hospitals
- Grade B: 7 Hospitals
- Grade C: 6 Hospitals
- No grade reported: 1 Hospital

These measures are publicly reported and available under “prevent patient harm” for every NJ hospital. Another reporting mechanism would be redundant. Leapfrog's monthly documentation request for these measures is based on selection by Leapfrog for validation. Remediation plans are identified if a hospital has not achieved the standard. For example, one hospital has data that shows that the hospital has planned and budgeted to improve nursing staffing and skill levels.

Professional Organization Recommendation

American Nurses Association (ANA): On June 15th, 2023, approximately 400 members of the American Nurses Association (ANA) advocated at the U.S. Capitol to promote safe nurse-to-patient ratios. These advocacy efforts highlight nurses' involvement in staffing choices. Nurses emphasized the importance of these ratios for patient safety and nurse well-being, while also underscoring the necessity of broader interventions beyond ratios to enhance staffing safety. Debbie Hatmaker, the Chief Nursing Officer of ANA, emphasized that while ANA endorses nurse-to-patient ratios, they are not enough to guarantee safe staffing due to the complexity of the situation (Nurse Staffing, 2019).

AACN, ANA, AONL, HFMA, and IHI: The Nurse Staffing Think Tank consists of American Association of Critical-Care Nurses (AACN) American Nurses Association (ANA) American Organization for Nursing Leadership (AONL) Healthcare Financial Management Association (HFMA) Institute for Healthcare Improvement (IHI). Recommendations prioritize the establishment of a versatile and adaptable strategy for nurse staffing. This approach encompasses crucial aspects such as promoting healthy work environments, fostering diversity and inclusion, providing work schedule flexibility, addressing the stress injury continuum, and implementing new care delivery models. Significantly, the suggestions avoid prescribing specific nurse-to-patient ratios and instead promote staffing options that can be adjusted to accommodate the diverse requirements of patients and care environments. This strategy aligns with contemporary healthcare concerns as it gives priority to the well-being of nurses, the safety of patients, and the quality of treatment. It achieves this by implementing staffing models that are based on evidence and consider the intricate and varied needs of patient care (Partners for Nurse Staffing Think Tank, 2022).

AONL: The American Organization for Nursing Leadership (AONL) released an official statement against required nurse staffing ratios. AONL statement includes that such ratios, implying a one-size-fits-all approach, are ineffective and fail to guarantee safe healthcare environments or quality patient outcomes. The organization highlights the intricate nature of staffing decisions, which are influenced by criteria such as hospital classification, patient demographics, and nursing staff expertise. AONL supports creative strategies to improve patient safety and care quality, arguing that required ratios may impede these

initiatives by increasing pressure on a healthcare system already struggling with nurse shortages (American Organization for Nursing Leadership, 2023).

AACN: The American Association of Critical-Care Nurses (AACN) suggested there should be no fixed ratios and follow a patient-centered approach, considering patient acuity, nurse competency, and healthcare environment to determine ratios. (AACN Guiding Principles for Appropriate Staffing, 2018)

AWHONN: The Association of Women's Health, Obstetric, and Neonatal Nurses (AWHONN) supports flexible nurse-to-patient ratios in perinatal units. They offer tools like acuity grids and contingency plans to help healthcare organizations tailor staffing models to the needs of each unit, preventing unsafe and substandard care while moving away from a one-size-fits-all approach to nurse staffing (Association of Women's Health, Obstetric and Neonatal Nurses, 2022).

AMSN: Academy of Medical-Surgical Nurses (AMSN) strongly opposes the implementation of fixed nurse-to-patient staffing ratios, highlighting the complicated nature of healthcare and the varying needs of patients. Their advocacy is focused on implementing adaptable staffing strategies that consider the severity of patients' condition, and the nursing staff's competence. AMSN endorses the utilization of evidence-based instruments and the expert judgement of nurses to determine the appropriate staffing levels, with the objective of ensuring patient safety and delivering high-quality care, while also addressing the well-being of nurses (Academy of Medical-Surgical Nurses, 2020)

Staffing Ratios and Committee Data

State	Mandated Ratios	Staffing Committees	Public Reporting RN Staff Ratios	Elective Public Disclosure
California	Yes	-	-	-
Massachuesetts	Intensive Care Units	-	-	Yes
Oregon	Yes	Yes	-	-
Texas	-	Yes	-	-
Washington	-	Yes	-	Yes
Connecticut	-	Yes	Yes	-
Illionios	-	Yes	Yes	-
Minnesota	-	Yes	-	-
Nevada	-	Yes	Yes	Yes
New Jersey	-	-	Yes	-
New York	-	Yes	Yes	-
Ohio	-	Yes		-
Rhode Island	-	-	Yes	-
Vermont	-	-	Yes	-

Note: Information for the chart was gathered from the American Nurses Association website on nurse staffing advocacy. https://www.nursingworld.org/practice-policy/nurse-staffing/nurse-staffing-advocacy/.

Public Reporting

In 2019, de Cordova et al. conducted a study in NJ to evaluate the impact of New Jersey's public reporting legislation on nurse staffing levels within hospitals. Analyzing staffing data before and after the legislation's enactment, the researchers found an improvement in staffing ratios among 9 out of 13 specialties, indicating that public reporting of nurse staffing highlights staffing transparency. This type of legislation can positively influence hospital staffing practices and potentially enhance patient care quality. However, the public reporting data needs to be useable and understandable for the public to interpret (de Cordova, Rogowski, Riman, & McHugh, 2019).

Magnet Accreditation

In New Jersey, 39% (27) of their acute care hospitals are Magnet-recognized by the American Nurses Credentialing Center (ANCC) compared to California's 16% (54). In 2020, de Cordova et al. Found that while legislative mandates regarding nurse staffing ratios may influence hospital staffing practices, Magnet hospitals have 'intrinsic qualities and organizational culture may provide a more efficient route to increased staffing. This suggests that patient care and nursing environments in New Jersey are not developed through legislative mandates alone but through a commitment to the Magnet framework that supports optimal staffing, nurse engagement, and patient outcomes. The higher percentage of Magnet-recognized hospitals in New Jersey points to organizational culture and excellence as important drivers of healthcare quality. Leadership and excellence in nursing practice under the Magnet framework are conducive to better

healthcare outcomes, and commitment to high standards is a more effective strategy than regulatory interventions. Thus, encouraging hospitals in New Jersey to seek Magnet recognition might be a better strategy than enacting rigid staffing legislation.

Recent Demand Summary

SOC	Description	2023 Jobs	2033 Jobs	2023 Turnover Rate	2023 - 2033 % Change	Median Annual Earnings
29-1141	Registered Nurses	80,104	89,037	27%	11%	$98,092.80

NJ Outcomes as Compared to US Outcomes

Definitions of NSI Indicators per Press Ganey NDNQI.

- Specific patient outcomes that are influenced by nursing care**.**
- Injury Falls per 1000 patient days
- Catheter Associated Urinary Tract Infections per 1000 Catheter Days
- Central Line Associated Blood Stream Infections per 1000 Central Line Days
- Percent of Surveyed Patients with Hospital Acquired Pressure Injuries Stage 2 or above.

The means are the average rates except HAPIs

NSI Averages by Magnet in NJ Hospitals

There are 19 Magnet NJ Hospitals and 40 Non-Magnet NJ Hospitals that participated in NDNQI in 2023.

	Magnet	Hospitals N	Mean	SD
Injury Fall Rate	Non-Magnet	40	0.43	0.32
	Magnet	19	0.34	0.16
HAPI II+ Prevalence	Non-Magnet	38	1.81	2.04
	Magnet	19	1.55	1.06
CAUTI Rate	Non-Magnet	33	5.91	31.36
	Magnet	19	0.85	0.57
CLABSI Rate	Non-Magnet	32	0.53	0.48
	Magnet	19	0.56	0.33
Patients Per Nurse	Non-Magnet	32	2.43	0.42
	Magnet	19	2.46	0.38
Patients Per RN	Non-Magnet	32	3.50	0.53
	Magnet	19	3.48	0.58

PressGaney

In the above data CAUTI rates were run to determine why non-magnet hospitals had such a high rate. The data were analyzed by Press Ganey, and they found hospital outliers with this variable, so it is difficult to interpret since this is de-identified data. However overall, it does show that Magnet hospitals outperform non-Magnet hospitals overall. Organizations should be encouraged to use those standards as a framework for their organization or use Pathway to Excellence dependent on size of organization which is supported by the American Nurses Credentialing Center (ANCC).

NSI Averages in NJ Facilities

Overall sample consists of 59 Hospitals and 723 Units of NJ facilities that participated in NDNQI in 2023. The overall national sample consists of 1,949 hospitals and 23,285 unites of US facilities that participated in NDNQI in 2023.

NJ Hospital Averages of NSIs – ALL Unit Types

	NJ Injury Fall Avg	National Injury Fall Avg	NJ CAUTI Avg	National CAUTI	NJ CLABSI Avg	National CLABSI	NJ HAPI II+ Avg	National NAPI II+	NJ Patient to Nurse Avg	National Average Patient to Nurse	NJ Patient to RN Avg	National Average Patient to RN
Mean	0.40	0.55	4.06	0.98	0.54	0.60	1.72	1.80	2.44	2.27	3.49	3.25
# of Hospitals	59	1,852	52	1,638	51	1,631	57	1,714	51	1,517	51	1,517

Press Ganey compared NJ data to national data for all hospitals reporting for 2023. On average NJ outperformed the US facilities participating in NDNQI in falls with injury, central line catheter associated blood stream infections, and pressure injuries stage 2 or greater. The Catheter Associated Urinary Tract Infections were higher than the US CAUTI mean. In further review Press Ganey identified outliers which are accounting for the skewed data.

NSI Averages by Unit Type

NJ Hospital Averages of NSIs – Critical Care Units

	NJ Injury Fall Avg	National Injury Fall Avg	NJ CAUTI Avg	National CAUTI	NJ CLABSI Avg	National CLABSI	NJ HAPI II+ Avg	National HAPI II+	NJ Patient to Nurse Avg	National Average Patient to Nurse	NJ Patient to RN Avg	National Average Patient to RN
Mean	0.23	0.29	2.71	0.74	0.59	0.70	4.05	3.71	1.55	1.57	1.91	1.89
# of Hospitals	57	1,531	52	1,361	51	1,358	57	1,444	50	1,264	50	1,264

NJ Hospital Averages of NSIs – Medical Surgical Units

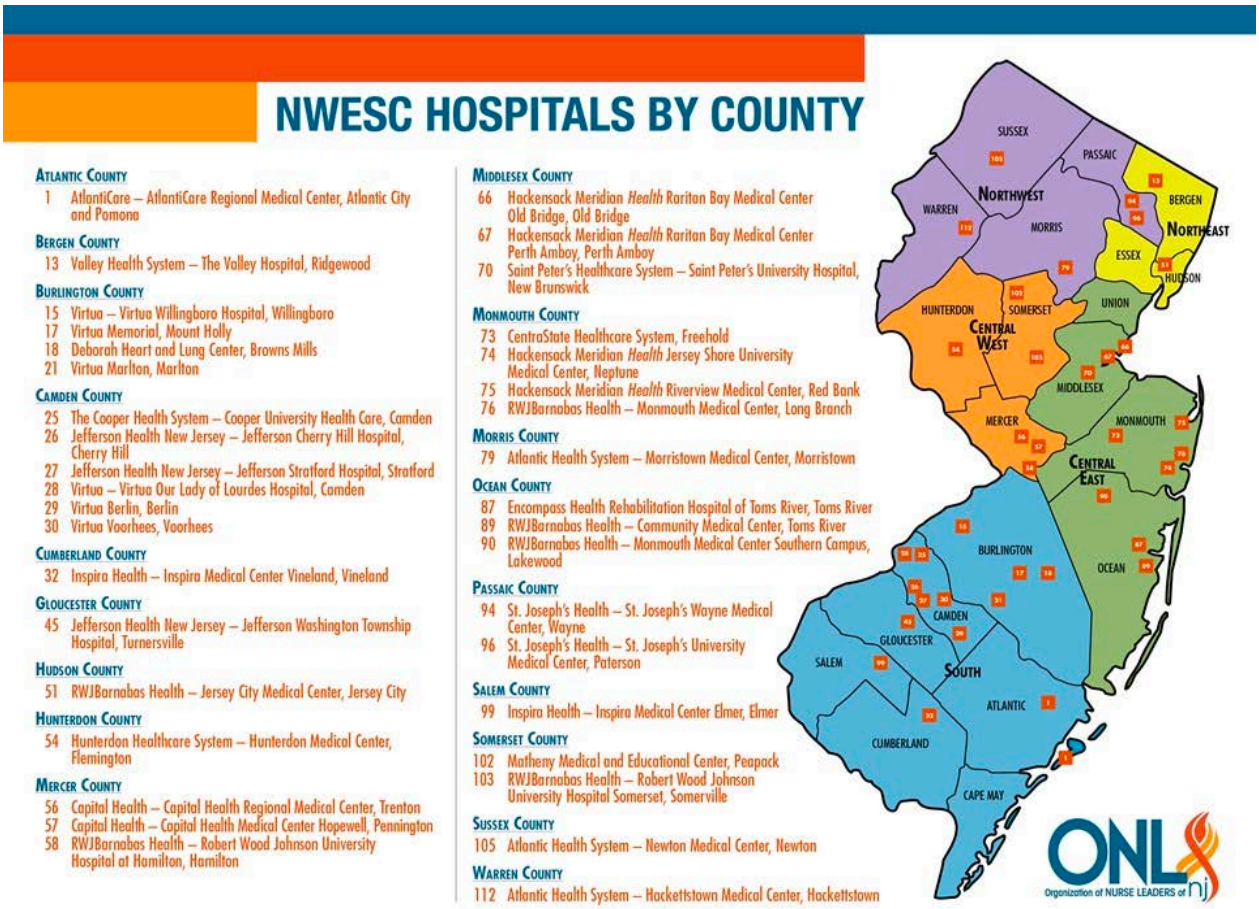
	NJ Injury Fall Avg	National Injury Fall Avg	NJ CAUTI Avg	National CAUTI	NJ CLABSI Avg	National CLABSI	NJ HAPI II+ Avg	National HAPI II+	NJ Patient to Nurse Avg	National Average Patient to Nurse	NJ Patient to RN Avg	National Average Patient to RN
Mean	0.47	0.70	5.35	0.84	0.48	0.51	1.07	1.21	2.83	2.61	4.22	3.95
# of Hospitals	57	1,565	52	1,377	51	1,372	57	1,468	50	1,294	50	1,294

Press Ganey further segmented the data by critical care units and medical-surgical units. In the Critical Care Units, the CAUTI and HAPI stage 2 or greater means were higher than the national means. Again, of concern was the NJ CAUTI rates. The Patient to RN average was 1.91 which is line with the national and better than the proposed patient to RN average.

In Medical Surgical Units the CAUTI rate was the only indicator below the national mean, however injury fall averages, CLABSI and HAPI stage 2 or greater outperformed the national mean.

Workforce Committees

Committee-based workforce solutions are a flexible way of addressing nurse staffing issues in hospitals without legislative mandates. Multiple studies have been conducted on Nursing Workplace Environment and Staffing Council Program (NWESC) in NJ (Caruso et al., 2019a; Caruso et al., 2019b; Johansen et al.,2019; Johansen et al. (2021), Kowalski et al. (2019), Skarbek & al. (2022). These studies have demonstrated the effectiveness of the Nursing Work Environment Staffing Councils in New Jersey, referred to as the Nursing Workplace Environment and Staffing Council Program (NWESC), in improving nurses' work environments and staffing decisions through direct engagement and empowerment of clinical nursing staff. This model avoids rigid, one-size-fits-all staffing ratios that would create huge financial burdens and require hospital operations to be restructured - potentially affecting patient care. Putting prioritization on committee-based approaches allows hospitals to design staffing solutions that meet the needs of their patient populations and clinical settings. Staffing adjustments can be made in response to real-time demands, improving patient care quality, nurse satisfaction, and hospital performance without introducing legislative hurdles and without significant costs.



Note: Picture retrieved from and for more information on NWESC Hospitals, see the Organization of Nurse Leaders of New Jersey's website (n.d.), available at https://www.onlnj.org/nwesc-hospitals.

Staff Nurse and First Line Leader Summit Results

In January 2024, staff nurses and first-line nurse leaders from diverse care settings including acute care hospitals, long-term care, and home care & hospice come together in New Jersey to deliberate on the future of healthcare in the state. The summit brought together six key organizations: the New Jersey Collaborating Center for Nursing (NJCCN), the New Jersey State Nurses Association (NJSNA), the Organization of Nurse Leaders of New Jersey (ONL/NJ), the Home Care & Hospice Association, the Health Care Association of NJ, and the New Jersey Association Directors of Nursing (NJADONA). Their collective aim was to assess the needs of nurses across the continuum of care and to reimagine healthcare delivery. The resulting report highlighted the top three priorities identified for immediate action: developing mechanisms to attract new nurses, advocating for the billability of nursing services, and establishing mentoring programs to support new nurses, reflecting a consensus on the need for sustainable growth and support within the nursing profession in New Jersey.

Takeaways

- Before implementing staffing, ratios there are other alternatives that should be considered first. California is the only long-standing state that has implemented mandated ratios. While Oregon has recently implemented staffing ratio's they have not evaluated the effectiveness of these changes. The majority of states addressing staffing have staffing committees or public reporting. These should be considered as a first step.

- Public Reporting: New Jersey has been a leader in public reporting of staffing ratios, however, the definitions and how it is calculated should be revisited. Strengthen and clarify reporting definitions by the New Jersey Department of Health (NJDOH) to ensure accurate and comprehensive data collection that reflects the work environment. Redefining these definitions should occur first.

- The New Jersey Department of Health (NJDOH) has detailed staffing requirements outlined in New Jersey Administrative Code § 8:43G-17.1. NJDOH can utilize Leapfrog Group's data, and ensure hospitals meet these requirements and patient outcomes before implementing further policies. This approach is crucial for maintaining healthcare quality and safety.

- Fixed staffing ratios can impact other roles within the organization. Currently, there are shortages of other support staff, inclusive of UAPs. It is also unclear what evidence would support these ratios.

- Increase nurse pipeline and faculty: Currently there are stagnant graduation rates for RNs in NJ (NJCCN, 2024). Improving the pipeline of nursing professionals by increasing program enrollments and hiring more faculty members is necessary. Investments by the state are needed with defined criteria as identified in Bill S1949/A1659**.** This bill should be amended and moved forward.

- Professional Organization and Best Practice: Consider the guidance of professional organizations and leverage evidence frameworks such as Magnet and NWESC that focus on patient center care and a flexible nurse work environment while increasing nurse satisfaction and quality patient care.

- New Jersey outcomes outperformed in both critical care units and medical surgical units in most nurse-sensitive indicators. Magnet hospitals outperform in NJ as compared to non-Magnet facilities. This framework has been demonstrated to ensure healthy work environments and should be considered as a framework for larger organizations. For smaller organizations, the Pathway to Excellence standards should be considered as the framework.

Conclusion

This analysis for NJ stresses the need for a comprehensive approach by prioritizing and increasing the nurse pipeline, enforcing public reporting, considering professional organization recommendations, leveraging evidence-based practices such as transition into practice programs for new nurses, and implementing committee-based workforce solutions through shared governance approaches. Issues such as workplace violence, stress reduction, and documentation burden is important to address through these committees. It is essential to evaluate all these factors before proposing fixed staffing ratios to improve patient outcomes and create a healthy work environment for nursing staff. National Organizations such as Magnet and Leapfrog recognized differences between small teaching hospitals, large teaching hospitals, non-teaching hospitals, pediatrics hospitals, and critical access hospitals in terms of skill mix and RN hours per patient day. This approach supports the idea that one size does not fit all. Strengthening current requirements should be first. Organizations that are non-Magnet or Pathway to Excellence should consider these models as a framework for healthy work environments.