Here is some information on my paper. We are to write a letter to someone proposing some changes. The assignment is listed as an argument with sources paper. This is what I have so far and what I am hoping to achieve with the paper, listed out numerically.

1. Who is my audience? The ANCC, the American Nurses Credentialing Center.
2. Describe the problem: The ANCC awards Magnet designation to hospitals who apply for and “pass” this survey. The Magnet Recognition Program® recognizes healthcare organizations for quality patient care, nursing excellence and innovations in professional nursing practice. Consumers rely on Magnet designation as the ultimate credential for high quality nursing. Developed by the American Nurses Credentialing Center (ANCC), Magnet is the leading source of successful nursing practices and strategies worldwide. he Magnet Recognition Program® recognizes health care organizations for quality patient care, nursing excellence and innovations in professional nursing practice. Consumers rely on Magnet designation as the ultimate credential for high quality nursing. Developed by ANCC, Magnet is the leading source of successful nursing practices and strategies worldwide.

Benefits of Magnet Designation

* Attract and retain top talent
* Improve patient care, safety and satisfaction
* Foster a collaborative culture
* Advance nursing standards and practice
* Grow your business and financial success

National Recognition of Magnet
*US News & World Report* utilizes Magnet designation as a primary competence indicator in its assessment of almost 5,000 hospitals to rank and report the best medical centers in 16 specialties.

* In 2013, 15 of the 18 medical centers on the exclusive [*US News Best Hospitals in America Honor Roll*](http://health.usnews.com/health-news/best-hospitals/articles/2013/07/16/best-hospitals-2013-14-overview-and-honor-roll), and all 10 of the [*US News Best Children's Hospital Honor Roll*](http://health.usnews.com/health-news/best-childrens-hospitals/articles/2013/06/11/best-childrens-hospitals-2013-14-overview-of-the-rankings-and-honor-roll), are ANCC Magnet-recognized organizations.

In the *Leapfrog Hospital Survey*, the nation's oldest survey comparing hospital performance in safety, quality and efficiency, Magnet designation automatically earns full credit for Safe Practice #9 Nursing Workforce. This section of the survey scores hospitals on their commitment to staffing with highly trained nurses and putting nurses in leadership positions that allow them substantial input on patient safety issues.

[View 2012 Leapfrog Hospital Survey](http://www.leapfroggroup.org/policy_leadership/leapfrog_news/4971411)
[See Hospitals Reporting Magnet Status to Leapfrog](http://www.leapfroggroup.org/MagnetRecognition)

Magnet requires organizations to develop, disseminate and enculturate evidence-based criteria that result in a positive work environment for nurses and, by extension, all employees.

Goals & Guiding Principles
The Magnet Recognition Program® advances 3 goals within health care organizations:

* Promote quality in a setting that supports professional practice
* Identify excellence in the delivery of nursing services to patients/residents
* Disseminate best practices in nursing services.
1. A Magnet environment achieves quality indicators and nursing practice standards outlined in the [*ANA Nursing Administration: Scope & Standards of Practice, 3rd Ed*](http://www.nursesbooks.org/Main-Menu/Standards/A--G/Nursing-Administration-Scope-and-Standards-of-Practice.aspx) and other foundational documents.
2. <http://www.nursecredentialing.org/Magnet>
3. Unfortunately Magnet Status does not require a hospital to maintain any specified staffing levels or nurse:patient ratios. That is my PROBLEM with magnet status. I have worked as a nurse for 25 years and second only to my scheduled days of work is my work load in terms of satisfaction. Nurse satisfaction increases greatly when staffing ratios are reasonable and the nurse can do her job. California is the only state in the US that has a law that mandates staffing ratios.

Identifying and maintaining the appropriate number and mix of nursing staff is critical to the delivery of quality patient care. Numerous studies reveal an association between higher levels of experienced RN staffing land lower rates of adverse patient outcomes.

When health care employers fail to recognize the association between RN staffing and patient outcomes, laws and regulations become necessary.

**A Federal regulation has been in place for some time, 42 Code of Federal Regulations (42CFR 482.23(b)** which requires hospitals certified to participate in Medicare to "have **adequate**numbers of licensed registered nurses, licensed practical (vocational) nurses, and other personnel to provide nursing care to all patients as needed". This nebulous language and the continued failure of Congress to enact a federal law. [**The Registered Nurse Staffing Act**](http://www.rnaction.org/site/PageNavigator/nstat_take_action_safe_staffing.html) has left it to the states to ensure that staffing is appropriate to meet patients' needs safely.

State staffing laws tend to fall into one of three **general approaches:**

* The first is to require hospitals to have a nurse driven **staffing committee** which create staffing plans that reflect the needs of the patient population and match the skills and experience of the staff.
* The second approach is for legislators to **mandate specific nurse to patient ratios** in legislation or regulation.
* A third approach is that of requiring facilities to **disclose** staffing levels to the public and /or a regulatory body.

**The American Nurses Association (ANA) supports a legislative model in which nurses are empowered to create staffing plans specific to each unit. This approach aides in establishing staffing levels that are flexible and account for changes; including intensity of patient's needs, the number of admissions, discharges and transfers during a shift, level of experience of nursing staff, layout of the unit, and availability of resources (ancillary staff, technology etc.). Establishing minimum upwardly adjustable staffing levels is statute may also aide the committee in achieving safe and appropriate staffing plans.**

**States with Staffing Laws**
13 states currently addressed nurse staffing in hospitals in law / regulations: **CA, CT, IL, MN, NV, NJ, NY, OH, OR, RI, TX, VT, and WA**.

* 7 states require hospitals to have staffing committees responsible for plans and staffing policy – **CT, IL, NV, OH, OR, TX, WA**.
* **CA** is the only state stipulates that in law and regulations a required minimum nurse to patient ratios to be maintained at all times by unit.
* 5 states require some form of disclosure and / or public reporting – **IL, NJ, NY, RI, VT**

**Additionally...**

* **NM**(2012) charged named stakeholder groups to recommended staffing standards to the legislature; the department of health is to collect information about the hospitals that adopt standards and report the cost of implementing an oversight program.
* **NC** (2009) requested a study in the use of mandatory overtime as a staffing tool. No subsequent action taken.
* **DC** and **ME** (2004) – passed legislation; later amended from original intent; staffing mandate removed.
* <http://www.nursingworld.org/MainMenuCategories/Policy-Advocacy/State/Legislative-Agenda-Reports/State-StaffingPlansRatios>

# California's nurse-to-patient ratios, Part 1: 8 years later, what do we know about nurse-level outcome?

* [Serratt T](http://www.ncbi.nlm.nih.gov/pubmed?term=Serratt%20T%5BAuthor%5D&cauthor=true&cauthor_uid=23979037).

### [Author information](http://www.ncbi.nlm.nih.gov/pubmed/23979037)

### Abstract

* California's nurse-to-patient ratios have been in place since 2004. The author reviews outcomes at the nurse level from a comprehensive literature review. Data suggest that increased levels of nurse staffing have resulted in greater job satisfaction.
* PMID:
* 23979037
* [PubMed - indexed for MEDLINE]

[Nurs Times.](http://www.ncbi.nlm.nih.gov/pubmed/21366010) 2011 Jan 18-24;107(2):22-5.

# The effects of nurse to patient ratios.

[Patterson J](http://www.ncbi.nlm.nih.gov/pubmed?term=Patterson%20J%5BAuthor%5D&cauthor=true&cauthor_uid=21366010).

### [Author information](http://www.ncbi.nlm.nih.gov/pubmed/21366010)

### Abstract

This article examines the literature on nurse to patient ratios to establish the impact on both patients and staff of understaffing on hospital wards. It discusses theories on ideal staff to patient ratios and the resource implications of these, and recommends a number of dynamic and innovative ways to allocate staff.

PMID:

21366010

[PubMed - indexed for MEDLINE]

1. So basically California has mandated staffing ratios and nurse atisfaction has increased. The ANCC does not require magnet hospitals to specify staffing levels. The ANA (American nurses association) does support staffing levels, and they own the ANCC. Wow, that’s weird. So I would like to propose that the ANCC adopt required staffing levels as a part of a hospital obtaining magnet status

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 | Magnet status: What it is, what it is not, and what it could bemagnetMagnet status is an award given by the [American Nurses' Credentialing Center](http://www.nursecredentialing.org/) (ANCC), an affiliate of the American Nurses Association, to hospitals that satisfy a set of criteria designed to measure the strength and quality of their nursing. A Magnet hospital is stated to be one where nursing delivers excellent patient outcomes, where nurses have a high level of job satisfaction, and where there is a low staff nurse turnover rate and appropriate grievance resolution. Magnet status is also said to indicate nursing involvement in data collection and decision-making in patient care delivery. The idea is that Magnet nursing leaders value staff nurses, involve them in shaping research-based nursing practice, and encourage and reward them for advancing in nursing practice. Magnet hospitals are supposed to have open communication between nurses and other members of the health care team, and an appropriate personnel mix to attain the best patient outcomes and staff work environment. We encourage all nurses to [learn more](http://www.nursecredentialing.org/magnet/process.html) about the principles of Magnet certification, and to consider appropriate nursing certification programs for their hospitals. Learn more about Magnet status: [eligibility](http://www.nursecredentialing.org/magnet/process.html) for it, the [benefits](http://www.nursecredentialing.org/magnet/benes.html) of it, [hospitals](http://www.nursecredentialing.org/magnet/getall.cfm) that have achieved it, and hospitals that are seeking it on which the ANCC is seeking public comment.We understand that some nurses are enthusiastic about the program and feel that it promotes the important practices outlined above. However, it is important to be aware that others, notably nursing unions, have been highly critical of the way the Magnet program has been implemented. Some critics, including the California Nurses Association and the Massachusetts Nurses Association, have argued that the Magnet program is primarily a hospital promotion tool that resembles the Joint Commission on Accreditation of Healthcare Organizations in its seemingly incestuous relations with hospital management. Such critics have also asserted that there is little evidence that nurses at Magnet hospitals are really much better off than nurses elsewhere. Suzanne Gordon, in [*Nursing Against the Odds*](http://www.truthaboutnursing.org/media/books/nursing_against_odds.html) (2005), says that she regards the Magnet program as an important effort, but she too questions how well it really works, suggesting that many of its voluntary guidelines may offer only the illusion of nurse empowerment. The Truth has heard many first-hand reports of some hospitals trumpeting their new Magnet status even as they proceed to betray some of the program's key principles. A July/August 2010 [study](http://ehstoday.com/fire_emergencyresponse/news/magnet-hospitals-working-conditions-nurses-6023/) by Alison Trinkoff and Meg Johantgen published in the *Journal of Nursing Administration* found that magnet hospitals do not have any better working conditions than non-magnet hospitals. But an [October 2011 study](http://www.nursecredentialing.org/Magnet/MagnetNews/JONA-PressRelease-103111.aspx) by Linda Aiken and colleagues found that Magnet hospitals "have better work environments, a more highly educated nursing workforce, superior nurse-to-patient staffing ratios, and higher nurse satisfaction than non- Magnet hospitals."To the extent the Magnet program is not effectively promoting its important nurse empowerment goals, we would like to see it strengthened. In general, we hope that all nurses will work for strong, effective nursing credentialing programs to address the nursing crisis and improve patient care.Frankly, the Truth has heard from a number of nurses who are unhappy with the changes at their hospitals since the award of magnet status, and we have not heard from many who are happy. One report was that the nurse who had led the drive for magnet status was fired soon after the hospital received it, and that the magnet reforms quickly began to unravel. Others have said that their hospitals reverted to short-staffing and excluding nurses from decision-making processes soon after receiving magnet certifications. Such reports support the claims that some hospitals are treating magnet status mainly as a promotional tool, and that the program is not effectively monitoring compliance. **The Truth's suggestions on how to improve the Magnet Program** In June 2006, the Truth About Nursing's founder and executive director, [Sandy Summers](http://www.truthaboutnursing.org/about_us/bios/ssummers.html), sat on an expert panel about the Magnet Program for The World Congress Leadership [Summit](http://www.worldcongress.com/agenda.cfm?level=inside&confCode=NW650&agendaID=73&subAgendaID=173) for Chief Nursing Officers in Chicago, Illinois. In this presentation she encouraged the Magnet Program to incorporate the following ideas:1. Charge nurses should be allowed to set the staffing levels on their floors determined by what nurses feel they can safely handle; and filled staffing should be filled by an appropriate mix of nurses based experience and expertise.
2. Basic minimum nurse-to-patient ratios should be set no higher than those set by the current California legislation, whether or not the institution is located in California.
3. Nurse-to-patient ratios should be posted very visibly for visitors to see on every unit and updated every shift.

Read more: <http://www.truthaboutnursing.org/faq/magnet.html#staffing#ixzz3IKD0VBFt> |

Read more: <http://www.truthaboutnursing.org/faq/magnet.html#ixzz3IKCu6GDo>