

The Statewide Commission on the Crisis in Nursing

**Maryland Board of Nursing
4140 Patterson Avenue
Baltimore, Maryland 21215-2254**

TEL: 410-585-1903

FAX: 410-358-3530

Dear Employers of Nurses:

The Commission has approved the enclosed **Principles for Involving Nurses in Decisions Affecting Patient Care** as a basis for creating dialog and action.

In a 2001 survey of Maryland nurses, the top five factors, in descending order, given by nurses working in hospitals, long-term care and home health/hospice for wanting to leave the profession are:

Hospital

1. Inability to give quality care
1. Mandatory extra hours
2. Re-assignment
3. Lack of re-assignment compensation
5. Mandatory on-call

Long-Term Care

1. Inability to give quality care
2. Staffing quality
3. Mandatory extra hours
4. Scheduling issues (exclude flexible or self)
5. Lack of re-assignment compensation

Home Health/Hospice

1. Inability to give quality care
2. Scheduling issues (exclude flexible or self)
3. Mandatory extra hours
4. Re-assignment
5. Mandatory on-call

The Principles are intended to help nurses and employers of nurses review current practices and revise them where necessary to assure that nurses' input relative to patient care is a regular component of decision making processes.

The Commission believes that good faith discussions of and actions on the Principles can create workplace environments in which Maryland citizens will experience safe, quality, competent and compassionate care, and nurses will be successfully recruited and retained.

The Commission requests your endorsement of the document. Additionally, the endorsement would be listed with future communication or distribution of the principles.

Introduction

In December 2001, the Statewide Commission on the Crisis in Nursing directed the Workplace Issues Subcommittee to:

DETERMINE WAYS IN WHICH TO INVOLVE (REGISTERED AND LICENSED PRACTICAL) NURSES IN CLINICAL DECISIONS THAT AFFECT THE ABILITY OF THE NURSE TO PROVIDE SAFE AND QUALITY PATIENT CARE.

A workgroup comprised of staff nurses, nurse managers and nurse executives was convened for this purpose. The principles that follow are put forth by the Nursing Commission with the intent that they serve as a catalyst for open and on-going dialogue in all organizations in which nurses are employed, and that the resulting dialogue will contribute to creating workplace environments in which the citizens of Maryland will be able to experience safe, quality, competent, compassionate care in all encounters with the health care system, and nurses will be successfully recruited and retained.

All organizations in which nurses are employed are urged to **endorse and incorporate** the principles into their organizational practices.

Background

As professional caregivers, nurses are independent decision-makers whose autonomy of action is legally defined. They are highly educated specialists who act in accordance with expert knowledge. Nurses are also members of interdisciplinary health care teams in which they collaborate to assure that every decision is made on the basis of providing safe, quality, competent and compassionate care to the patient. The principles that follow reflect these assumptions about the nurses' role in providing patient care in all settings. Rationales for the principles and suggestions for action are also included.

Principles for Involving Nurses in Decisions that Affect Patient Care

PRINCIPLE #1:

Within a framework of established policies and procedures, nursing personnel shall determine the number of patients that can be cared for given the available resources, in consultation with physicians, and members of the institution's administrative team.

Policies and procedures might include establishing unit admission, transfer, and discharge criteria, adjusting staffing mix or productivity levels, defining staff level of competency and experience, and establishing standards of care. In inpatient facilities, these decisions may result in determining bed closures, requiring OR delays or cancellations, employing patient diversion status, or restricting admissions. In non-hospital settings, they may result in referrals of patients to other agencies.

PRINCIPLE #2:

There shall be standing nursing position(s) on committees that affect the ability of the nurse to provide safe, quality care. Nurses on these committees should include those who are willing to develop expertise in the area and those who are affected by the decision.

Examples include, but are not limited to:

1. Pharmacy and Therapeutics
2. Ethics
3. Patients and Employee Safety
4. Products Issues
5. Human Resources (in relation to career ladder and performance appraisals)
6. Recruitment and Retention
7. Quality Management/Performance Improvement
8. Disaster Planning
9. Risk Management
10. Institutional Review Board(s) (to review the impact of research protocols on the allocation of nursing resources and thus the feasibility of participating without additional support)
11. Clinical Policies and Procedures
12. Retreats and Strategic Planning Sessions

Provisions must be made to enable the nurse to attend these meetings and to develop expertise in the area. The issue of arranging for time or compensation to participate in these meetings should be considered.

PRINCIPLE #3:

Decisions about the purchase of clinical supplies and equipment shall be made based on recommendations of committees consisting primarily of experienced clinical practitioners, such as nurses and other health professionals.

The committee shall:

- A. Conduct clinical evaluations with *user groups* to support their decisions regarding purchasing products.
- B. Establish guidelines or scoring mechanisms to evaluate patient safety and increase efficiency against cost to ensure the best overall product.
- C. Following a product decision, introduce new products (as well as new therapeutics or new pharmaceuticals, new programs or new buildings) into the organization with sufficient lead-time to educate the nursing staff.
- D. Purchase supplies and equipment in sufficient quantities to meet the actual (versus the projected) demand.

PRINCIPLE #4:

Reassignment of nurses shall not be a routine practice for staffing a unit.

- A. Involve nursing personnel in planning and implementation of systems for provision of care to assure that competent nursing care is provided to patients.
- B. Reassignment must be competency based and occur within the framework of the Maryland Nurse Practice Act and *Giving, Accepting, or Rejecting a Work Assignment: A Guide for Nurses*, published by The Maryland Nurses Foundation. Some specific points to consider include the following:
 - 1. The nurse retains responsibility, accountability and liability for supervising delegated nursing functions.
 - 2. The nurse accepts only those assignments that are within the nurse's scope of practice, area of responsibility, and competency.
 - 3. The nurse clarifies assignments and assesses personal knowledge, skills and abilities prior to accepting a work assignment.
 - 4. The nurse communicates the need for alternate means of care when patient needs exceed the individual nurse's knowledge, skills or abilities.

PRINCIPLE #5:

Organizations shall establish a collaborative mechanism to work with nurses to resolve issues in a timely fashion before they impact on patient safety or become a source of dissatisfaction for staff.

For example:

- A. Establish and communicate a variety of opportunities and mechanisms for on going dialogue with nurses.
- B. Establish effective and accessible chains of command for resolving issues at the unit, departmental and hospital, or organization level.

Nurses shall utilize the established mechanisms, and when necessary, the organization's chain of command to address and resolve issues of concern.

The Commission endorses the Maryland Hospital Association's Summary of Principles: Staffing and Scheduling, in *Guidelines for Nurse Staffing and Scheduling in Maryland Hospitals*, September 2001, page 2.