### The Nurse Staffing by Patient Acuity Law

**FACT SHEET**

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| **What is the Staffing by Acuity Law?**            | The Nurse Staffing by Patient Acuity was signed into law on August 24, 2007. It is the law! INA fashioned the staffing by acuity legislation and it now a requirement that every hospital implement a staffing plan recommended by a committee of their nurses and must be comprised of 50% direct-care staff nurses. It also requires that the plan take into consideration:  
- admissions, discharges and transfer, assessment and volume  
- the complexity of each patient, referral needs, evaluation of progress toward goals, and any special equipment or technology needed  
- The unit skill mix of all staff, experience of staff, and the need to be involved in education and quality improvement projects must also be considered.  
- Each hospital will be required to identify a staffing acuity tool that provides flexibility to align required nursing skills with changing patient acuity, as well as a means to semi-annually evaluate the effectiveness of this tool.  

*Nurse staffing by acuity affords the bedside registered nurse to have a voice in the plan of staffing in his/her unit. Passage of a staffing by ratios law, would be determined by the Illinois General Assembly, not nurses!* |
| **How does this law apply to the work environment?** | RN ratio staffing does not support current national nursing standards.  
  
In today’s ever evolving field of health, nursing care also evolves in methods to treat disease. Nothing is static. The staffing by acuity is based on using resources to validate proper staffing plans which include but are limited to current national nursing standards and evidenced based practice.  

In addition any staffing plan is to ascertain the best balance between registered nurse skill set, individual patient care needs including time to document care and within the particular hospital in which they are all located.  

*In Illinois staffing by acuity is based on a customized nurse staffing plan based on multiple resources such as evolving nursing standards not static numbers as in the California model.* |
| **What are the advantages of the Acuity Law when compared to ratios?** | Decision for staffing is by the bedside registered nurse and is adjusted by those who do the work.  
  
For the first time in Illinois, registered nurses are empowered to make decisions with regards to appropriate nurse staffing. This is inclusive in the law regulating that the bedside nurses input on their staffing tool, evaluate the staffing plan and utilize current national nursing standards resources to fashion the plan, review the plan and keep record of successes and ability to amend future staffing plans.  

The staff nurse is there every step of the way to affect their own nurse staffing plan, which in essence, is the largest difference between the California model of staffing by ratios as compared to staffing by acuity in Illinois. Nurses must be the driving force to define nursing practice.  

*INA has fashioned and passed legislation to include the direct care staff nurse in the important decisions regarding their practice – defining their work environment by determining the appropriate nurse staffing plans with direct input/implementation/and evaluation.* |
| **What are the drawbacks of minimum nurse to patient staffing ratios?** | Nurses will not have a voice in the staffing of their own units.  
  
- The ratios are fixed numbers. The nurse will not be able to have a say as they do in the care committees mandated in Illinois law  
- Assumes all patients are the same and will have the same needs over the course of their stay  
- Assumes that all nurses are the same in skill and experience. This is a one dimensional view of nursing  
- Assumes that all hospital settings are the same throughout the state (community vs. teaching, rural vs. urban)  
- Does not take into consideration technological patient needs or ancillary and support staff  

*Do you want a legislator with no medical background determining your assignment for the day or would you like to have some input?* |