Karen Daley, PhD, MPH, RN, FAAN
President
American Nurses Association
8515 Georgia Ave, Suite 400
Silver Spring, MD 20910

November 8, 2011

Dear Karen,

The American Psychiatric Nurses association applauds the ANA for its proposed revision to the **ANA Principles for Nurse Staffing**. Your leadership on this issue is commendable and APNA wishes to support those efforts.

The matter of staffing in inpatient psychiatric units is of particular concern and we recently published our position paper that is aimed at psychiatric inpatient units. You will find that our position statement aligns itself well with the ANA proposed revision.

We have taken the liberty of providing a commentary that is attached for your consideration as you move toward a final document. We trust that you find our feedback useful and that you give serious consideration to its inclusion in the final publication.

Sincerely,

Marlene Nadler-Moodie
President
American Psychiatric Nurses Association
1555 Wilson Blvd Suite 530
Arlington, VA 22209
Comments on the ANA Draft Principles for Nurse Staffing
American Psychiatric Nurses Association Administrative Council
October 31, 2011

The following comments correspond to the numbered lines of the draft principles:

Lines 20-22: Request the inclusion of specialty areas such as psychiatric-mental health nursing in an expansion of nurse-sensitive quality indicators and research on staffing levels. Although the Principles for Nurse Staffing were developed in 1998 and should apply to specialty areas (per lines 26-28), quality indicators and research primarily focus on medical-surgical areas.

Lines 40-70: Agree with principles, definition of appropriate nurse staffing and core staffing components.

Lines 75-87: This list includes some healthcare consumer needs that are questionable for use in staffing decisions. For example, it is unclear what requirement line 81 refers to. There are possible liabilities with line 82 in using social support in place of staff. It is unclear how lines 83 and 84 would specifically impact staffing.

Lines 89-92: Agree with statements that no singular approach exists in determining optimal staffing levels.

Line 117: Recommend changing "professional certification" to "professional nursing specialty certification." The rationale is that it is consistent language with ANCC and provides more specificity in terms of certification in a particular nursing practice specialty (i.e. PMHN)

Lines 157-158: It is unclear how this would be integrated into a staffing plan (rather, it is more in line with professional development plans and expectations).

Lines 171-172: Recommend adding that registered nurses who do report staffing concerns be given prompt feedback on their concerns, including any actions taken to remedy, and the opportunity for problem solving of the issue.

Additional comments:
We recommend including information on staff nurse fatigue in today’s very demanding acute care environments. There is compelling evidence in the current literature that strongly links the effects of long work hours and "compression complexity" to occupational fatigue and its effects on nurse and patient safety. In August 2011, RNAO published best practice guidelines on mitigating nurse fatigue in health care (see below for complete reference).
Also, a seminal publication from IOM published in 2004 on "transforming nursing work environments" was not cited (see below for complete citation).

Compression complexity is a phenomenon that describes "what nurses experience when expected to assume additional, unplanned responsibilities while simultaneously conducting their multiple responsibilities in a condensed time frame." (Krichbaum et al, 2007)

References:

