- In hospital ICUs—one licensed nurse for every 2 patients (12 hours of licensed nursing staff per patient day).
- In nursing homes, for long-stay residents—one RN for every 32 patients (0.75 hours per resident day), one licensed nurse for every 18 patients (1.3 hours per resident day), and one nurse assistant for every 8.5 patients (2.8 hours per resident day).

Recommendation 5-4. DHHS should implement a nationwide, publicly accessible system for collecting and managing valid and reliable staffing and turnover data from hospitals and nursing homes. Information on individual hospital and nursing home staffing at the level of individual nursing units and the facility in the aggregate should be disclosed routinely to the public.

- Federal and state nursing home report cards should include standardized, case-mix–adjusted information on the average hours per patient day of RN, licensed, and nurse assistant care provided to residents and a comparison with federal and state standards.
- During the next 3 years, public and private sponsors of the new hospital report card to be located on the federal government website should undertake an initiative—in collaboration with experts in acute hospital care, nurse staffing, and consumer information—to develop, test, and implement measures of hospital nurse staffing levels for the public.

Moreover, the knowledge base on effective clinical care and new health care technologies is increasing rapidly, making it impossible for nurses (and other clinicians) to incorporate this information into their clinical decision making and practice without organizational support. Organizational studies and research on exemplary work environments indicate the importance of investment in ongoing employee learning by employers. The committee therefore makes the following recommendation:

Recommendation 5-5. HCOs should dedicate budgetary resources equal to a defined percentage of nursing payroll to support nursing staff in their ongoing acquisition and maintenance of knowledge and skills. These resources should be sufficient for and used to implement policies and practices that:

- Assign experienced nursing staff to precept nurses newly practicing in a clinical area to address knowledge and skill gaps.