**Action Plan**

**The Impact of Advanced Practice Registered Nurses’ Shift Length and Fatigue on Patient Safety**

**Position Statement #3076** [(Click Here to access the Position Statement)](https://nann.org/uploads/About/PositionPDFS/Impact_of_Advanced_Practice%20_Shift%20Length_and_Fatigue_2022.pdf)

The purpose of this Action Plan is to assist neonatal APRNs in starting the conversation with their units/organizations on protecting the neonatal APRN from fatigue-related sequelae and improve patient safety.

GETTING STARTED:

1. Identify the problem: Start an open discussion with your employer about shift work, workload, and fatigue management.
2. Provide financial details for management consideration in making decisions.
	1. What staffing model are you supporting: acuity based, ratio based, budget based?
	2. Is the staffing model driven by finances. If so, identify the model: volume staffing (matches the number of employees to the expected workload), ADC (activity delivery costs).
	3. Identify “extra” duties/non-productive” time, such as NNP administrative or education responsibilities (non-direct patient care). These duties impact job satisfaction, engagement, and retention, while providing value to the system.
	4. Identify higher acuity patient load for NNPs versus residents.
3. Provide evidence and supporting documents to assist employers in making informed decisions.
	1. Provide data on shift work in your own unit for the last three-six months.
	2. Reference the Position Statement to support your discussion of the problem.
	3. Provide recommendations and include rationale for WHY you are taking a specific position.
	4. Request a joint review of the current NNP operational budget and discuss how suggested recommendations could be accommodated.
4. Offer to provide short educational sessions for your employer and staff regarding:
	1. Sleep physiology,
	2. Personal and professional performance limitations,
	3. Fatigue and fatigue-mitigating strategies.
5. Discuss fatigue-mitigating strategies with your employer and colleagues:
	1. Minimize shift rotations and optimize rest time between scheduled shifts. Avoid day and night shift swings to avoid drastic changes to sleep patterns.
	2. Night-shift hours should be optional for neonatal APRNs older than 50 years old.
	3. Neonatal APRNs who have worked extended shifts for more than 20 years should have the opportunity to work 8-12-hour shifts in their current position and institution.
	4. Incorporate rest breaks into the standard work environment. Napping (10-60 minutes) can be utilized to sustain alertness and decrease fatigue.
	5. Incorporate protected sleep time following 16 consecutive hours of work.
	6. Require that all moonlighting and overtime hours be tracked and reported by the employee and employer. Individual practices and settings should have a written, practice-specific guideline that includes:
		1. maximum hours worked per week,
		2. maximum hours worked per month,
		3. maximum number of consecutive shifts,
		4. guidelines and monitoring of moonlighting hours.