Safe Minimum RN Staffing Standards: Improve Quality of Care and Protect Patient Safety
Current Situation: Its Impact on Patients

- We have a disturbing crisis in Massachusetts, nurses are being forced to care for too many patients at once.

- Patients are suffering the consequences in the form of preventable errors, avoidable complications, increased lengths of stay and readmissions.

- In an attempt to cut costs many hospitals have over the years reduced nursing staff, which has compromised patient safety and quality of care.
Acclaimed medical journals have found that understaffing of registered nurses has been shown to contribute to:

- Longer lengths of stay,
- Increased readmissions,
- Increased medical errors,
- Increased rates of urinary tract infections, hospital acquired pneumonia, blood clots and other complications.
Understaffing of Registered Nurses is Dangerous

‘The higher the patient-to-nurse ratio in a hospital, the more likely there will be patient deaths or complications after surgery.’

Inadequate (nurse) staffing levels have been a factor in nearly 25% of the most serious life-threatening events that have been reported to the Commission in the last five years.
A study of 5 million patient discharges found a 'strong and consistent' link between nurse staffing levels and patient outcomes.

..."nurse staffing levels affect patient outcomes and safety."
Insufficient monitoring of patients, caused by poor working conditions and the assignment of too few RNs, increases the likelihood of patient deaths and injuries at a time when avoidable medical errors kill up to 98,000 people in U.S. hospitals every year. (IOM, November 4, 2003)
Understaffing of Registered Nurses is Dangerous

Poorer hospital nurse staffing is associated with higher rates of urinary tract infections, post-operative infections, pneumonia, pressure ulcers and increased lengths of stay, while better nurse staffing is linked to improved patient outcomes.

Massachusetts Department of Public Health

76% increase in reporting of hospital injuries and errors (Fall 2003)
Understaffing of Registered Nurses is Dangerous

**RNs in Massachusetts that report impact on patients...**

- Two-thirds of bedside nurses report knowing of patients who either died or suffered serious complications as a result of understaffing

- Longer hospital stays – 50%
- Injury or harm to patients – 52%
- Re-admission of a patient – 54%
- The frequency of medical errors, such as improper medication or dosages – 67%
- Patients having to wait for long periods of time for their medication and medical procedures – 81%
- Nurses not having enough time to educate patients and their families – 86%
Patient Safety/Safe RN Staffing Bill

- Sets minimum RN-to-patient ratios by specialty/unit in hospitals
- Calls for DPH to enforce minimum RN-to-patient ratios as a condition of licensure
- Includes a standard patient classification system to increase nursing care as needed
- Require hospitals to post minimum staffing ratios in all patient care areas
- Provide a hotline to report violations
- Ban the use of mandatory overtime
Minimum Ratios Work
Return on Investment:
Safe Ratios Save Money

Improved Patient Outcomes
and
Reduced Nurse Turnover
Saves Money
Improved Patient Outcomes Save Money
Return on Investment: Safe Ratios Save Money

‘The return on investment in nursing will be reflected both in cost savings and in improvements in the safety and quality of care provided.’

~ Health Care at the Crossroads: Strategies for Addressing the Evolving Nursing Crisis—Joint Commission on the Accreditation of Health Care Organization (JCAHO)
Return on Investment: Safe Ratios Save Money

Increased staffing of registered nurses (RNs) was found to be cost-neutral -- no statistically significant impact on the hospitals bottom line/profit-operating margin.

~ "Nurse staffing, quality, and financial performance," in the Journal of Health Care Finance supported by the Agency for Healthcare Research and Quality
Return on Investment: Safe Ratios Save Money

Eliminate Unnecessary Medical Errors

Reducing Patient Complications

Shorten Length-of-Stay
It’s Not Just the Hospitals Who Pay

- State and Federal Governments (via Medicare and Medicaid reimbursements)
- Health Insurers (especially readmissions)
- The Patients (lost wages and home care costs)
Reducing RN Turnover Rates Saves Money
Return on Investment: Safe Ratios Save Money

“Investments to reduce “churn” (turnover) may pay considerable dividends in decreased costs and improved quality of patient care.”

~ American Organization of Nurse Executives
Survey of RN Vacancy & Turnover, 2002
Return on Investment: Safe Ratios Save Money

- The cost of replacing a medical/surgical RN is $46,000 and the cost of replacing a critical care RN is more than $65,000.

- Hospitals with higher turnover rates have a 36 percent higher cost per discharge.

- Higher turnover led to lower profitability.
Return on Investment: Safe Ratios Save Money

How safe staffing levels impact this:

- Hospitals with a RN to patient ratio of 1:7 experience a turnover rate of 18%, while hospitals with a ratio of 1:4 have a turnover rate of just 9%.

- For every $1 invested by hospitals in meeting minimum RN-to-patient ratios, there will be a $1.20 return in savings associated by reducing RN turnover and reliance on agency nurses. ("Recruitment and Retention Strategies: A Magnet Hospital Prevention Model", Nursing Economics, 2003)

- In fact a 100 bed hospital that reduces turnover from 18% to 9% will save nearly $2 million per year.
We have enough nurses.
Massachusetts Has More Registered Nurses Than Any State in the Country

Comparable States

California
Florida
Michigan
Illinois
New York
Ohio
Pennsylvania
Massachusetts

# of RNs per 100,000
But, nurses, burned out with high patient loads, are leaving the bedside.
Those that are working at the bedside are working fewer shifts per week.

We have enough nurses employed to meet the ratios.

- 58% Full-time RNs
- 42% Part-time and Per Diem RNs

* Analysis of employment and shift assignments at Massachusetts hospitals.
Why are nurses leaving the bedside?

- 87% say they have too many patients. *

- 93% believe that RNs are burned out with high patient loads. *

- 73% say that it is a serious problem that the acute care units are understaffed and nurses working in acute care are forced to care for too many patients.*

* Opinion Dynamics Survey of Massachusetts RNs, June 2003
The exodus is serious and will likely continue...

- New RNs are leaving the profession at alarming rates

- **1 in 5** registered nurses is considering leaving in the next 5 years

- **1 in 3** registered nurses under the age of 30 plans to leave nursing within the next year
Safe Ratios Bring RNs Back to the Bedside

Massachusetts RNs Likely to Return to the Bedside with Regulated RN-to-Patient Ratios

- 65% Much/Somewhat more likely to consider
- 32% Wouldn't make a difference
- 3% Not sure

Opinion Dynamics Survey, 2003
87% of nurses said recruitment and retention would improve with better staffing.

85% percent of nurses surveyed believe limiting the number of patients each nurse must care for is the most important solution to a growing staffing crisis in hospitals (May 2003 AJN).
Conclusion
According to the Journal of the American Medical Association:

- Nurse staffing ratio legislation ‘represents a credible approach to reducing mortality and increasing nurse retention in hospital practice’

  and ...

- ‘Improvements in nurse staffing resulting from the legislation could be accompanied by declines in nurse turnover’