

Safe Staffing

The Issue: Understaffing of nurses and other health professionals threaten the quality of patient care, deepen health professional shortages, and add to the rising cost of healthcare.

Numerous research studies document the serious—even deadly consequences of understaffing on patients: increased mortality and failure to rescue among surgery patients; increased incidence of medical errors, hospital-acquired infections, gastrointestinal bleeding, shock and cardiac arrest, and longer lengths of stay.¹

Studies also show that understaffing leads to high staff turnover, and deepens health professional shortages. Overworked caregivers, expected to care for more patients than they can safely, suffer markedly increased burnout and job dissatisfaction, and are more likely to leave the bedside or their profession, leading to further understaffing.^{2,3}

In a healthcare system struggling to contain costs, understaffing and high staff turnover also drain scarce resources—with billions of dollars spent on preventable errors and complications; increased costs for temporary and replacement staff; increased length of stay and cost-per-discharge, and decreased return on assets.⁴

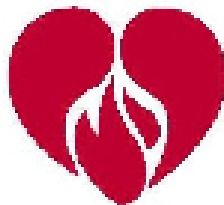
Solution – Legislation: In New Jersey, HPAE has been leading the fight for safe staffing legislation. A754 (Gordon) and S810 (Vitale) mandate minimum nurse-to-patient ratios in each unit and systems for increasing staffing levels above these minimums in

California Staffing Standards

Legislation passed in California in 1999 set minimum staffing standards in hospitals statewide. Despite dire predictions from the hospital industry, there has emerged no credible evidence that staffing standards led to increase in hospital closings.

However, the standards did lead to a sharp increase in nurse license applications to the California Board of Nursing. California hospitals have had an easier time with recruitment and retention of nurses since the standards were enacted.

HPAE



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hospitals, ambulatory surgery facilities, state developmental centers and psychiatric hospitals.

Because overuse of temporary or agency staff is a risky approach to managing staffing and workloads, HPAE is also supporting A2052 (Conaway), which would require the NJ Department of Health and Senior Services to monitor hospitals or nursing homes when their use of temporary agency nurses reaches or exceeds 40%.

“Hospital administrators who want to improve the quality of care at their institutions should think about investing in nurses. As safety interventions go, they are remarkably cheap.”

- Michael Rothberg, MD, co-author of a national study of nurse staffing. Published August 2005 in Medical Care, the journal of the American Public Health Association⁵

Solution – Collective Bargaining: To stem the flow of nurses from the bedside and preserve the safety of patient care, HPAE continues to fight for safe nurse-to-patient ratios in our collective bargaining agreements, as well as provide adequate numbers of ancillary staff, limits on practices such as floating nurses from unit to unit and the overuse of agency nurses.

Endnotes:

1. Hospital Nurse Staffing and Quality of Care. Research in Action, Issue 14, AHRQ Publication No. 04-0029, March 2004. Agency for Healthcare Research and Quality, Rockville, MD. <http://www.ahrq.gov/research/nursestaffing/nurstaff.htm>
2. Ibid
3. Aiken LH, Clarke SP, Sloane DM et al. “Hospital Nurse Staffing and Patient Mortality, Nurse Burnout, and Job Dissatisfaction”, JAMA. 2002;288:1987-1993.
4. VHA’s 2002 Research Series—The Business Case for Work Force Stability www.vha.com
5. Melanie Evans, “Putting a Price on care; Low nurse-to-patient ratios save lives are costly:study”, Modern Healthcare, August 8, 2005

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