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**Safe Minimum RN  
Staffing Standards:  
Improve Quality of Care  
and Protect Patient Safety**



# Current Situation: Its Impact on Patients

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- ❑ 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



# Current Situation: Its Impact on Patients

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- 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.



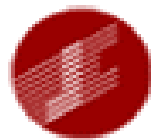
# Understaffing of Registered Nurses is Dangerous

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## JAMA

The Journal of the American Medical Association

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



**Joint Commission**

*on Accreditation of Healthcare Organizations*

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.



# Understaffing of Registered Nurses is Dangerous

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The NEW ENGLAND  
JOURNAL of MEDICINE

A study of 5 million patient discharges found a **'strong and consistent' link** between nurse staffing levels and patient outcomes.



INSTITUTE OF MEDICINE  
OF THE NATIONAL ACADEMIES

Shaping the Future for Health

**... "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

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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

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## **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

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- ❑ 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

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**Improved Patient Outcomes  
and  
Reduced Nurse Turnover  
Saves Money**

# Improved Patient Outcomes Save Money



# Return on Investment: Safe Ratios Save Money

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***'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

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***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

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**Eliminate Unnecessary Medical Errors**

**Reducing Patient Complications**

**Shorten Length-of-Stay**



# It's Not Just the Hospitals Who Pay

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- ❑ 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

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***"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

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- ❑ 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

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## How safe staffing levels impact this:

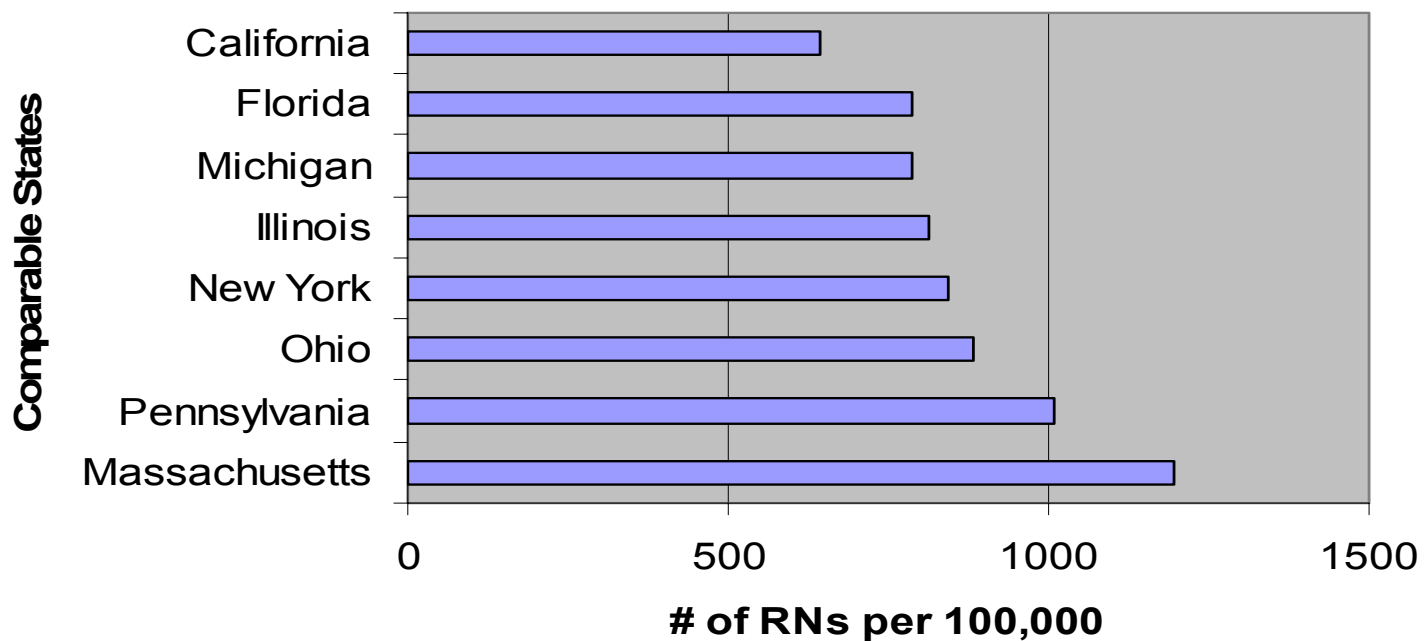
- ❑ Hospitals with a RN to patient ratio of 1:7 experience a turnover rate of 18%, while hospitals with a ratio of 1:4 have a turnover rate of just 9%.
- ❑ For **every \$1 invested** by hospitals in meeting minimum RN-to-patient ratios, there will be **a \$1.20 return in savings** associated by reducing RN turnover and reliance on agency nurses.  
(“Recruitment and Retention Strategies: A Magnet Hospital Prevention Model”, Nursing Economics, 2003)
- ❑ In fact a A 100 bed hospital that reduces turnover from 18% to 9% will save nearly \$2 million per year.



We have enough nurses.

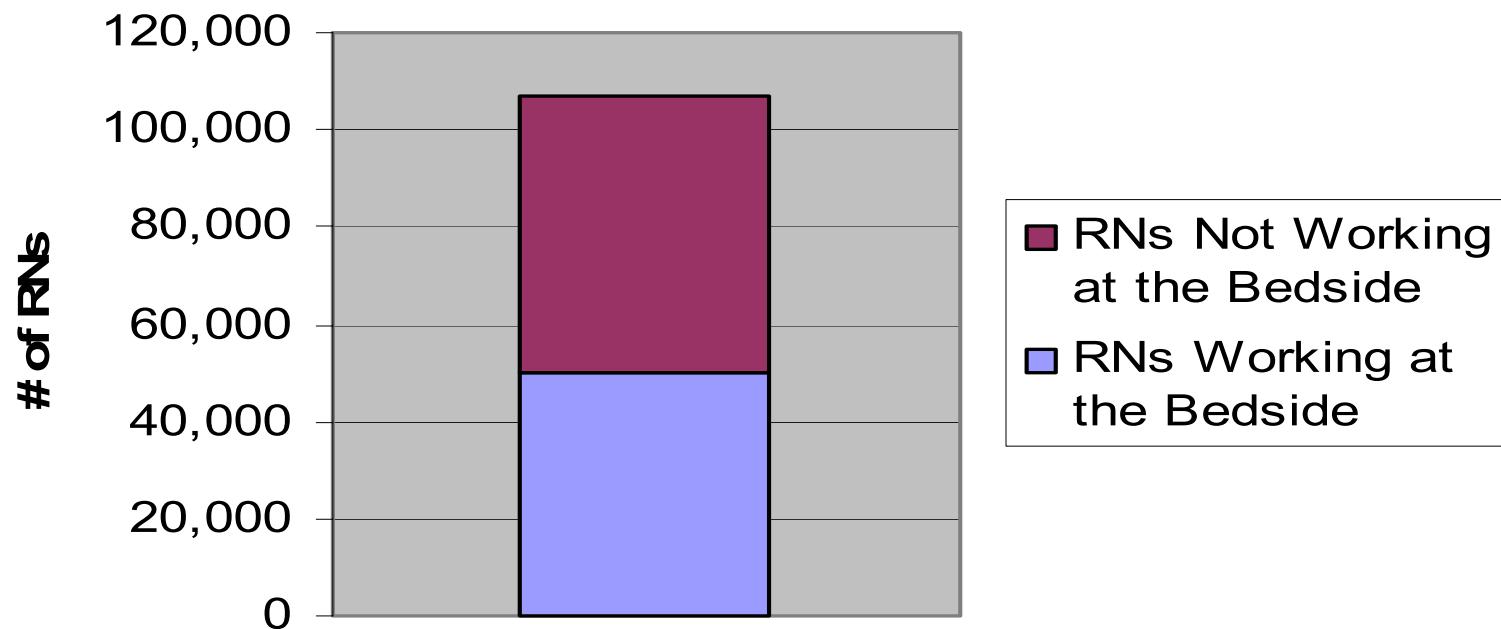


## Massachusetts Has More Registered Nurses Than Any State in the Country



But, nurses, burned out with high patient loads, are leaving the bedside.

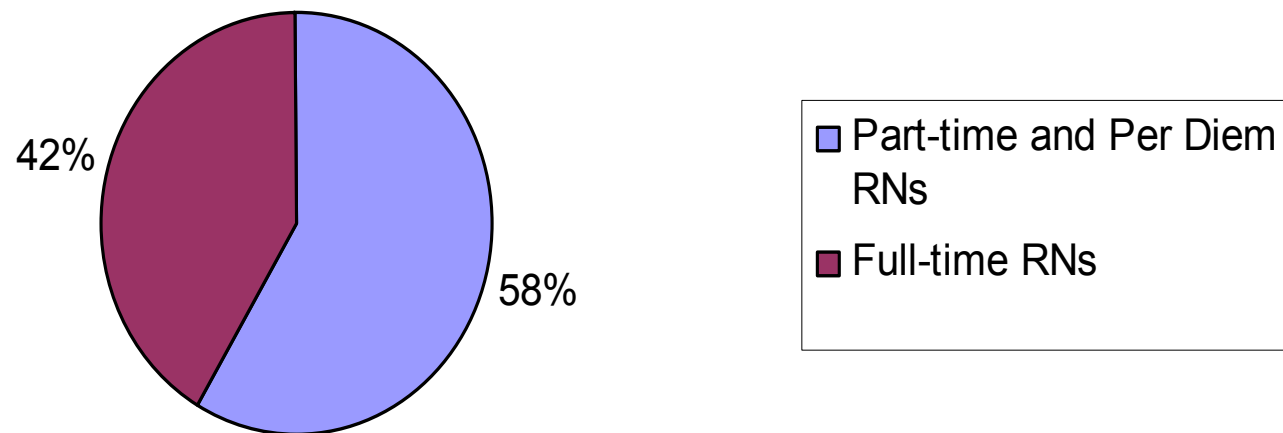
**But Less Than 50% of Massachusetts RNs are Working at the Bedside**



# Those that are working at the bedside are working fewer shifts per week

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**We have enough nurses employed to meet the ratios**



\* Analysis of employment and shift assignments at Massachusetts hospitals

# Why are nurses leaving the bedside?

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- 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...

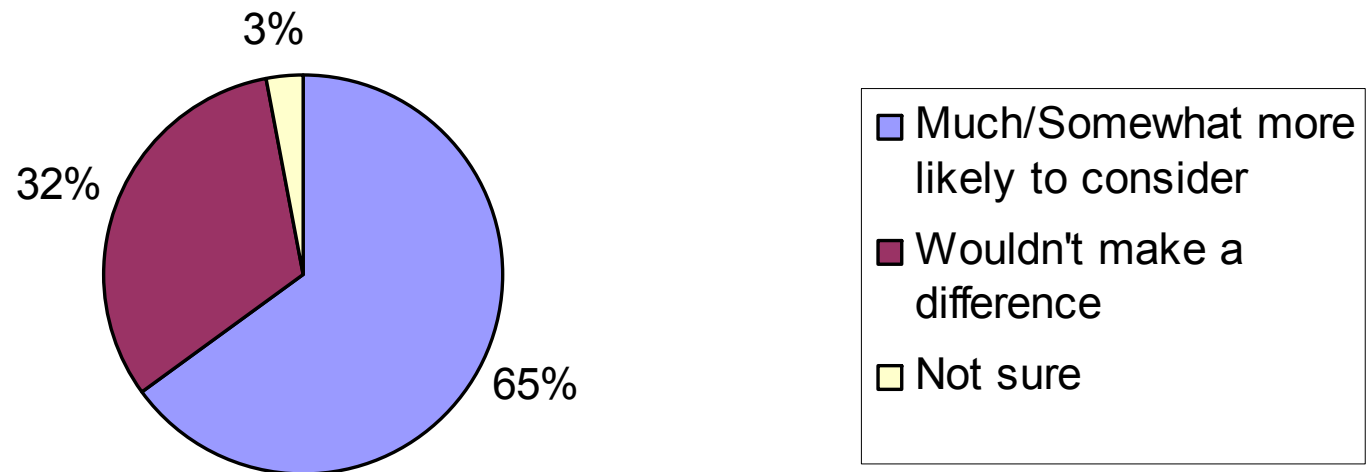
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- New RNs are leaving the profession at alarming rates
- **1 in 5** registered nurses is considering leaving in the next 5 years
- **1 in 3** registered nurses under the age of 30 plans to leave nursing within the next year



# Safe Ratios Bring RNs Back to the Bedside

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



Opinion Dynamics Survey, 2003

# Safe Ratios Bring RNs Back to the Bedside

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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:

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- 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**'

