Ten Reasons We Need Safe Staffing Limits

The evidence is clear and the conclusion indisputable – limiting the number of patients assigned to an RN improves patient safety and reduces wasted spending from medical complications and staff turnover.

Because all hospitalized patients are likely to benefit from improved nurse staffing, not just general surgery patients, the potential number of lives that could be saved by improving nurse staffing in hospitals nationally is likely to be many thousands a year. *Implications of the California Nurse Staffing Mandate for Other States. Aiken, Linda et al. Health Services Research.*

There is a “strong and consistent” link between nurse staffing levels and patient outcomes. Improved RN-to-patient ratios reduce rates of hospital-acquired infections, pneumonia, shock, cardiac arrest, gastrointestinal bleeding, and other adverse outcomes. *NEJM, May 2002*

“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. Avoidable medical errors kill up to 98,000 people in U.S. hospitals every year. *IOM Report, Keeping Patients Safe, Nov. 2003*

Inadequate staffing precipitated one-quarter of all unexpected occurrences that led to patient deaths, injuries, or permanent loss of function. *JCAHO Report, Nursing at the Crossroads, 2002*

Unsafe staffing levels are burning out nurses and increasing turnover rates. This study found the cost for advertising, training and loss in productivity associated with recruiting new nurses to a facility is $37,000 per nurse at minimum and can add as much as 5% to a hospital’s annual budget. The study concludes that improving working/staffing conditions is a primary strategy for hospitals that can generate significant cost savings. *Health Care Management Review, 2004*

The higher the patient-to-nurse ratio in a hospital, the more likely there will be patient deaths or complications after surgery. Each additional patient per nurse over 4 is associated with a 7% increase in mortality. The difference between 4 to 6 and 4 to 8 patients per nurse correlates with 14% and 31% increases in mortality, respectively. *JAMA, Oct. 2002*

An “unequivocal business case” can be made for increasing the level of Registered Nurse staffing in hospitals. This move could pay for itself in fewer patient deaths, shorter hospital stays and decreased rates of costly medical complications. *Health Affairs, Jan./Feb. 2006*

Every additional patient assigned to an RN is associated with a 7% increase in the risk of hospital-acquired pneumonia, a 53% increase in respiratory failure, and a 17% increase in medical complications. Better RN staffing is linked to better patient outcomes, fewer deaths, and shorter hospital stays. *AHRQ Report, Nurse Staffing and Quality of Patient Care, March 2007*

A study of physicians in Massachusetts found:
- 82% of doctors agree that the quality of care in Massachusetts hospitals is suffering due to understaffing of RNs.
- 78% say RN staffing levels in hospitals are too low.
- 61% are aware of medical errors that occurred because of RNs having to care for too many patients at one time. *ODC Report, Survey of Physicians, April 2005*

Minimum RN staffing levels are more cost-effective than common hospital practices such as clot-busting medications for heart attack and stroke, and cancer screenings. *Medical Care, Aug. 2005*
Protect Patients in Your District

Make safe limits on the number of patients a nurse must care for a reality!

The Patient Safety Act

Protecting Massachusetts Patients
Fighting for Safer Hospitals

Protect Patients in Your District

Massachusetts Nurses Association

The Coalition to Protect Massachusetts Patients
Dear Legislator:

Nurses continue to be forced to care for too many patients at one time and patients in your district are suffering the consequences in the form of increased complications, hospital-acquired infections (HAIs), preventable medical errors, longer hospital stays, and readmissions.

Every year in the Commonwealth, 2,000 people die of medical complications that could have been avoided. This means every day, 6 people in Massachusetts die needlessly because hospitals refuse to staff properly.

Until the current situation changes, everyone is at risk of serious injury or death.

You can help end this crisis!

The bedside nurses in your district - backed by the Coalition to Protect Massachusetts Patients, an alliance of more than 125 health, consumer, and civic organizations - have a simple solution.

It is called The Patient Safety Act.

After working with House leadership and the hospital industry in 2006, nurses arrived at a compromise safe staffing plan that has passed the House of Representatives twice by large margins.

The measure gives the hospital industry virtually everything it has said it needs to successfully implement safe patient staffing levels. Nonetheless, the industry has refused to support the compromise it helped negotiate in 2006.

As this debate drags on, the situation in our hospitals has only gotten worse.

Here are the facts:

- Ensuring proper RN staffing is crucial to protecting hospital patients. Continued understaffing of registered nurses has resulted in costly HAIs and other patient complications.

- Providing higher quality care at the outset by staffing appropriately will actually save money. (Health Affairs, Jan/Feb 2006)

- In sharp contrast to actually staffing safely, the hospital industry’s solution to this problem is a website that illustrates hypothetical staffing that many hospitals regularly do not achieve.

The Patient Safety Act requires the Department of Public Health (DPH) to develop staffing limits based on scientific data and research, expert testimony, and Massachusetts’ patient-care data. The bill provides waivers for financially struggling hospitals and a lengthy ramp-up period. It also includes language to improve reporting of nurse sensitive measures so that meaningful quality of care comparisons can be made.

With your help, we will make the Patient Safety Act law.

Yours sincerely,

The Bedside Nurses of Massachusetts and the Coalition to Protect Massachusetts Patients

For more information, contact Andi Mullin, Legislative Director at the Massachusetts Nurses Association at 781-830-5716.
**The Patient Safety Act**

It protects the patients in your legislative district.

- The bill puts the nurse staffing issue into the hands of health care experts.
- Under the proposed law, the DPH would develop standards and limits on the number of hospital patients assigned to registered nurses at one time. These standards and limits would be based on scientific research and on expert testimony gathered at public hearings. The staffing levels could then be adjusted using a DPH-approved system for measuring patient needs.
- The Act would prohibit mandatory overtime and prevent hospitals from moving nurses into unfamiliar assignments without proper orientation.

The Act will stop hospitals from assigning unlicensed workers to perform care that demands licensed nursing expertise.

The Act will prevent the reduction of support services. This insures that patients will have enough nurses and support staff caring for them.

**What It Does**

It will bring more nurses to the bedside.

- Thousands of Registered Nurses say they will return to the bedside if there are safe staffing limits. 
  
  *(Opinion Dynamics Corporation, RN Survey 2005)*
- Since enactment of safe patient limits in California more than 100,000 RNs have entered the workforce.
- Since passage of Safe Staffing in California yearly increases in licensed RNs has raced from 3,000 a year to 10,000 a year.

This bill is fair to the hospital industry.

<table>
<thead>
<tr>
<th>Concern Expressed by Hospital Industry</th>
<th>Compromise Language</th>
</tr>
</thead>
<tbody>
<tr>
<td>Having legislators set staffing levels</td>
<td>Allow DPH to develop safe RN staffing standards and limits and review regulations every 3 years</td>
</tr>
<tr>
<td>Impact on financially strapped hospitals</td>
<td>Provide a waiver for these hospitals</td>
</tr>
<tr>
<td>Inability to comply with regulations immediately</td>
<td>Offer a generous 2-year ramp-up period for teaching hospitals and a 4-year period for community hospitals</td>
</tr>
<tr>
<td>Need for flexibility in staffing levels</td>
<td>Create adjustable staffing standards as well as limits on a nurse’s patient load, thereby allowing hospitals not only to staff up based on a patient’s needs, but to staff down should those needs diminish</td>
</tr>
<tr>
<td>Need to recognize the important contributions of other health care workers</td>
<td>Expressly protect ancillary staff, while also including all members of the health care team in the system that establishes and adjusts staffing based on patient need</td>
</tr>
<tr>
<td>Penalty and fine process too strict</td>
<td>Offer reduced penalties and provide broad discretion to DPH in addressing non-compliance</td>
</tr>
</tbody>
</table>
Where will we get the nurses?

There isn’t a shortage of RNs in the Commonwealth. There is a shortage of RNs willing to work at the bedside under the current conditions!

Massachusetts has more RNs per capita than any industrialized state in the nation – more than even California, where officials saw the successful return of almost 100,000 nurses to the bedside when safe staffing limits were introduced in 2004. Currently, there are more than 100,000 RNs licensed in Massachusetts according to the Massachusetts Board of Registration in Nursing. The problem is only 45,000 are actually working at the hospital bedside. Thousands more work only part-time. (Colleagues and Caring Survey, 2002)

Why?

Nurses, burned out by high patient loads, have left bedside care in droves and continue to leave in record numbers. According to a survey of all RNs in the Commonwealth, the number one reason for this exodus is understaffing. RNs say again and again that enforceable limits on patient loads are the one thing that will bring them back to front-line nursing. (Opinion Dynamics Corporation: RN Survey, 2005)

Don’t we need to recruit more nurses?

When the scientific evidence for Safe RN staffing started piling up, the hospital industry desperately cast about for a new excuse for why they couldn’t staff safely. Hence the perpetration of the so-called nursing shortage. But in reality graduating RNs are unable to find jobs as hospitals around the states freeze hiring and even engage in layoffs. Once hospitals do resume hiring, Safe RN staffing is critical to keeping them at the bedside. Research indicates that new RNs tend to have a higher burnout rate than experienced RNs. A recent study corroborates this, finding that “younger nurses were more likely to cite the workplace as a reason for working outside nursing…nearly all (91%) nurses under the age of 30 and 86% of those who had been out of school less than 10 years who work outside of nursing do so because of concerns with the nursing workplace”. (Nurses Working Outside of Nursing: Societal Trend or Workplace Crisis? Black, Spetz & Harrington. Policy, Politics and Nursing Practice. V.9 No. 3. August 2008. Pp. 143-157.)

Can we afford this?

Safe minimum RN staffing levels reduce complications and preventable medical errors and curb extended hospital stays and readmissions, saving precious health care dollars. The journal Medical Care reports that minimum RN staffing levels are more cost-effective than common lifesaving practices such as clot-busting medications for heart attack and stroke, and cancer screenings.

- The journal Health Affairs reports that an “unequivocal business case can be made for increasing the level of registered nurse staffing in hospitals” – a move that would pay for itself in fewer patient deaths, shorter hospital stays, and decreased rates of costly medical complications.

- Our health care system can’t afford not to staff safely. Studies have shown that safe RN staffing prevents adverse events, thus reducing costs. Nurse staffing levels have been tied to urinary tract infections (average cost $44,043), deep vein thrombosis ($11,932), hospital-acquired pneumonia ($30,000) and skin pressure ulcers ($43,180). Not to mention the loss in productivity from increased morbidities and mortalities.

Unsafe staffing levels are burning out nurses and increasing turnover rates,
costing hospitals millions of dollars to recruit, train, and orient new nurses and to hire agency nurses on a temporary basis.

The financial situation in Massachusetts hospitals fluctuates with the economy. But one thing is clear. The industry has embarked upon a massive building and expansion program over the last decade, yet at no point has the industry made any attempt to make a similar investment in providing enough RNs to care for patients safely. A gleaming new building does no good if sick patients aren’t getting safe care inside that building.

Will hospitals close?

No. In California, not a single hospital closed as a result of the Safe Staffing Law.

We cannot be any more clear about this: the hospital industry itself has been responsible for closing more hospitals than anyone else.

Why does the bill focus on RNs?

The bill focuses on RNs because peer-reviewed scientific studies show a connection between RN workloads and safe patient care. However, all of the members of the health care team are critical to safe patient care, so the Patient Safety Act expressly bars hospitals from implementing limits by laying off other workers.

Is it just a nursing union that supports the bill?

Support for this bill is deep and broad. One poll after another indicates that 80% of the public wants safe staffing limits – and wants them now. The Patient Safety Act is supported by The Coalition to Protect Massachusetts Patients, an alliance of more than 125 health care and consumer advocacy groups, including Health Care for All, the Massachusetts Senior Action Council, the League of Women Voters, and the Massachusetts Association of Older Americans. Fully 9-in-10 registered nurses support the bill, as do nearly 8-in-10 doctors. (Opinion Dynamics Surveys of RNs and Physicians, 2005)

Aren’t hospitals working to solve the problem themselves?

Noted health care research firm Andover Economic Evaluation studied actual patient limits and found no statistical improvement in RN staffing levels in Massachusetts hospitals between 2004 and 2006. The study also reported that more than 45% of hospitals have assigned 8 patients or more to individual nurses.
When California passed Safe RN Staffing the hospital industry claimed they would not be able to find the nurses to staff safely and predicted hospitals would collapse under the financial burden of implementing the patient safety standards.

Here's what actually happened:

The effect on patient safety:
- The first comprehensive review of California’s Safe RN Staffing law found that if New Jersey and Pennsylvania had implemented similar legislation there would have been 13.9% fewer deaths in New Jersey and 10.6% fewer deaths in Pennsylvania from common surgeries. This translates to 468 lives in a two year period. The study also found that registered nurses in California hospitals reported higher job satisfaction, less burnout and a higher quality of care.

The effect on the health care system:
- NOT ONE HOSPITAL in California has closed because of the new law.
- According to the California Health and Human Services Agency, there has been “no negative impact on the health care system. Our data shows that hospitals have been able to meet the lower ratios. Hospitals had to follow the new rules and discovered they were not as burdensome as they had feared.” *(Los Angeles Times, 2005)*
- The number of actively licensed RNs in California INCREASED by nearly 100,000 following enactment of the safe-staffing law. In fact, since the law was signed, the number of actively licensed RNs has grown by an average of more than 10,000 a year, compared to under 3,000 a year prior to the law. *(CA Board of Registered Nursing Data)*
Patients and the Commonwealth can’t afford the costs of Unsafe Staffing:

Every day Massachusetts doesn’t act to fix the dangerous understaffing of RNs in our hospitals we are exacerbating a crisis that has led to the squandering of millions of valuable health care dollars.

In addition to the terrible human toll, understaffing of RNs has been linked to many preventable medical errors that cost our system money. The following complications are costly, common and their incidence is linked to nurse staffing levels.

- A recent study looking at only a partial list of hospital events found the economic value of staffing adequately to be approximately $60,000 dollars per additional nurse.

- Staffing adequately would save nearly 6,000 lives per year nationally and decrease costly hospital days by 3.6 million.

- Further, if a hospital can prove financial distress, the Patient Safety Act allows for a financial waiver.

<table>
<thead>
<tr>
<th>PREVENTABLE Medical Complication</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Urinary Tract Infections</td>
<td>$44,043</td>
</tr>
<tr>
<td>Deep Vein Thrombosis</td>
<td>$11,932</td>
</tr>
<tr>
<td>Hospital-Acquired Pneumonia</td>
<td>$30,000</td>
</tr>
<tr>
<td>Skin Pressure Ulcers</td>
<td>$43,180</td>
</tr>
</tbody>
</table>

1- Kurtzman, AJN, June 2008 • 2- Spyropoulos, Chest Journal, July 2002 • 3-Thompson, Annals of Surgery, April 2006