

MEMORANDUM OF SUPPORT

A2264

By Assemblymember Gottfried

AN ACT to amend the public health law, in relation to enacting the "safe staffing for quality care act"

The New York State Nurses Association (NYSNA), representing the interests of registered nurses and the patients they serve, strongly supports the above-referenced bill to establish minimum nurse-to-patient ratios in healthcare facilities. Nurse staffing is a matter of major concern because it greatly affects patient safety, quality of care, and nurse recruitment and retention when the state is already in the midst of a nursing shortage.

Presently in New York State, many RNs report insufficient staffing at the facilities in which they work. During a nursing shortage, the delivery of safe, quality patient care can suffer, as the tendency is to create short-term fixes to workforce demands, such as increasing the number of patients assigned to RNs, which ultimately result in adverse patient outcomes. In contrast to this practice, a study of high-performing hospitals identifies the maintenance of patient-to-nurse ratios, even during times of shortage, as a key ingredient for improving quality of care (Meyer, Solow-Carroll, & Kutyla, et al., 2004). Enacting the "safe staffing for quality care act" would mandate a key ingredient for success and help New York's hospitals achieve high-performing status.

Research has proven that the number of patients assigned to an RN has a direct impact on the quality of care the RN can provide: The fewer the patients assigned to an RN, the better the health outcomes for those patients. A 2006 study found that increasing the number of RNs and hours of RN care per patient could prevent over 6,700 patient deaths and 4 million hospital days annually (Needleman, Buerhaus, et al.). Conversely, the U.S. Pharmacopoeia (2000) found that decreasing the number of hours of RN care per patient is a primary contributing factor to medication errors. In addition, research shows that incidence rates of bedsores (decubiti) were higher for units with staffing levels that limited RNs to fewer hours per patient to deliver care (Blegen, Goode, & Reed, 1998). RNs are clearly more effective when not overburdened by unmanageable patient assignments.

In a healthcare environment devoid of safe staffing standards, New Yorkers are subjected to an increased risk for serious complications. Inadequate nurse staffing is directly related to urinary tract infections, upper gastrointestinal bleeding, longer hospital stays, shock, and even death (Needleman, Buerhaus, et al., 2002). It is not an exaggeration to link patient mortality to staffing ratios, as a patient's risk of death is directly related to a nurse's caseload. A 2002 study published in the Journal of the American Medical Association estimates that hospitals routinely employing an 8:1 patient-to-nurse ratio experience five additional deaths per 1,000 patients – and 18.2 additional deaths in patients with complications – than those employing a 4:1 patient-to-nurse ratio (Aiken, Clarke, et al.). Enactment of the above legislation could result in substantial decreases in complication and mortality rates.

Safe staffing ratios also enhance workforce recruitment and retention efforts. In the absence of the above legislation, unrealistic RN workloads in New York are leading to high levels of job



dissatisfaction, burnout and subsequent exits from the profession. Research shows that nurses in hospitals with an 8:1 patient-to-nurse ratio are 1.74 times more dissatisfied with their jobs than nurses in a hospital maintaining 4:1 patient-to-nurse ratios (Aiken, Clark, et al., 2002). Of those studied, 43% of dissatisfied RNs reported a plan to leave their job within the next 12 months. Increasing staffing ratios may seem to be a short-term solution; however, the practice is actually worsening both New York's RN turnover rate and nursing shortage.

Furthermore, employing safe staffing ratios is a smart cost-saving strategy. Healthcare facilities often try to cut costs by reducing staffing levels, and yet savings are actually generated from the shorter hospital stays and lower complication, error, and injury rates that result from safe RN-to-patient ratios. Staffing ratios also reduce employer costs that result from the turnover of personnel. Hospitals with a 20% or more turnover rate experience a 36% increase in costs over hospitals with lower staff turnover rates (VHA Research Series, 2003). In addition to saving lives, enactment of the above legislation would save money and have a positive impact on healthcare facility finances.

Despite the research-based evidence, staffing levels in New York's healthcare facilities are often inadequate and prevent nurses from practicing safe and effective care. It is essential that the legislature mandate the maximum number of patients that are assigned to each RN. Sufficient staffing with minimum safe nurse-to-patient ratios, as would be established by the above legislation, improves the health of New York's patients, ensures positive working conditions that will attract and retain nurses, and potentially lowers healthcare costs. In an ongoing commitment to public policy that improves the health of New York's residents as well as promotes safer working conditions for both nurses and patients, NYSNA strongly urges enactment of the "safe staffing for quality care act."

References

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