

A921
By Assemblymember Gottfried

S4553
By Senator Hannon

**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 (RNs) and the patients they serve, strongly supports the above-referenced bill which, if enacted, would authorize the Department of Health to require all acute care facilities and nursing homes to comply with standards for appropriate staffing of nursing and unlicensed staff and to submit an annual and publicly accessible staffing plan to the Department. The bill would also require acute care facilities to maintain staffing records for all shifts; would authorize nurses to refuse work assignments if the minimum staffing is not present; would impose civil penalties on facilities for violating the staffing provisions; and would provide protections for nurses who have been discriminated against for refusing illegal work assignments.

Safe staffing in healthcare facilities must be established in order to decrease patient complications and adverse events, improve the quality of care provided, improve the healthcare work environment and ultimately save healthcare system costs through decreased lengths of patient stay, decreased costs of medical malpractice related to avoidable occurrences and decreased rates of nursing staff turnover. Nurse staffing is measured in two basic ways; nurse to patient ratios and nursing hours per patient day. This legislation identifies minimum staffing requirements that include specific direct-care nurse to patient ratios in acute care units and identifies nursing home staffing standards that specify hours of care per resident to be provided by a specific skill mix, for example certified nurse aides, licensed practical nurses and registered nurses.

Nurse Staffing and Quality - Some facilities in NY are committed to safe RN staffing. A study of high-performing hospitals identifies the maintenance of nurse-to-patient ratios, even during times of workforce shortages, as a key ingredient for improving quality of care.¹ Enactment of the Safe Staffing for Quality Care Act would ensure that this critical element, i.e. maintenance of safe staffing levels, is in place in all facilities and would help New York's hospitals and nursing homes achieve high-performing status.

Research funded by the Agency for Healthcare Research and Quality (AHRQ) has demonstrated that hospitals with lower nurse staffing levels have higher rates of pneumonia, shock, cardiac arrest, urinary tract infections and upper gastrointestinal bleeds; all leading to longer hospital stays, increased post-surgical 30-day mortality rates and increased rates of failure-to-rescue.² Magnet-designated hospitals, which employ safe staffing standards, experience significantly lower patient fall rates of for all unit types except critical care (where the risk for fall is lower), than non-Magnet-designated hospitals.³

The number of patients assigned to an RN has a direct impact on the quality of care that the RN can provide. A 2002 study published in the Journal of the American Medical Association estimates that acute care hospitals routinely employing an 1:8 nurse-to-patient ratio experience five additional deaths per 1,000 patients – and 18.2 additional deaths of patients as a result of complications - than those employing a 1:4 nurse-to-patient ratio.⁴ These numbers translate into annual prevention of over 6,700 patient deaths and 4 million additional hospital days.⁵

In 2006, California became the first state to implement nurse staffing ratios in hospitals. Research reveals that the California mandates are significantly associated with fewer negative outcomes for patients and staff. As Linda Aiken reports in her analysis of outcomes resulting from the California mandate, "[M]ost California nurses, bedside nurses as well as managers, believe the legislation achieved its goals of reducing nurse workloads, improving recruitment and retention of nurses, and

¹ Meyer, J.A., Silow-Carroll, S., Kutyla, T., et al. (2004). *Hospital quality: ingredients for success - overview and lessons learned*. The Commonwealth Fund, July 2004.

² Stanton, M.A. & Rutherford, M.K. (2004). Hospital nurse staffing and quality of care. *Agency for Healthcare Research and Quality – Research in Action*, Issue 14. AHRQ Pub. No. 04-0029.

³ Dunton, N., Gajewski, B. & Ammouti, A. (2004). *Nurse staffing and patient outcomes of Magnet & non-Magnet facilities*. Annual Magnet Conference October 16, 2004 Sacramento, CA.

⁴ Aiken, L.H., Clark, S.P., Sloane, D.M., Sockalski, J., & Silber, J.H. (2002). Hospital staffing and patient mortality, nurse burnout, and job dissatisfaction. *Journal of the American Medical Association*, 288(16), 1987-1993.

⁵ Needleman, J., Buerhaus, P.I., Stewart, M., Zelevinsky, K., & Mattke, S. (2006). Nurse staffing in hospitals: Is there a business case for quality? *Health Affairs*, 25(1), 204-211.

having a favorable impact on quality of care.”⁶ Aiken also examined the impact of California’s state mandated staffing ratios; she discusses the effect that the lower ratios have on surgical patient mortality.

In medical and surgical units nurses in California on average care for over two fewer patients than nurses in New Jersey and 1.7 fewer patients than nurses in Pennsylvania. When we use the predicted probabilities of dying from our adjusted models to estimate how many fewer deaths would have occurred in New Jersey and Pennsylvania hospitals if the average patient-to-nurse ratios in those hospitals had been equivalent to the average ratio across the California hospitals, we get 13.9 percent (222/1,598) fewer surgical deaths in New Jersey and 10.6 percent (264/2,479) fewer surgical deaths in Pennsylvania (p 14).

Nursing Workforce Dissatisfaction - In addition to improving patient and resident outcomes, safe staffing and minimum nursing care hours enhance nursing workforce recruitment and retention efforts. Unsafe nursing workloads in New York are leading to high levels of job dissatisfaction, burnout and departures from the profession. Patient acuity levels have increased but there has not been a similar increase in the number of employed licensed nurses.⁷ Nurses working in hospitals with lower levels of nurse staffing are more dissatisfied with their jobs than nurses in hospitals that maintain safe staffing levels.⁸ Of those studied, 43% of RNs who are dissatisfied, reported a plan to leave their job within the next 12 months. In different study, 40% of the RNs surveyed reported dissatisfaction with their jobs; significantly greater than the general level of job dissatisfaction by US professional workers which is 10-15%.⁹ The cost of replacing workers who are dissatisfied represents significant and insidious costs for healthcare facilities.”

Economics of Safe Staffing - Employing safe staffing ratios and minimum nursing care hours makes financial sense. Adverse patient events are not only harmful to patients and families; they are expensive to healthcare facilities and to the healthcare system. The cost to care for a hospitalized patient who develops pneumonia while an inpatient increases by \$22,390 - \$28,505, the length of stay increases 5.1-5.4 days and the probability of death increases by 4.67-5.5 percent.¹⁰ Studies demonstrate that increased nurse staffing levels do not affect the profitability of facilities because while nursing workforce costs may rise, that increase is mitigated by overall savings due to improved patient outcomes, reduced costs of medical malpractice that result from preventing adverse events and the reduction in rates - and cost - of nursing staff turnover.

High rates of turnover, particularly among first-year nurses, cost facilities from \$62,000 to \$88,000 per nurse;¹¹ cost patients access to safe and quality care; and costs the nursing profession by exposing new nurse graduates to high-stress, unsupportive work environments. In 2007, the average nurse turnover rate in hospitals was 8.4 percent and 27.1 percent of *newly-hired* nurses left their jobs within one year of hire.¹² As much as 40 percent of *new nurse graduates* leave their hospital jobs within one year of hire.¹³ Research demonstrates that “every percentage point increase in nurse turnover costs an average hospital about \$300,000 annually [based on a hospital with 350 FTE RNs]. Hospitals that perform poorly in nurse retention spend, on average, \$3.6 million more than those with high retention rates.”¹⁴

Despite this evidence, staffing levels in New York’s health care facilities are often inadequate and impede the nurses’ ability to provide safe and effective care. Safe staffing will improve the health of New York’s patients, will ensure positive working conditions that will attract and retain nurses, and will contribute to lower healthcare costs. In an ongoing commitment to public policy that improves the health of New York’s residents, as well as promoting a safer environment for both nurses and patients, NYSNA strongly urges enactment of the “Safe Staffing for Quality Care Act.”

⁶ Aiken, L.H., Sloane, D.M., Cimiotti, J.P., Clarke, S.P., Flynn, L., Seago, A., Spetz, J & Smith, H.L. (2010). Implications of the California nurse staffing mandate for other states. *Health Service Research*, 45(4), 904-921.

⁷ Stanton & Rutherford, 2004.

⁸ Aiken, Clark, et al., 2002.

⁹ Stanton & Rutherford, 2004

¹⁰ Stanton & Rutherford, 2004.

¹¹ Jones, C.B. (2008). Revisiting nurse turnover costs. *The Journal of Nursing Administration*, 38(1), 11-18.

¹² Agency for Healthcare Research and Quality. (2010). Residency program for first-year nurses eases entry into profession, producing well-above average retention rates. *AHRQ Health Care Innovations Exchange*. Retrieved from <http://www.innovations.ahrq.gov/content.aspx?id=1842>

¹³ Harasim, P. (November 28, 2010). Nurse residency program hones skills. *Las Vegas Review-Journal.com*. Retrieved from www.lvrj.com/news/nurse-residency-program-hones-skills-110930569.html

¹⁴ PricewaterhouseCoopers Health Research Institute. (2007). What works: Healing the healthcare staffing shortage. <http://www.pwc.com/us/en/healthcare/publications/what-works-healing-the-healthcare-staffing-shortage.jhtml>.