

Proposal Author:

The New York State Nurses Association

Proposal (Short Title):

Establish safe staffing levels in acute care hospitals and in nursing homes.

Theme:

Workforce
State Responsibility
Quality Improvement
Cost Containment

Program Area:

Acute care hospitals
Nursing homes

Effective Date:

Implementation Complexity: Medium
Implementation Timeline: Short Term

Required Approvals: Statutory change: yes

Administrative change: yes
State plan amendment: no
Federal waiver: no

Proposal Description:

Establish safe staffing ratios in acute care hospitals and establish minimum care hours and staff mix in all nursing homes. All acute care facilities and nursing homes would be required to comply with the standards authorized by the Department of Health.

There is a direct relationship between patient morbidity and mortality, and staffing levels. 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 to increased rates of failure-to-rescue.¹

Magnet-designated hospitals, which employ safe staffing standards, experience significantly lower patient fall rates for all unit types except critical care (where the risk for fall is lower because patients are not generally ambulatory), than non-Magnet-designated hospitals.²

The number of patients assigned to a registered nurse (RN) has a direct impact on the quality of care that the RN can provide. A 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 –

¹ 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.

² 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.

and 18.2 additional deaths of patients as a result of complications - than those employing a 1:4 nurse-to-patient ratio.³ These numbers translate into annual prevention of over 6,700 patient deaths and 4 million additional hospital days.⁴

In nursing homes in New York state, it is only required for registered nurses be physically present in the facility for eight hours of the day. Other than physicians, registered nurses are the only members of the healthcare staff who can perform patient assessments. They are also required to supervise, delegate and assign tasks to other members of the staff. In order for these activities to be consequential, they require a registered nurse to be present in the facility, twenty-four hours a day.

Supervision by registered nurses requires initial direction and on-going follow-up. There must be enough registered nurses to provide this direction to staff and to ensure that residents are receiving quality care and the necessary re-assessments. Direct-care healthcare staff who are not licensed nurses, and who provide the bulk of the personal care services in nursing homes, such as assistance with eating, bathing, grooming, transferring and walking are relied upon by the rest of the healthcare team and by the residents. They must have the professional resources available to them in order to provide high-quality, cost-effective care.

Advanced practice registered nurses, e.g. nurse practitioners, decrease hospitalization from the nursing home by 50 percent; they improve fall rates, rates of pressure ulcers, decrease patient acuity levels and improve staff development, as well as staff morale.⁵ This proposal encourages mechanisms that would incentivize the presence of advanced practice registered nurses in nursing homes.

Nationally, in 2009, the retention rates among staff registered nurses, licensed practical nurses and certified nurse assistants ranged from 48 to 52 percent. The turnover rate for all nursing facility employees was 40 percent. The turnover rate for certified nurse assistants was higher than other nursing staff, at 47 percent.⁶

In addition to improving patient and resident outcomes, safe staffing and minimum nursing care hours will enhance nursing workforce recruitment and retention efforts. Efforts to improve workplace conditions for licensed nurses and other members of the healthcare workforce should reduce the current unacceptably high rate of staff turnover. 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 percent of RNs who are dissatisfied, reported a plan to leave their job within the next 12 months. In a different study, 40 percent 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 percent.⁹ The cost of workers who are

³ 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.

⁴ 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.

⁵ Bowers, B. (2011). *Providing quality care in long-term care*. Presentation to NCSBN Long-Term Care Conference: A Regulatory Perspective & Future Implications Aug. 23-24, 2011 – Chicago, IL

⁶ American Health Care Association. (2011). Report of findings: *2009 nursing facility staff retention and turnover survey*. Washington, DC.

⁷ Stanton & Rutherford, 2004.

⁸ Aiken, Clark, et al., 2002.

⁹ Stanton & Rutherford, 2004.

dissatisfied and the replacement of nursing staff, represent significant and insidious costs for healthcare facilities.

Safe staffing will improve the health of New York's residents, will ensure positive working conditions that will attract and retain registered nurses and other healthcare workers and will contribute to lower healthcare costs.

Financial Impact:

Overall savings will be reached through improved patient outcomes, reduced costs of medical malpractice that result from adverse events and the reduction in rates, and costs of nursing staff turnover.

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”¹⁰ Nationally, in 2007, nurse turnover rates ranged from 5.5 percent to 17.1 percent, translating into annual costs of \$1.7 million to \$5.4 million per hospital for costs related to recruiting, human resources, training, additional overtime/pressures on remaining staff, agency hiring to fill vacancies, lost team cohesion/productivity and quality of patient care.¹¹

The Agency for Health Research and Quality (AHRQ) identifies hospital nurse staffing as an issue of major concern because of “the effects it can have on patient safety and quality of care.”¹² There are physical and emotional costs related to adverse patient outcomes, but there are also significant financial costs as well. For example, when a patient develops pneumonia, which is a nursing-sensitive condition, while they are in the hospital, the cost to treat that patient rises by 84 percent. Treating pneumonia raises total treatment costs by \$22,390-\$28,505, while the length of stay increases 5.1-5.4 days and the probability of death increases by 4.67-5.5 percent. Pressure ulcers, another nursing sensitive condition, are estimated to cost \$8.5 billion per year.¹³

Benefits of Proposal:

- Improved patient outcomes
- Improved patient satisfaction
- Decreased length of patient stay
- Decreased costs of medical malpractice related to avoidable occurrences
- Decreased rates of re-hospitalization
- Decreased rates of healthcare staff turnover
- Enhanced nursing workforce recruitment and retention efforts

Concerns with Proposal:

Department of Health Monitoring
Short-term increased staffing costs to currently understaffed healthcare facilities, that will be recouped through collateral savings related to the benefits of the proposal indicated above.

¹⁰ 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>.

¹¹ PwC, 2007

¹² Stanton & Rutherford, 2004.

¹³ Stanton & Rutherford, 2004.

Impacted Stakeholders:

Hospitals/Nursing Homes
Consumers/patients/residents
Department of Health
Nursing and other healthcare workforce

Additional Technical Detail:

System Implications:

Agency development of regulations
Agency oversight

Metrics to Track Savings:

Implementation of the enacted Nursing Care Quality Protection Act (“Disclosure”)
CMS reporting that is already a requirement for nursing homes

Contact: NYSNA Governmental Affairs, (518) 782-9400 Ext 283.