MYTHS & FACTS
ABOUT
SAFE STAFFING

There is a crisis in New York patient care – a staffing crisis.

As nurses, we see every day how this crisis hurts our patients. But hospital administrators are trying to stop us from solving the crisis, by campaigning against safe staffing ratios.

That's because hospital administrators are used to having all the power over staffing. Putting safe minimum staffing levels into law will take some of that power out of their hands. Most managers will eventually come to see how safe staffing saves lives, but many are spreading myths now to try to stop us – the nurses of New York State – from taking power into our own hands and protecting our patients with safe staffing ratios.

Here are some of the myths they are spreading. We need to be prepared to counter those myths with the truth – our patients depend on it!

MYTH #1: There is no direct link between mandated nurse staffing ratios and improved patient outcomes.

FACT: The number of patients assigned to a nurse has a direct impact on our ability to appropriately assess, monitor, care for, and safely discharge our patients.

- Hospitals which routinely staff with 1:8 nurse-to-patient ratios experience five additional deaths per 1,000 patients than those staffing with 1:4 nurse-to-patient ratios (Journal of the American Medical Association, 2002).
- The odds of patient death increases by 7% for each additional patient the nurse must take on at one time (Journal of the American Medical Association, 2002).
- Outcomes are better for patients when staffing levels meet those established in California. Research demonstrates that lives are saved, quality of care is improved and hospital stays are shorter in other states, when hospitals meet the CA staffing benchmarks (*Health Services Research,* 2010).

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MYTH #2: Mandated staffing ratios could force hospitals to close or cut services, which could compromise access to care

FACT: Not one California hospital closed because of ratio implementation.

- In California, hospital income rose dramatically after ratios were implemented, from $12.5 billion from 1994 to 2003, to more than $20.6 billion from 2004 to 2010.
- There was no evidence that linked changes in hospital finances to the implementation of Safe Staffing Ratios after the law was enacted in California. In fact, some managers reported that the staffing legislation made it easier to secure funding. (*California Health Care Foundation*)
- When compared to other 'life-saving' interventions, nurse staffing is a cost-effective way to improve patient care (*Nursing Administration Quarterly,* 2011).

MYTH #3: Safe staffing ratios would cost New York's hospitals and nursing homes too much

FACT: Safe Staffing is a cost-effective way to improve patient care and can lead to savings for hospitals and our healthcare system.

- Safe nurse staffing reduces turnover in hospitals. Inadequate staffing levels are correlated with nursing turnover and poor patient satisfaction. These costs and the negative consequences of poor staffing increase the cost of care (*Nursing Administration Quarterly*, 2011).
- Turnover is expensive. The average cost to replace an RN ranges from approximately $82,000 (if turnover vacancies are filled by experienced RNs who need fewer hours of training) to $88,000 (if vacancies are filled by new RNs who need more hours of training) (*The Journal of Nursing Administration*, 2008).
- Nurse understaffing in hospital intensive care units increases the risk of pneumonia and other preventable infections that can add thousands of dollars to the cost of care and may lead to avoidable deaths. Hospital-acquired pressure ulcers alone are estimated to cost $8.5 billion per year. (*Agency for Healthcare Quality and Research Pub. No. 04-0029*, 2004).

MYTH #4: Hospitals need flexibility in staffing – fixed ratios won't meet the needs of patients.

FACT: The ratios set a minimum standard based on research evidence, best practices and the experience in California.

- Ratios will provide a safe minimum level of staffing. Hospitals and nursing homes will still have flexibility in staffing – but they cannot go below the levels that the research demonstrates are safe.
- The bill requires facilities to use an acuity system to determine the care needs of particular patients. They must also take into consideration other activities on the unit such as admissions and discharges, and equipment and administrative needs.
- Based on all of these considerations, the facilities have the flexibility to assign nurses fewer patients than the set ratios if they determine that is appropriate.

MYTH #5: Hospitals will have to lay off other caregivers if safe staffing ratios are implemented.

FACT: Non-nurse staffing levels at hospitals increased after safe staffing ratios were implemented in California.

- The number of total nursing assistive personnel increased by 64% in California hospitals since 2005, after the ratios were implemented. That is a rate 59% higher than the rate of increase of hospital nursing assistive personnel nationally. (*Institute for Health & Socio-Economic Policy*)
- Ancillary staff continue to be vital to the healthcare team after safe RN staffing ratios are implemented. In fact, the bill requires hospitals to maintain appropriate level of all caregiver staff.