New York State NURSES ASSOCIATION

MEMO OF **SUPPORT**

A8580-A
By Assemblymember Gunther

S782
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) is the voice for over 150,000 frontline nurses. We are New York's largest union and professional association for registered nurses (RNs). On behalf of New York's RNs and the patients we serve, NYSNA supports this bill which would authorize the Department of Health to require all acute care facilities to comply with minimum nurse-to-patient staffing ratios. The bill would also require all residential health care facilities to comply with minimum care hours for registered nurses, licensed practical nurses and certified nurse aides.

Patients and their families are all too aware that healthcare-associated infections (HAIs) are a major public health problem. According to the Centers for Disease Control and Prevention (CDC), there were an estimated 1.7 million HAIs and 99,000 deaths from those infections in 2002;[1] these were associated with annual medical costs between $28 and $45 billion, adjusted to 2007 dollars.[2]

Safe staffing in healthcare facilities must be established in order to: reduce the occurrence of avoidable patient deaths; decrease adverse events, including hospital-acquired infections; decrease readmissions and cut healthcare system costs. Some hospitals and nursing homes in New York have safe staffing levels, but in far too many facilities, nurses are caring for dangerously high numbers of patients.

Safe Nurse Staffing Saves Lives

The number of patients assigned to a nurse has a direct impact on the ability of that nurse to appropriately assess, monitor, care for and safely discharge their patients. Research published in the Journal of the American Medical Association estimates that 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.[3] This same study found that the odds of patient death increases by 7% for each additional patient the nurse must care for at one time.

The above-referenced bill includes provisions similar to the nurse-to-patient ratios required by law in California. Outcomes are better for patients when staffing levels meet those established in California, regardless of where the hospitals are located. For example, research demonstrates lives saved, improved quality of care and improved readiness for discharge in other states, when their hospitals meet the CA staffing benchmarks.[4]

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[1].Klevens RM, Edwards JR, Horan TC, Gaynes RP, Pollack DA, Cardo DM.(2007). Estimating health care-associated infections and deaths in U.S hospitals, 2002. *Public Health Reports*;122:160-166

[2] http://www.cdc.gov/HAI/pdfs/hai/Scott_CostPaper.pdf

[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] 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

Safe Nurse Staffing Reduces Adverse Patient Outcomes

Safe nurse staffing also reduces avoidable, adverse patient outcomes. Research funded by the federal 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, i.e. death of a surgical patient following a hospital-acquired complication.[5] When registered nurse staffing is increased by only 5%, the number of adverse events, including pressure ulcers, catheter-associated urinary tract infections/hospital-acquired injuries, air embolism, blood incompatibilities, vascular catheter-associated infections and mediastinitis following coronary bypass graft, are reduced by 15.8%.[6]

In nursing homes as well, research has demonstrated that safe nurse staffing levels have a positive impact on both facility processes and on resident outcomes, for example, fewer facility deficiencies for poor quality and improved functional status of the residents.[7] There is a documented correlation between unsafe staffing and high nurse turnover.[8] Research has also shown that as nurse turnover increases, the quality of resident care declines, resulting in more frequent use of restraints, urinary catheterization, and psychoactive drugs; increased risk of contractures, pressure ulcers and more survey deficiencies.[9] These negative consequences of high nursing staff turnover correlate with higher, potentially avoidable, Medicare and Medicaid costs.

Safe Nurse Staffing Saves Hospitals Money

Unsafe nurse staffing can lead to delayed and overlooked care, errors and inadequate discharge preparation. The negative repercussions of poor staffing increase the cost of care and hurt the bottom line of hospitals and nursing homes.[10] For example, 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. The cost to care for a hospitalized patient who develops pneumonia 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.[11]

A broad range of research demonstrates that facilities can operate profitably with increased nurse staffing levels. Savings realized through safe nurse staffing levels help to offset the cost of higher nurse staffing. The Centers for Medicare and Medicaid Services is reducing or eliminating payments for care after adverse events including: hospital-acquired infections, pressure ulcers and falls. This year, hospitals begin experiencing the effect of Medicare's new Value-Based Purchasing program, with more than 1,400 getting penalized based on quality of care. But, improved outcomes can lead to reimbursement bonuses, reduced costs of medical malpractice that result from preventing adverse events and reduced reimbursement penalties resulting from avoidable occurrences and poor patient satisfaction.

Research shows that in a variety of clinical settings, increasing nurse staffing by one RN FTE per patient day saves more money than it costs. In ICUs the monetary benefit of saved lives per 1,000 hospitalized patients is more than twice the cost per RN FTE. In surgical units the savings are almost twice the cost per RN FTE and in medical units the savings are 30% greater than the cost.[12]

Furthermore, direct nursing workforce costs are offset by overall savings due to reduced turnover. Research shows that safe staffing reduces RN turnover.[13] Turnover, particularly among first-year

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[5] Stanton, M.A. & Rutherofrd, 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.

[6] Frith, K.H., Anderson, F., Caspers, B., Tseng, F., Sanford, K., Hoyt, N.G. & Moore, K. (2010). Effects of nurse staffing on hospital-acquired conditions and length of stay in community hospitals.

[7] Harrington, C., Olney, B., Carrillo, & Kang, T. (2012). Nurse staffing and deficiencies in the largest for-profit nursing home chains and chains owned by private equity companies. *Health Services Research*, 47(1), 106-128.

[8] Collier, E. & Harrington, C. (2008). Staffing characteristics, turnover rates, and quality of resident care in nursing facilities. *Research in Gerontological Nursing*, (1)3, 157-170.

[9] Ibid.

[10] Anderson, E.F., Frith, K.H. & Caspers, B. (2011). Linking economics and quality: Developing an evidence-based nurse staffing tool. Nursing Administration Quarterly 35(1), 53-60.

[11] Stanton & Rutherford, 2004.

[12] Shamliyan, T.A., Kane, R.L., Mueller, C., Duval, S. & Wilt, T.J. (2009). Cost savings associated with increased RN staffing in acute care hospitals: Simulation exercise. Nursing Economics, 27(5), 302-314.

[13] Aiken et al., (2010).

nurses, cost facilities from $62,000 to $88,000 per nurse.[14] Research data shows that "every percentage point increase in nurse turnover costs an average hospital about $300,000 annually [based on a hospital with 350 FTE RNs]."[15]

Recent research from the University Of Pennsylvania School Of Nursing, looked at nurse staffing levels and readmission data from 2,826 hospitals to see the impact of nurse staffing levels on hospital penalization for readmissions under the ACA. They found that hospitals with high nurse staff levels had 25% lower odds of being penalized compared to facilities with lower nurse-staffing ratios. Higher-nurse staffed hospitals also had 41% lower odds of receiving the maximum penalty for readmissions.[16]

Research Establishes Ratios and Hours of Care

The hospital nurse-to-patient ratios specified in the Safe Staffing for Quality Care Act are based on peer-reviewed academic research, evidence-based recommendations from scholarly entities and lessons learned from California's experience implementing nurse staffing ratios. The minimum care hours specified for nursing homes are also based on research evidence and the recommendations of the Institute of Medicine's report, *Keeping Patients Safe: Transforming the Work Environment of Nurses* (2004).

Enact the Safe Staffing for Quality Care Act

When compared to other life-saving interventions, nurse staffing is a cost-effective intervention that should be incorporated into the patient care plan of every healthcare facility in state. The New York State Nurses Association urges the passage of the Safe Staffing for Quality Care Act to save lives, reduce adverse patient and resident outcomes and to save healthcare dollars. NY patients and their families deserve no less.

[14] Jones, C.B. (2008). Revisiting nurse turnover costs. *The Journal of Nursing Administration*, 38(1), 11-18.
[15] 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.
[16] McHugh, M.(2013) Hospitals with higher nurse staffing had lower odds of readmission penalties than hospitals with lower nurse staffing; *Health Affairs* 32 (10)