



Patient Care First

COALITION FOR PATIENT RIGHTS AND SAFE STAFFING IN NEW JERSEY



7 REASONS

Why New Jersey Needs A Safe Nurse Staffing Law

The State of New Jersey's regulations governing nurse staffing in hospitals have not been updated since 1987, and they fail to cover essential medical-surgical units in our hospitals. Nurses in NJ say they are often working short-staffed, potentially compromising patient care and safety.

THE SOLUTION? NJ needs a new law to establish safe nurse-to-patient ratios for all patients, in all hospitals, all the time.

REASON #1: SAFE STAFFING SAVES LIVES.

- ❖ A one-patient increase in a nurse's workload increased the likelihood of an in-patient death within 30 days of admission by 7 percent. ⁱ
- ❖ Mortality risk decreases by 9 percent for ICU patients and 16 percent for surgery patients with the increase of one FTE (fulltime) RN per patient day. ⁱⁱ Nurse staffing shortages are a factor in one out of every four unexpected hospital deaths or injuries caused by errors. ⁱⁱⁱ

REASON #2: SAFE STAFFING IMPROVES PATIENT SAFETY; REDUCES ERRORS.

- ❖ A study of medication errors in two hospitals found that nurses were responsible for intercepting 86% of all medication errors made by physicians, pharmacists and others before the error reached the patient. ^{iv}
- ❖ Lower nurse staffing levels led to higher rates of blood infections, ventilator-associated pneumonia, 30-day mortality, urinary tract infections and pressure ulcers. ^v
- ❖ As nurse staffing levels increase, patient risk of hospital acquired complications and hospital length of stay decrease, resulting in medical cost savings, improved national productivity, and lives saved. ^{vi}



The Coalition for Patient Rights and Safe Staffing is a coalition of nursing and health care unions and organizations, patient advocacy groups and supporters, all working together to protect patient care in New Jersey hospitals by strengthening and enforcing patient safety and safe staffing laws. For more information or to get involved go to: www.patientsafetycoalition.com

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REASON #3: PATIENT SATISFACTION INCREASES WITH SAFE STAFFING.

- ❖ Patients characterized as having adequate staff were more than twice as likely to report high satisfaction with their care, and their nurses reported significantly lower burnout. ^{vii}
- ❖ Patient satisfaction scores were significantly higher in hospitals with better nurse-to-patient ratios. There was a ten-point difference in the percentage of patients who would definitely recommend the hospitals – depending on whether patients were in a hospital with a good work environment for nurses. ^{viii}

REASON #4: NURSING RETENTION INCREASES WITH SAFE STAFFING.

- ❖ In August 2012, approximately one third of nurses reported an emotional exhaustion score of 27 or greater, considered by medical standards to be “high burnout.” ^{ix} Each additional patient per nurse (above 4) is associated with a 23 percent increase in the odds of nurse burnout. ^x

REASON #5: SAFE STAFFING SAVES MONEY.

- ❖ A 2009 study found that adding an additional 133,000 RNs to the U.S. hospital workforce would produce medical savings estimated at \$6.1 billion in reduced patient care costs. ^{xi}
- ❖ Each one-patient increase in a hospital’s average staffing ratio increased the odds by 11 percent of a medical patient’s readmission within 15-30 days. The odds of readmission for surgical patients increased 48 percent. ^{xii}
- ❖ Changes in Medicare reimbursement and the Affordable Care Act now penalize low patient satisfaction scores and high readmission or infection rates and medical errors –all directly linked to safe nurse staffing.

REASON #6: STAFF RATIOS WORK.

- ❖ In California, legislation requiring “increased nurse staffing levels created more reasonable workloads for nurses in California hospitals, leading to fewer patient deaths and higher levels of job satisfaction than in other states without mandated staffing ratios.” <http://innovations.ahrq.gov/content.aspx?id=3708>
- ❖ Hospital nurse staffing ratios mandated in California are associated with lower mortality and nurse outcomes predictive of better nurse retention in California and in other states where they occur. <http://www.nursing.upenn.edu/chopr/Documents/Aiken.2010.CaliforniaStaffingRatios.pdf>

REASON #7: SAFE STAFFING REQUIRES EFFECTIVE ENFORCEMENT.

- ❖ Reinstate regular hospital inspections and immediate and thorough complaint inspections by the New Jersey Department of Health by increasing staff for inspections.
- ❖ Permit hospital staff to accompany inspectors and consumers to receive ALL information related to the complaint filed with the New Jersey Department of Health.
- ❖ Require the New Jersey Department of Health website to post the results of regular or complaint inspections.

ⁱ Aiken, Linda H., et.al, “Nurse Staffing and Education and Hospital Mortality,” *The Lancet*, February 2014

ⁱⁱ Kane, Robert L., et.al, “Nurse Staffing and Quality of Patient Care,” AHRQ Publication No. 07-E005, Evidence Report/Technology Assessment Number 151, March 2007)

ⁱⁱⁱ Joint Commission on the Accreditation of Hospital Organizations, 2002.

^{iv} Leape, Lucian, et.al, “system analysis of adverse drug events.” *Journal of the American Medical Association*, 274(1): 35-43.

^v Stone, Patricia W. et.al., Nurse Working Conditions and Patient Safety Outcomes, *Medical Care*, Volume 45, Number 6, June 2007

^{vi} (Dall T., Chen Y., Seifert R., Maddox P. & Hogan P. (2009) The economic value of professional nursing. *Medical Care* 47, 97-103.)

^{vii} Vahey, Doris C. et.al. Nurse Burnout and Patient Satisfaction, *Med Care*, 2004, February 412 (Suppl) 1157-1166

^{viii} Kulhney-Lee, Ann et.al. Nursing: A Key to Patient Satisfaction. *Health Affairs*. July/August 2009, vol. 28, no. 4 669-677

^{ix} Cimioti, Jeannie P., et.al. “Nurse staffing, burnout and healthcare associated infection.” *American Journal of Infection Control*, 40:6 (August 2012)

^x Aiken, Linda et.al. “Hospital Nurse Staffing and Patient Mortality, Nurse Burnout and Job Dissatisfaction.” *Journal of the American Medical Association*, October 23/30, 2002)

^{xii} Dall, Timothy M. et.al. “The Economic Value of Professional Nursing Medical Care. January 2009, 47:1, pp. 97-104.

^{xiii} Tubbs Cooley, et.al. “Nurses working conditions and hospital readmission among pediatric surgical patients.” *BMI Quality and Safety in Health Care*.