

NURSE STAFFING STANDARDS FOR HOSPITAL PATIENT SAFETY AND QUALITY CARE ACT

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**S. 1709 Sen. Alex Padilla
Sen. Jeff Merkley**

H.R. 3415 Rep. Jan Schakowsky

There are no federal mandates regulating the number of patients a registered nurse can care for at one time in U.S. hospitals. As a result, registered nurses (RNs) are consistently required to care for more patients than is safe, compromising patient care and negatively impacting patient outcomes. These dangerous conditions are causing thousands of RNs to leave the hospital bedside. This legislation would improve patient care and increase nurse retention, by setting mandated, minimum, registered nurse-to-patient staffing ratios.

Low nurse staffing levels are extremely dangerous for patients

- » Studies show that when RNs are forced to care for too many patients at one time, patients are at higher risk of preventable medical errors, avoidable complications, falls and injuries,¹ pressure sores,² increased length of hospital stay, higher numbers of hospital readmissions, and death.³
- » For each additional surgical patient in an RN's workload above the baseline nurse-to-patient ratio of 1:4, the likelihood of patient death within 30 days increases by 7 percent.⁴
- » A 2006 study showed that if all hospitals increased RN staffing to match the best-staffed hospitals in the country, 5,000 in-hospital patient deaths and 60,000 adverse patient outcomes could be avoided.⁵
- » Numerous studies have documented disparities in care in hospitals that serve communities of color.⁶ Studies have also found that registered nurse staffing levels in hospitals that serve communities of color are often lower, contributing to these disparities in care.⁷ Setting a single standard of nursing care across hospitals will improve outcomes for patients of color including reduced readmission rates, increased satisfaction, and better obstetrical outcomes.⁸

Studies on California's RN-to-patient ratios statute — the only law of its kind in the country — confirm the significant impact minimum staffing ratios have on improved patient safety and outcomes

- » Compared to California, New Jersey hospitals would have 13.9 percent fewer patient deaths and Pennsylvania 10.6 percent fewer deaths if they matched California's ratios in medical-surgical units.⁹
- » Compared to states without ratios, California RNs report having more time to spend with patients and that hospitals are more likely to have enough RNs on staff to provide quality patient care.¹⁰

Safe RN-to-patient ratios are not only feasible, but are cost-effective for hospitals

- » The California ratios mandate has proven to reduce costs for hospitals by improving nurse safety and job satisfaction,¹¹ reducing spending on temporary RNs,¹² overtime costs,¹³ and staff turnover.¹⁴ In fact, after the California law was implemented, thousands of RNs returned to the bedside from within the state and out-of-state RNs were attracted to California because of the staffing ratios.
- » A 2009 study estimated that adding 133,000 RNs (the number of RNs needed to increase nursing staff to the 75th percentile) to the U.S. hospital workforce would result in medical savings of \$6.1 billion on health care

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spending, not including the value of increased productivity when RNs help patients recover more quickly.¹⁵

- » Combining medical savings with increased productivity, the addition of 133,000 RNs would result in an economic value of \$57,700 for each additional RN.¹⁶
- » Just two years after the California law's effective date, California hospitals were in compliance with the ratios a super-majority of the time.¹⁷ The majority of safety net hospitals, including rural hospitals with generally lower patient levels, were also able to comply with the law. Of the 69 hospitals defined as rural acute-care facilities in California by the Department of Health Services, only 16 applied for an exemption to the law and just 11 exemptions were granted.¹⁸

The Nurse Staffing Standards for Hospital Patient Safety and Quality Care Act

- » Requires hospitals to annually develop safe staffing plans that meet the bill's mandated minimum RN staffing ratios and provide for additional staffing based on individual patient care needs.
- » Requires hospitals to post notices on minimum ratios and maintain records on RN and other staffing.
- » Provides whistleblower protections, including administrative complaint process and cause of action, for nurses who speak out against assignments that are unsafe for the patient or nurse.
- » Authorizes the Secretary of the Department of Health and Human Services to enforce the minimum RN staffing ratios through administrative complaints and civil penalties.
- » Allows a longer implementation timeline for rural acute-care hospitals to ensure compliance.

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