Nurse Staffing Standards for Hospital Patient Safety and Quality Care Act

Sponsored by Senator Sherrod Brown
Representative 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. This legislation would protect patients and improve health care 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, pressure sores, increased length of stay, and readmissions.[1] In addition, RNs experience higher burnout rates and job dissatisfaction.[2]
- 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.[3]
- 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.[4]

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.[5]
- 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.[6]

Safe RN-to-patient ratios are cost-effective for hospitals

- Ratios will reduce spending on temporary RNs and overtime costs,[7] lower RN turnover,[8] improve patient outcomes,[9] and shorten patient lengths of stay.[10]
- 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 spending, not including the value of increased productivity when RNs help patients recover more quickly.[11]
- 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.[12]

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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.

Sources »

1 Sochalski, J. "Is More Better? The Relationship Between Nurse Staffing and the Quality of Nursing Care in Hospitals." *Medical Care. 2004; 42(2): 67-73.* (Workload and understaffing contributes to medical errors, patient falls, unfinished nursing tasks.)

Hugonnet, S. "Staffing Level: a Determinant of Late-Onset Ventilator-Associated Pneumonia." *Critical Care. 2007; 11(4): R80.* (Understaffing in intensive care units increases risk of medical complications.)

Needleman, J., et al. "Nurse Staffing Levels and Quality of Care in Hospitals." *New England Journal of Medicine. 2002; 346(22): 1715-22.* (Increased RN staffing is associated with shorter patient stays, lower rates of urinary tract infections, lower rates of gastrointestinal bleeding, lower rates of failure to rescue.)

McHugh, M.D. and Ma, C. "Hospital Nursing and 30-Day Readmissions Among Medicare Patients With Heart Failure, Acute Myocardial Infarction, and Pneumonia." *Medical Care. 2013; 52(1): 52-9* (Improved staffing may effectively reduce 30-day readmissions for certain patients.)

2 Aiken, L., et al. "Hospital nurse staffing and patient mortality, nurse burnout, and job dissatisfaction." *Journal of the American Medical Association. 2002; 288(16): 1987-93, 1990.* (43 percent of RNs surveyed had high burnout scores, and a similar proportion were dissatisfied with their current job. Both burnout and job dissatisfaction are indicators of turnover.)

3 Ibid.

4 Needleman, J., et al. "Nurse Staffing In Hospitals: Is There A Business Case For Quality?" *Health Affairs. 2006; 25(1): 204-211, 208.*

5 Aiken, L., et al. "Implications of the California nurse staffing mandate for other states." *Health Services Research. 2010; 45(4): 904-21, 917.*

6 Ibid., 912.

7 Schmit, J. "Nursing shortage drums up demand for happy nomads." *USA Today. June 9, 2005.* (Quoting Tenet Health System Chief Nursing Officer. Travel nurses cost hospitals at least 20 percent more than a nurse employee even when benefits are factored in. Full-time employees are paid at least 1.5 times there regular salary for overtime hours worked.)

8 Bland-Jones, Cheryl. "Revisiting Nurse Turnover Costs, Adjusting For Inflation." *Journal of Nursing Administration. 2008; 38(1): 11-18, 12.* (Finding that the total RN turnover costs for fiscal year 2017 were between $7,875,000 and $8,449,000, and estimating an RN annual turnover rate at 18.5 percent.)

Aiken. 2010. supra, note 5 at 913. (Finding that California RNs, after the implementation of the mandated nurse-to-patient ratios, experienced burnout at significantly less rates than those in New Jersey and Pennsylvania. 20 percent California RNs reported being dissatisfied with their job, compared to 26 percent in New Jersey, and 29 percent in Pennsylvania. Both burnout and job dissatisfaction are precursors of voluntary turnover.)

9 Encinose, W. and Hellinger, F. "The Impact of Medical Errors on Ninety-Day Costs and Outcomes: An Examination of Surgical Patients." *Health Services Research. 2008; 43(6): 2067-85, 2078, 2080.* (Finding that, compared with patients who did not experience medical errors, insurers paid an additional 52 percent more for surgery patients who experienced acute respiratory failure and an additional 48 percent more for post-operative infections.)

10 Needleman, J. et al. "Nurse Staffing and Patient Outcomes in Hospitals." Harvard School of Public Health. *Final Report for Health Services and Research Administration, Contract 230-99-0021) 2001: xxvi.* (Finding that there is at least a 3 to 6 percent shorter length of stay for patients in hospitals with a high RN staffing levels, reducing costs.)

11 Dall, T. et al. "The Economic Value of Professional Nursing." *Medical Care. 2009; 47:97-104, 101.*

12 Ibid.

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