



Three major points

- Nurses are the key to patient safety.
- Adequate nurse staffing is essential for good clinical outcomes, good financial outcomes, and retaining nurses.
- There is no excuse for inadequate nurse staffing.



Favorite Headlines

*Or don't believe everything
you read in the papers...*



“A Reason for Odor Found at Sewer Plant”

The Sand Mountain Reporter
(Albertville, AL)

“Prostate Cancer More Common in Men”



The Hermann Advertiser-Courier,
Hermann, MO.



“Tips to Help Prevent Headaches After You Die”

The Record, Hackensack, NJ



"ER Delays Killing Heart Patients"

The Globe and Mail,

Death in the ED at Vista Medical Center East, IL

- July 28, 2006, Beatrice Vance died of MI after two hours in waiting room.
- Coroner Richard Keller ruled homicide (9/14/06, *Chicago Tribune*)



IOM Report on Nursing

- 1990s and the consultants
- 1996: *Nursing Staffing in Hospitals and Nursing Homes: Is It Adequate?*
- 2004: *Keeping Patients Safe: Transforming the Work Environment of Nurses*



Evidence that Nurses are the Key to Quality and Patient Safety

- Adequate RN staffing ->
 - Decreased morbidity or complications
 - Decreased mortality rates
 - Decreased LOS
 - Cost effective
 - Lower nurse burnout, higher nurse satisfaction and retention



The Data

- May 30, 2002, *NEJM*, Needleman et al.
 - RN care associated with lower rates of urinary tract infections, gastrointestinal bleeding, pneumonia, shock and cardiac arrest.
 - The better the RN staffing the lower the LOS.



The Data

- October 23, 2002 , *JAMA*, Aiken, et al.
- Increasing the number of surgical patients in the average nurse's caseload of 4 by one =
 - 15% increase in job dissatisfaction
 - 23% increase in nurse burnout
 - 7% increase in mortality



The Data

- Wide variation in risk-adjusted 30-day mortality rates
- January 2004, *Medical Care*, Person et al.
 - Higher RN staffing associated with lower mortality rates for Medicare patients with AMI
- Confirmed by Tourangeau et al., *Journal of Advanced Nursing*, 2006
 - Impact of Hospital Nursing Care on 30-day Mortality for AMI. (Ontario)



The Data

- Hospitals with high volume = lower mortality rates
- September 2005, *Cancer*, Elting et al.
 - 1300 cystectomy patients
 - Lower volume hospitals with good nurse:patient ratios = equivalent morality to high volume hospitals



The Data

- Nosocomial infections – Do too many patients lead to compromised infection control practices?



The Data

- Hugonnet et al. (MDs), *Critical Care Medicine*, 2007
 - 4 years of MICU patient and nurse staffing data, University of Geneva Hospitals
 - Infection = higher mortality and longer LOS in hospital and in ICU
 - Higher (>1.9 nurses per patient in 24 hours period) nurse staffing associated with >30% decrease in infection risk
 - 26.7% of all infections could be avoided if staffing at >2.2
- Cimiotti et al., *Archives of Pediatric and Adolescent Medicine*, 2006
 - 2 NYC NICUs
 - More RN hours in one NICU associated with a 79% decrease in risk of infection



The Data

- Poor staffing = increased errors
- July/August 2004, *Health Affairs*, Rogers et al.
 - ANA members, 393 unit-based FT staff nurses (40% response rate)
 - 2-week logs on work hours and errors
 - 40% of shifts > 12 hours
 - Increased risk of errors when:
 - > 12 hours working
 - Working OT
 - Worked > 40 hours per week



JCAHO

- Report on the Nursing Crisis
- 24% of hospital errors that result in death or injuries are related to low nurse staffing
- Dennis O'Leary: "24% surprised everybody."




What will make patients safe?

Rapid Response Teams and Condition H

Winters et al., *JAMA*, 10/4/06: Rapid Response Teams—Walk, Don't Run

- Would you need RRTs if institutions invested in better staffing and staff development/education?
- Why are they not questioning forming RRTs, but claim to not have the resources for better staffing?
- Bar coding, EHRs, and high tech diagnostics and treatments vs. safe staffing of health care workers

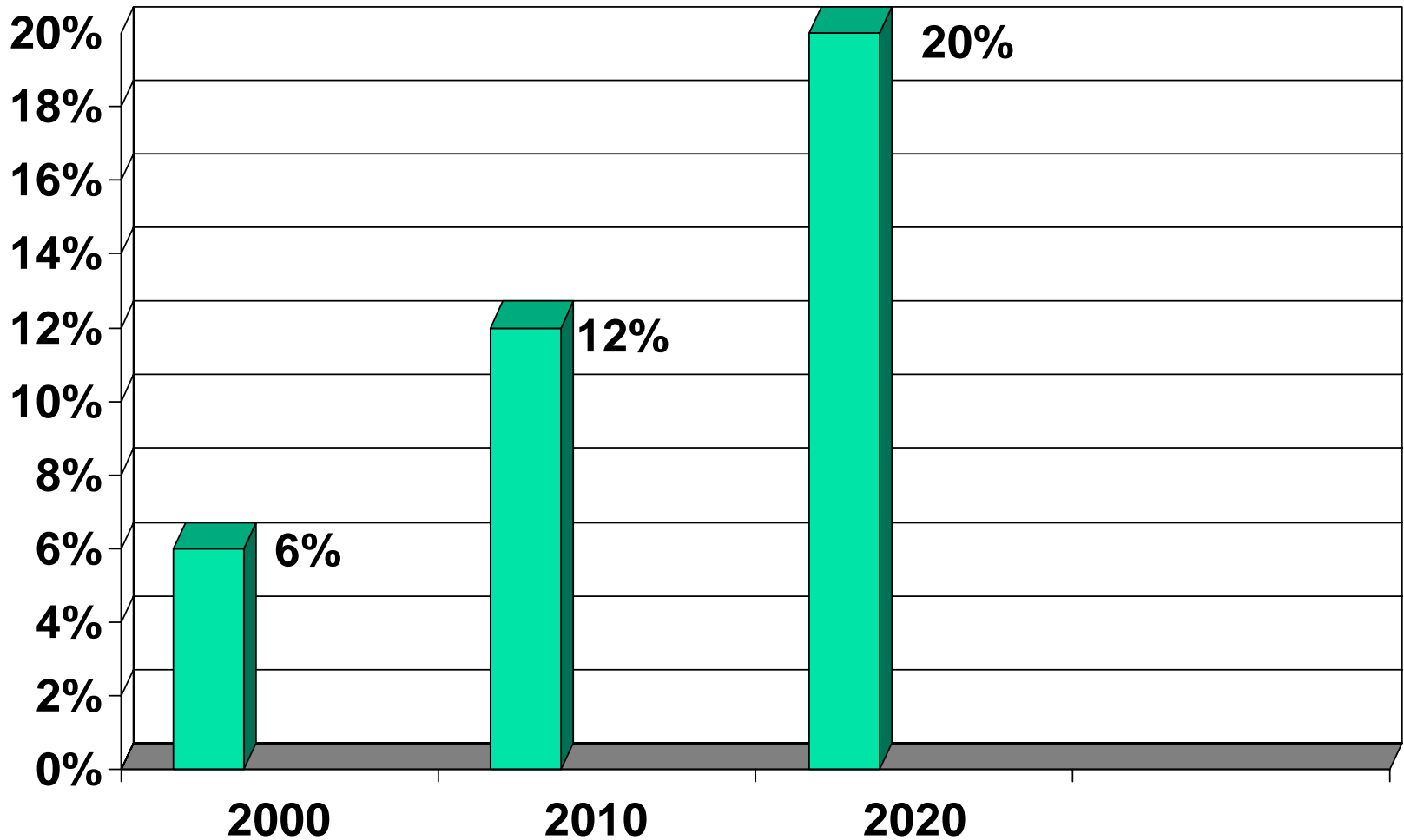


So why don't hospitals staff
adequately?



Myth: There aren't enough
nurses.

Projected Shortage of Nurses (as % of need) (BHPPr, 2004)



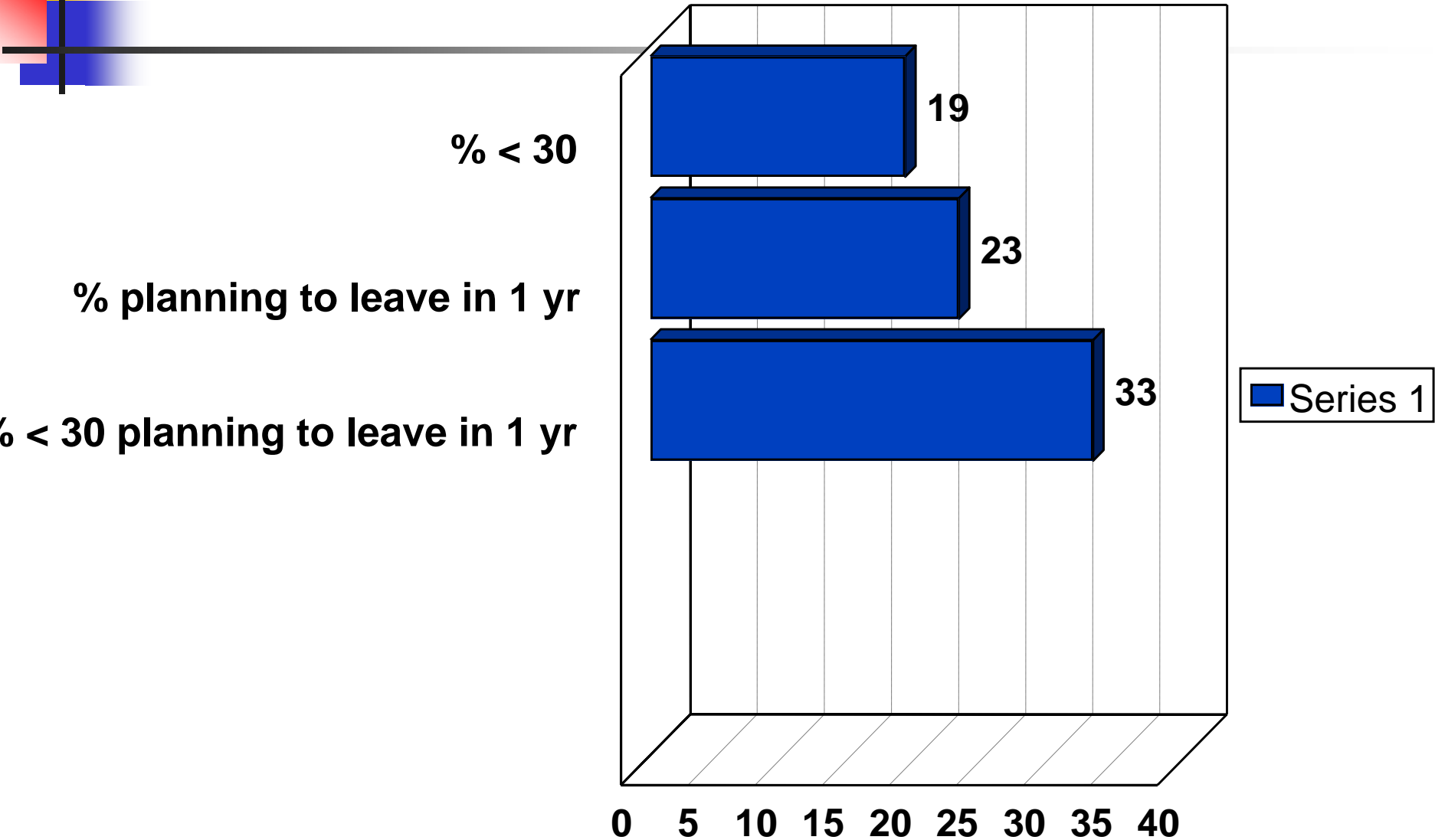


Job satisfaction

- In 2000, only 70% of nurses satisfied with current positions; 85% of all US workers (BHPr, NSSRN)

U.S. (PA) Nurses' Intentions to Leave Present Job, 1998-99

Aiken et al. (2001). Nurses' Reports on Hospital Care in Five Countries





Nursing Shortage

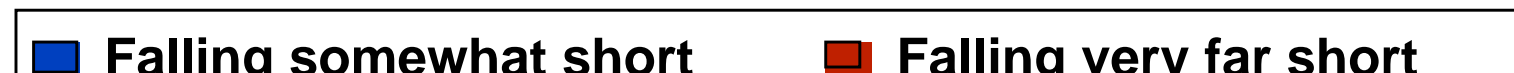
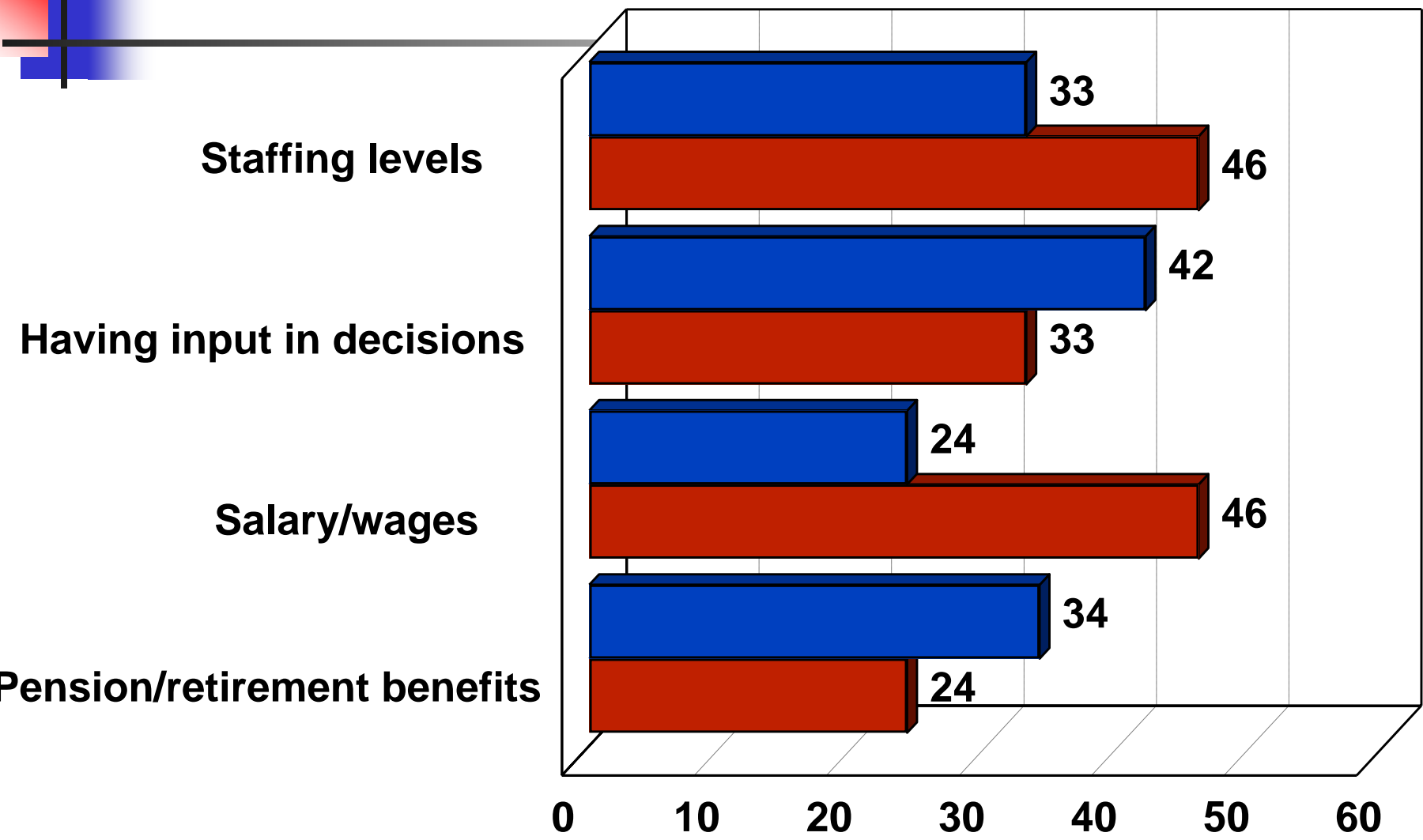
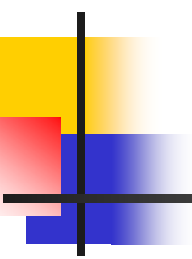
- Pennsylvania

- 40% work in hospitals but only 25% FT
 - Nationwide ~ 60% of RNs work in hospitals
- 25% no longer work in nursing =
 - Highest rate in nation
 - Sochalski, Sept/Oct 2002 *Health Affairs*
 - 120,000 either not working or working outside of nursing
 - Increase turnover of new graduates and rate of exodus

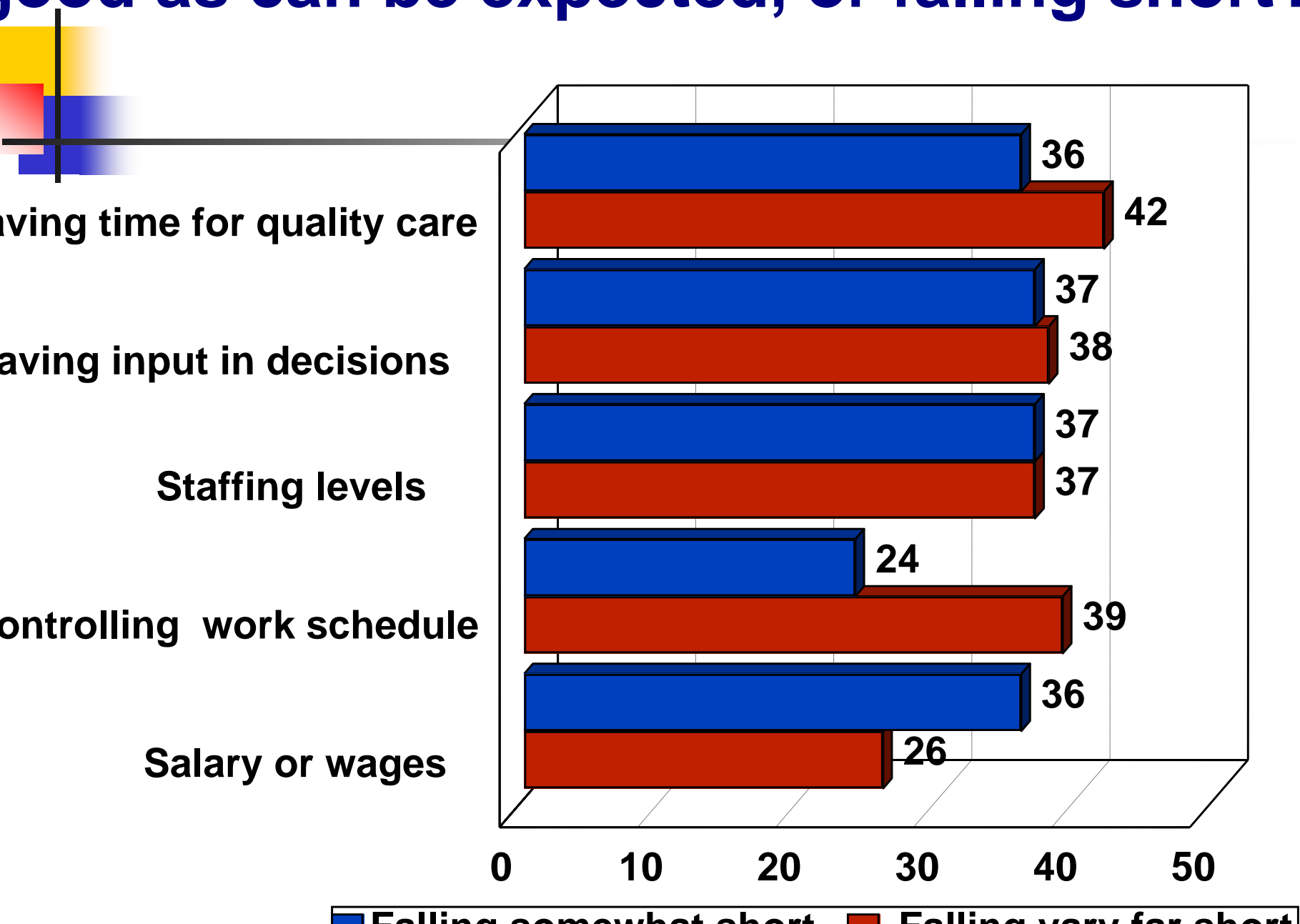
District 1199P/SEIU Survey of Nurses in Western PA

- April 2002
- Survey of two groups:
 - Current hospital RNs
 - Former hospital RNs

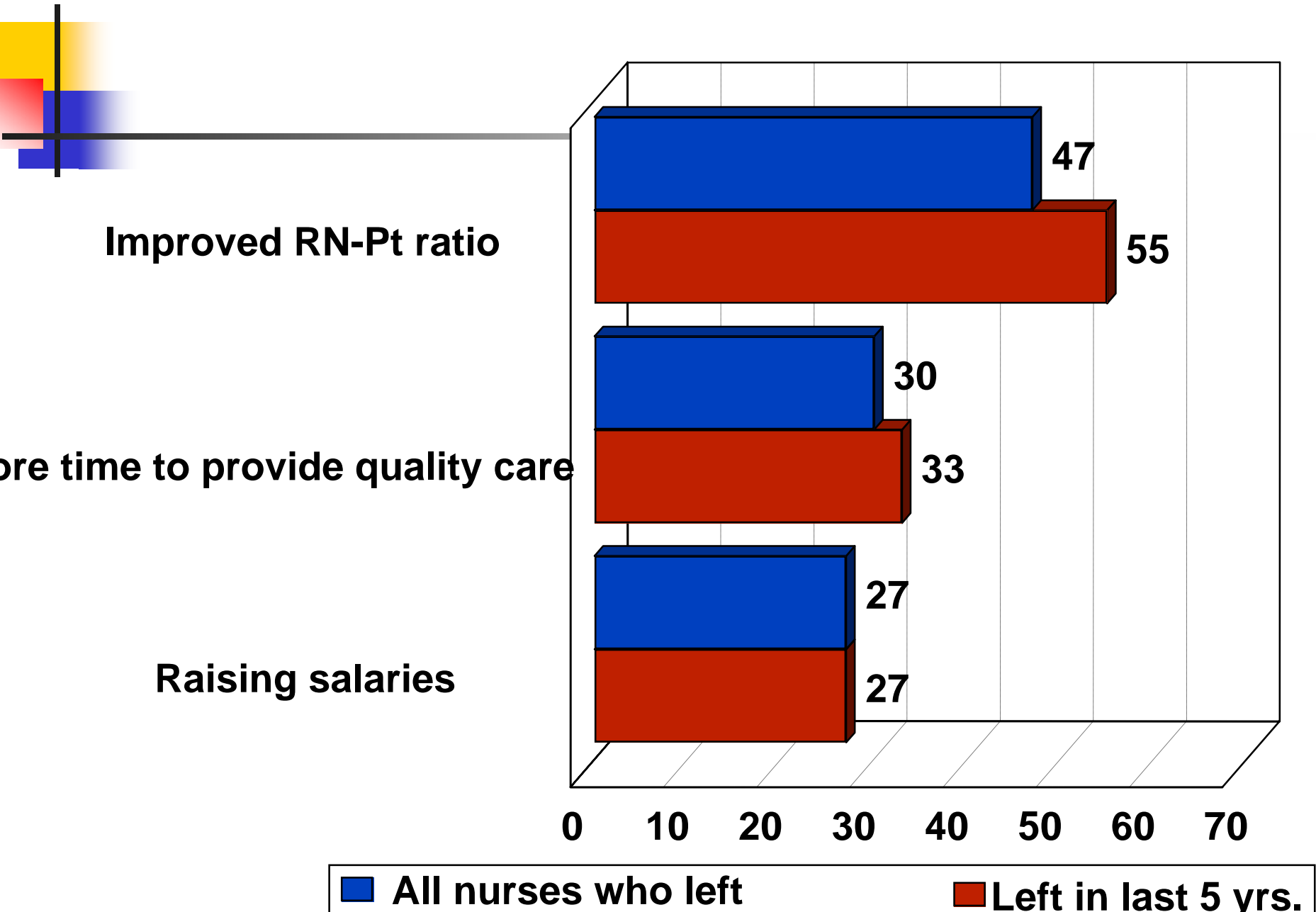
Are the following as good as can be expected or falling short of what should be?



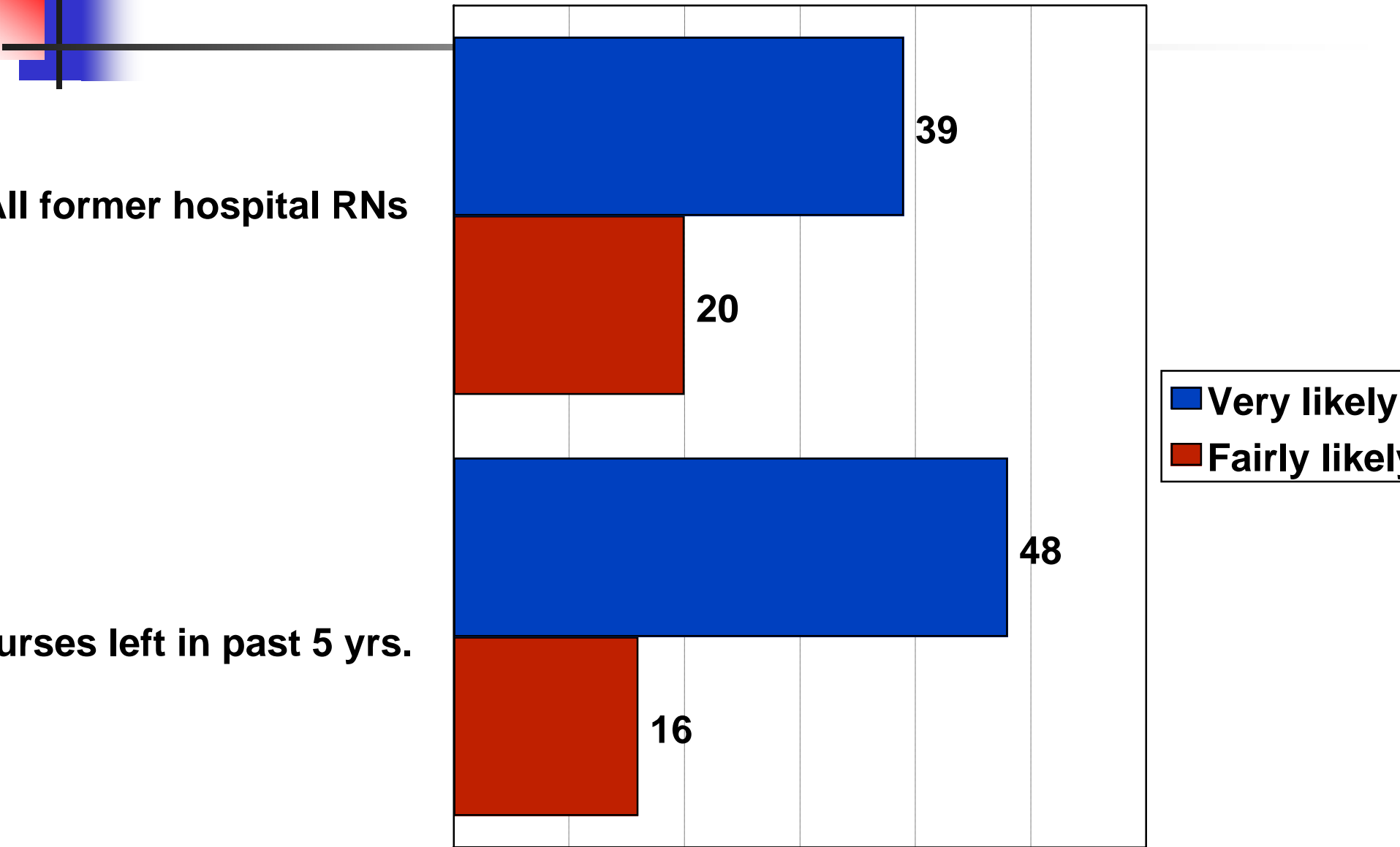
Other Hospital RNs: Are the following as good as can be expected, or falling short?



What one or two changes that hospitals could make might have made you consider continuing to work as hospital RN?



If conditions were better, how likely to continue working as hospital nurse?

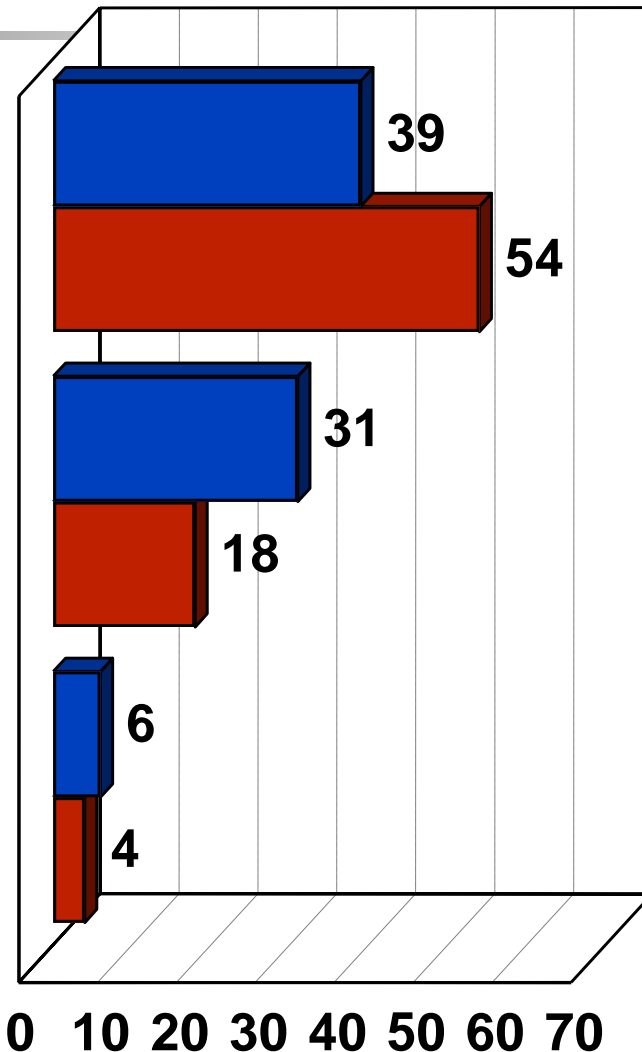


What is the best way to address shortage in Western PA?

Increase staffing/improve conditions

Higher pay/benefits

Improve public image



■ Current hospital RNs

■ Former hospital RNs



What would keep nurses?

- Multiple studies: Improve the work environment and many will return or stay
 - Good nurse-patient ratios
 - Quality time with patients
 - Having the authority to match the responsibility
 - Local decision-making; e.g. admissions to unit
 - Equal and respected members of the health care team
 - Pay and benefits
 - Elimination of mandatory overtime



Examples

- Kaiser Permanente system in California
- Victoria, Australia
- Magnet hospitals



Myth: Hospitals can't afford
better staffing?

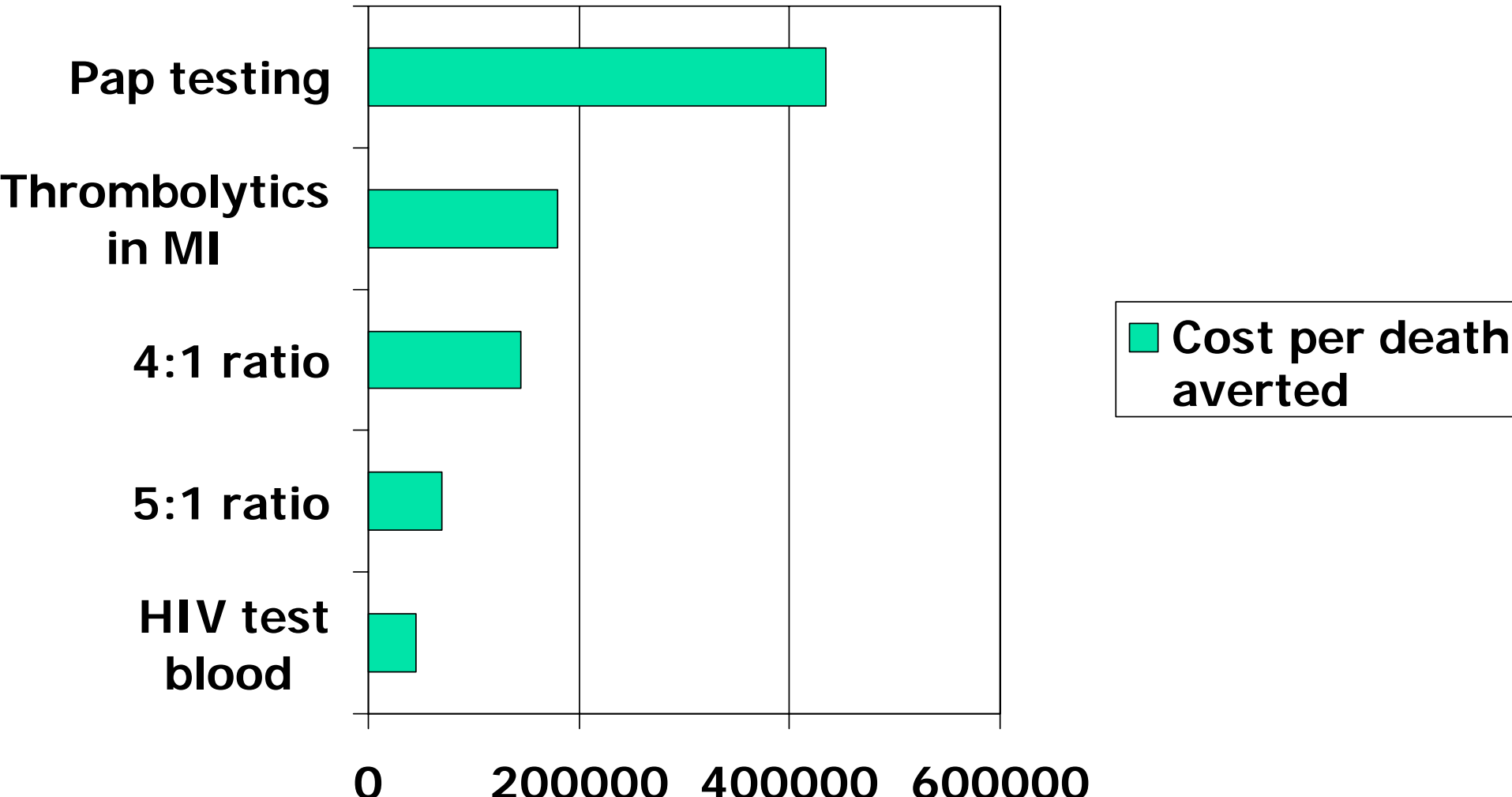


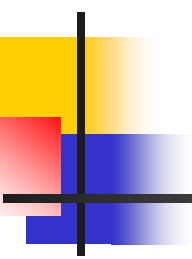
The Data

- August 2005, *Medical Care*, Rothberg et al.
- “Improving nurse-to-patient staffing ratio as a cost-effective safety intervention”

Spending priorities:

Comparison of incremental cost-effectiveness of two PTN ratios and 3 other patient interventions



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- “Considered as a patient safety intervention, improved nurse staffing has a cost-effectiveness that falls comfortably within the range of other widely accepted interventions.”



Cost of better staffing

- Summer 2003, *Journal of Health Care Finance*, McCue et al.
 - 422 hospitals in 11 states
 - Increase 1% RN staffing = +0.25% operating costs -- **but no decrease in profits**
 - +1% non-RN = +0.18% operating costs and **.21% decrease in profits**
 - Too few nurses = greater turnover, higher complication rates, longer lengths of stay, ? risk payouts



RN care makes the difference

- Jan/Feb 2006, *Health Affairs*, Needleman et al.
- Comparison:
 - Increase licensed nursing care hours/day to 75th percentile
 - Increase proportion of nursing care hours delivered by RNs to the 75th percentile
 - Increase both total licensed nursing hours and proportion of RN hours to 75th percentile
- The second = improve outcomes and *lower costs*
 - Decreased LOS, adverse outcomes, and death
- Others improve outcomes but at 1.5% greater cost



The Business Case for Safe Staffing



Inadequate staffing is costly

- The cost of medical errors estimated by the IOM at \$17 billion
- Cost of complications and longer LOS
- Risk payouts
- Hospitals are paying large sums to:
 - Recruit and orient new nurses (\$42-\$62,000)
 - Overtime pay
 - Using temp, agency, and travel nurses to fill vacancies

And the cost of inadequate staffing may grow

- May 11, 2006, *NEJM*, G. Annas:
 - “Hospitals that do not take specific actions to improve safety should be viewed as negligent and be subject to malpractice lawsuits when a violation of the right to safety results in injury.”



Class action suits

April 10, 2006:

- \$12 billion class action suit against HCA
- Chronic understaffing
- ICU of Wesley Medical Center in Wichita, Kansas
- Mildred Spires' husband
- Law suit notes research linking understaffing with poor outcomes

Can UHS afford better staffing?



- June 30, 2003 – June 30, 2005, UHS' four Las Vegas hospitals earned \$71.1 million in profits.
- Sent an additional \$84.8 million in home office allocations to its corporate headquarters in King of Prussia, Pennsylvania.
- Three accounted for \$10 million in profits in the first quarter of 2006.



Why isn't UHS supporting
excellence in nursing care?



Who loses?

- Patients
- The community
- Shareholders

Nurses as advocates for safe care



- It's immoral not to act
- Risk-taking and activism on behalf of patients
- Following in the footsteps of our foremothers

For our patients, ourselves, and
the people of Las Vegas and the
nation.

