

APPROPRIATE ACUTE CARE STAFFING

POSITION

ANA supports efforts to mandate valid and reliable nurse staffing systems in acute care and to require standard, public reporting of nurse staffing levels and mix and patient outcomes.

BACKGROUND

During the past decade, health care providers have implemented aggressive measures to reduce the costs of health care. As nurses, salaries are typically the largest hospital personnel expense, they have been targeted for aggressive cuts. These cost-cutting efforts have often resulted in RN staffing levels that are inadequate to protect the safety and quality of patient care. These changes have occurred at the same time that patient acuity and the use of sophisticated technology have increased, and the length of stay has decreased. These factors have created a situation that threatens patient safety.

Unfortunately, there is no standardized, public reporting of these staffing changes. In addition, there are no national staffing requirements for acute care settings. This lack of enforceable staffing standards and quality measurement has allowed dramatic changes in staffing methodology to go unchecked.

RATIONALE

More than a decade of research shows that nurse staffing levels and skill mix make a difference in the outcomes of hospitalized patients. These studies show that when there are more nurses, there are lower mortality rates, better care plans, lower costs, and fewer complications.

- In June, 2002, the Joint Commission on Accreditation of Healthcare Facilities released a report (*Health Care at the Crossroads: Strategies for Addressing the Evolving Nursing Crisis*) stating that inadequate nurse staffing was a contributing factor in 24 percent of all unanticipated events that resulted in patient death, injury, or permanent loss of function.
- A study published in *The Journal of the American Medical Association* (Linda Aiken, et al., Hospital Nurse Staffing and Patient Mortality, Nurse Burnout, and Job Dissatisfaction, *JAMA*, Vol. 20, Oct. 23, 2002) found that the odds of patient mortality rose by 7 percent for every additional patient added to the average nurse's workload.
- A study published in *The New England Journal of Medicine* (Jack Needleman, et al., Nurse-Staffing Levels and the Quality of Care in Hospitals, *N.Engl.J.Med.*, Vol. 346, #22, May 30, 2002) found a strong, reliable relationship between increased RN staffing and fewer patient complications, including death.

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- Recognizing the important relationship between nurse staffing and patient care, the National Quality Forum recently recommended that acute care hospitals track and report the number of nursing hours per patient day for RN, LPN, and unlicensed nurses. (*National Voluntary Consensus Standards for Nursing-Sensitive Care: An Initial Performance Measure Set*, NQM, 2004.)
- Identifying increased nurse staffing as a top priority for addressing medical errors, the Institute of Medicine has called for immediate improvements in nurse staffing. (*Keeping Patients Safe: Transforming the Work Environment for Nurses* (IOM, National Academies Press, November 2003.) 