



Support the Patient Safety Act

H5506 & S326 Sponsored by Rep. Raymond Gallison and Sen. Joshua Miller



The Patient Safety Act: *What it Does*



Sets a safe limit on the maximum number of patients a nurse may treat at one time.

The Patient Safety Act: *Why We Need It*



Every year, nurses file hundreds of complaints with hospital administrators highlighting potentially unsafe staffing levels. These complaints go largely ignored, and nurses are continually pushed beyond the limit.



Rhode Island currently has no laws or standards requiring hospitals to provide a safe level of nursing care.



Dramatic changes are taking place within the hospital industry driven by state and national health care financing reform, including the merger consolidation and conversion of non-profit hospitals into larger corporate networks owned by Wall Street investment funds.



The hospital industry's response to these changes has been to cut staff and reduce services in an attempt to boost hospital profit margins -- these strategies are done at the expense of the patient.



Rhode Island Nurses are specially trained to carefully monitor every patient's condition from minute-to-minute and to take immediate action to prevent complications or to save a life.





The Patient Safety Act: *The Research*



Hospitals with higher nurse staffing had 25 percent lower odds of preventable readmissions compared to otherwise similar hospitals with lower staffing. "Investment in nursing is a potential system-level intervention to reduce readmissions that policy makers and hospital administrators should consider in the new regulatory environment as they examine the quality of care delivered to US hospital patients."

McHugh, Matthew D., Berez, Julie, et al, *Hospitals With Higher Nurse Staffing Had Lower Odds of Readmission Penalties Than Hospitals With Lower Staffing*, Health Affairs. October, 2013



Nurse staffing levels have a positive association with financial performance in competitive hospital markets. Hospitals should reconsider reducing nursing staff, as this is inefficient and can negatively affect financial performance.

Everhart D, Neff D, Al-Amin M, et al, *The Effects of Nurse Staffing on Hospital Financial Performance: Competitive Versus Less Competitive Markets*, Health Care Manage Rev. April- June, 2013



Higher nurse staffing protects patients against poor outcomes, including congestive heart failure mortality, infections and prolonged length of stay.

Blegen, Mary A., Goode, Colleen J., et al, *Nurse Staffing Effects on Patient Outcomes: Safety Net and Non-Safety Net Hospitals*, Medical Care. August, 2010



"Because all hospital patients are likely to benefit from improved nurse staffing, not just general surgery patients, the potential number of lives that could be saved by improving nurse staffing in hospitals nationally is likely to be many thousands a year."

Aiken, Linda H, Sloane, D.M., et al, *Implications of the California Nurse Staffing Mandate for Other States*, Health Services Research. August, 2010



"The evidence clearly shows that adequate staffing and balanced workloads are central to achieving good patient, nurse and financial outcomes. Efforts to improve care, recruit and retain nurses, and enhance financial performance must address nurse staffing and workload."

Unruh, Lynn, *Nurse Staffing and Patient, Nurse and Financial Outcomes*, The American Journal of Nursing. January, 2008



Increasing the proportion of nurses without increasing the total nursing hours per day could reduce costs and improve patient care by reducing unnecessary deaths and shortening hospital stays. "Whether or not staffing should be increased depends on the value patients and payers assign to avoided deaths and complications."

Needleman J, Buerhaus PI, Stewart M, et al, *Nurse Staffing in Hospitals: Is There a Case for Quality*, Health Affairs. Health Affairs. January-February, 2006



Every additional patient per nurse over four is associated with a 7% increase in mortality. The difference between four to six and four to eight patients per nurse correlates with 14% and 31% increases in mortality, respectively."

Aiken, Linda H., Clarke, Sean P., et al, *Hospital Nurse Staffing and Patient Mortality, Nurse Burnout, and Job Dissatisfaction*, Journal of the American Medical Association. October 23/30, 2002