

Why Support the Safe Staffing for Quality Care Act

- The quality of care that a registered nurse (RN) can provide is directly linked to the number of patients assigned to an RN (New York State Nurses Association [NYSNA], 2011).
- Patient safety is a primary goal of health care providers worldwide
- Registered Nurses have the greatest impact on patient care
- Insufficient nurse staffing compromises patient safety and quality of care (Nurse-To-Patient Ratios, 2003).
- The American Association of Critical-Care Nurses (AACN) and the American Nurses Association (ANA) advocate for the development of staffing systems that will ensure safe staffing ratios to reduce the impact of high ratios on patient safety (Hartigan, 2000; Nurse-To-Patient Ratios, 2003).
- The act will help to improve the overall health of New York State's patients, will increase positivity in the workplace which aids in retention, and assist in lowering healthcare costs (NYSNA, 2011).



Resources

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SAFE STAFFING FOR QUALITY CARE ACT



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QUALITY CARE AND NURSE SATISFACTION, THE SAFE STAFFING FOR QUALITY CARE CAN HELP

Quality Care

- Improve patient safety and quality of care.
- Establish safe staffing ratios in order to decrease patient complications and adverse events
- Nurse staffing is one of the most influential variables associated with patient outcomes (MacPhee, Ellis, & Sanchez-McCutcheon, 2006).
- Higher rates of pneumonia, shock, cardiac arrest, urinary tract infections, and upper gastrointestinal bleeds which lead to longer hospital stay, increased mortality rates and increased rates of failure to rescue (Agency for Health Care Research and Quality [AHRQ] as cited in NYSNA, 2011; Kane et al., 2007).
- Improving nursing work conditions would permit more time for nurses to provide better patient care (Ward, 2005).
- Average Annual prevention of 6,700 deaths and 4 million hospital days associated with a 1:4, nurse to patient ratio (Needleman et al., 2006)

Nurse Satisfaction

- Improves quality care provided and work environments for nurses
- Establishing a safe staffing ratio system (Mandatory Overtime, 2003).
 - reduces the stress for nurses
 - Increases time for thorough patient assessment and interventions
 - Improve outcomes by ensuring safe and competent care
- 54% of nurses reported not having adequate time to spend with patients, 43% of nurses worked overtime because of insufficient staffing (ANA, 2011)
- Unsafe staffing levels are linked to high turnover rates, increased absentee rates, decreased retention, and decreased recruitment of new nurses (NYSNA, 2011; MacPhee et al, 2006)
- 40% of nurses are dissatisfied with their employment of these, 43% stated they would leave position in next 12 months (Rothberg et al. as cited in MacPhee et al. 2006)

The Economic Benefits

- Reduce health care costs (NYSNA, 2011):
 - Decreased length of hospitalizations,
 - Decreased medical malpractice
 - Decreased rates of nursing staff turnovers.
 - Reduced adverse outcomes
- The cost of dissatisfied nurses and the replacement of nursing staff is a menacing cost to healthcare facilities (NYSNA, 2011)
- A cost effective patient safety intervention (MacPhee, 2006).
- In their study, Rothberg, Abraham, Lindenauer, and Rose found that decreasing nurse to patient ratios from 8:1 to 4:1 estimated a \$136,00 per life saved and 72,000 lives could be saved (as cited in MacPhee, 2006,pg 20).

Recommendations for Success

- Direct-care RNs develop staff ratios
- Staffing decisions should be individualized, based on the facility and unit specific
- Take into consideration:
 - Patient acuity
 - Competency, education and experience of the nurse
 - Each additional mean age of RN experience on a unit is associated with 6 fewer deaths per 1,000 patients
- Focus and advocate for improving the current nursing shortage
 - Need more nurses to fill set nurse to patient ratios; public posting of staffing plans would increase public awareness of the nursing shortage
- Protect nurses who file complaints about unsafe staffing
- Advocate for nurses to pursue higher education.
 - Best patient outcomes were found in hospitals with 60% of nurses holding a BS or higher

(Ward, 2005; ANA, 2011; South Carolina Nurses Association, 2008; American Nurses Association, 2011).