WASHINGTON STATE NURSES ASSOCIATION
2015 RESOLUTION #4

Strengthening Nurse Staffing Laws to Save Lives and Prevent Errors

WHEREAS, medical errors are the third leading cause of death in the U.S: It has been estimated that as many as 400,000 patients die each year as a result of preventable medical errors. Tragically, very little progress has been made in improving conditions since the Institute of Medicine's 1999 report, "To Err is Human," first brought the problem to national attention; and

WHEREAS, hospital patients are also at risk for preventable infections and unnecessary complications that may prolong their stay and threaten their recovery; and

WHEREAS, many patients are discharged without adequate education about their medicines and treatment protocols, which may lead to unnecessary readmissions

WHEREAS, the Patient Protection and Affordable Care Act (ACA) attempts to fix these problems by creating payment systems that reward or punish hospitals based on readmissions, hospital-acquired infections, mortality, patient satisfaction and other quality indicators; and

WHEREAS, decades of evidence-based research have established the relationship between nurse staffing and factors such as:

- **Patient Deaths:** A one-patient increase in a nurse's workload increased the likelihood of an in-patient death within 30 days of admission by 7 percent. [1] Mortality risk decreases by 9 percent for ICU patients and 16 percent for surgery patients with the increase of one full-time equivalent RN per patient day.[2] Nurse staffing shortages are a factor in one of every four unexpected hospital deaths or injuries caused by errors. [3]

- **Medical Errors:** A study of medication errors in two hospitals found that nurses were responsible for intercepting 87 percent of all medication errors made by physicians, pharmacists and others before the error reached the patient.[4]

- **Complications and Infections:** Facilities with nurse staffing levels in the bottom 30 percent were more likely to be among the worst 10 percent for heart failure, electrolyte imbalances, sepsis, respiratory infection and urinary tract infections.[5] Lower nurse staffing levels led to higher rates of blood infections, ventilator-associated pneumonia, 30-day mortality, urinary tract infections and pressure ulcers.[6] Large patient loads and high levels of exhaustion among nurses were

associated with greater rates of urinary tract and surgical-site infections.[7] As nurse staffing levels increase, patient risk of hospital-acquired complications and hospital length of stay decrease, resulting in medical cost savings, improved national productivity, and lives saved.[8]

- **Readmissions:** Reducing readmissions is a significant goal of the ACA. Each one-patient increase in a hospital's average staffing ratio increased the odds of a medical patient's readmission within 15-30 days by 11 percent and a surgical patient's readmission by 48 percent. [9]

- **Patient Satisfaction:** Patients on units characterized as having adequate staff were more than twice as likely to report high satisfaction with their care, and their nurses reported significantly lower burnout.[10] Patient satisfaction scores were significantly higher in hospitals with better nurse-to-patient ratios. There was a 10-point difference in the percentage of patients who would definitely recommend the hospitals, depending on whether patients were in a hospital with a good work environment for nurses. [11]

- **Burnout and turnover:** In August 2012, approximately one-third of nurses reported an emotional exhaustion score of 27 or greater, considered by medical standards to be "high burnout." [12] Each additional patient per nurse (above four) is associated with a 23 percent increase in the odds of nurse burnout.[13]

- **Lower costs:** A 2009 study found that adding 133,000 RNs to the U.S. hospital workforce would produce medical savings estimated at $6.1 billion in reduced patient care costs[14], and

WHEREAS: Another recent study by the Agency for Healthcare Research and Quality (AHRQ) showed that increases in hospital nurse staffing levels are associated with reductions in adverse events and lengths of stay and also found that increased staffing levels do not lead to increased costs and that increasing the number of registered nurses, as opposed to other nursing positions, led to reduced costs, and

WHEREAS, WSNA has for many years, lobbied and supported state and federal laws to set minimum standards related to the number of patients assigned to registered nurses for each hospital unit and shift, with the ability to make upward adjustments based on a plan established by a nurse staffing committee in each hospital that takes into account factors like acuity, skill mix, department layout and patient population, and

WHEREAS, In 2008, WSNA and others successful lobbied for passage of the Safe Nurse Staffing Legislation (House Bill 3123) that required hospitals to establish a

nurse staffing committee composed of at least one-half direct care nurses. These committees were to develop, oversee and evaluate a nurse staffing plan for each unit and shift of the hospital based on patient care needs, appropriate skill mix of registered nurses and other nursing personnel, layout of the unit, and national standards/recommendations on nurse staffing, however the hospital CEO retained the power to accept or reject the staffing committee's plan, and

WHEREAS, In recently conducted surveys of WSNA represented Registered Nurses, nurses reported that despite the passage of the 2008 nurse staffing law, they continue to experience significant understaffing, the inability to regularly take uninterrupted meal and rest breaks, and staffing committee recommendations in most hospitals are not being implemented; 82% of RNs surveyed said they would support or strongly support a proposed new law that would set minimum nurse to patient staffing ratios in each hospital unit .

BE IT THEREFORE,

RESOLVED**,**

That WSNA develop a comprehensive plan, including local, state and national strategies, to enact additional legislation and regulation considering professional and specialty nursing associations guidelines where they exist, that will strengthen the current WA nurse staffing law and require hospitals to implement minimum nurse-to-patient ratios, adopt the staffing plan established by the hospital nurse staffing committee, and hold the hospitals accountable if they do not comply, and

RESOLVED,

That WSNA continue to assist local units in negotiating contract language establishing safe staffing levels and policies that ensure proper nurse staffing; as well as language that requires hospitals to regularly report and share data on staffing, patient satisfaction and patient outcomes to enable nurses to assess current effectiveness and staffing needs; and

RESOLVED,

That WSNA develop additional resources designed to empower nurses through education about healthcare payment systems and other business factors that impact staffing, economic implications for staffing plans, and evidence-based research linking nurse staffing to quality outcomes.

Adopted by The WSNA General Assembly April 23, 2015

Aiken, Linda H., et al. "Nurse Staffing and Education and Hospital Mortality," The Lancet, February 2014

[1] Kane, Robert L., et al. "Nurse Staffing and Quality of Patient Care," AHRQ Publication No. 07-E005, Evidence Report/Technology Assessment Number 151, March 2007

[2] Joint Commission on Accreditation of Healthcare Organizations, 2002.

[3] Leape, Lucian, et al. "System analysis of adverse drug events." Journal of the American Medical Association,

274(1): 35-43.
[4] Hughes, Ronda G. “Patient Safety and Quality: An Evidence-Based Handbook for Nurses, (Rockville, MD: Agency for Healthcare Research and Quality, 2008.)
[5] Stone, Patricia W. et al. ”Nurse Working Conditions and Patient Safety Outcomes,” Medical Care, Volume 45, Number 6, June 2007.
[6] Cimiotti, Jeannie P. et al. “Nurse Staffing, Burnout and Health Care-Associated Infection,” American Journal of Infection Control 40.6 (August 2012).
[7] Dall T., Chen Y., Seifert R., Maddox P. & Hogan P. (2009) “The Economic Value of Professional Nursing.”Medical Care 47, 97–103.)
[8] Tubbs Cooley, et al. “Nurses’ Working Conditions and Hospital Readmission Among Pediatric Surgical Patients.” BMI Quality and Safety in Health Care.
[9] Vahey, Doris C. et al. “Nurse Burnout and Patient Satisfaction,” Medical Care, 2004, February 412 (Suppl) 1157-1166.
[10] Kutney-Lee, Ann et.al. “Nursing: A Key to Patient Satisfaction.” Health Affairs. July/August 2009, vol. 28, no. 4 669-677.
[11] Cimiotti, Jeannie P. et al. “Nurse Staffing, Burnout and Health Care-associated Infection.” American Journal of Infection Control, 40:6 (August 2012).
[12] Aiken, Linda et al. “Hospital Nurse Staffing and Patient Mortality, Nurse Burnout and Job Dissatisfaction.” Journal of the American Medical Association, October 23-30, 2002)
[13] Dall, Timothy M. et al. “The Economic Value of Professional Nursing.” Medical Care. January 2009, 47:1, pp. 97-104.