



SAFE STAFFING LEVELS FOR NURSES AND PATIENTS

Safe Staffing Levels in Health Care Facilities Protect Patients

Research has shown that adding registered nurses (RNs) to unit staffing decisions can reduce the length of stay for hospital patients as well as the risk of adverse events, such as falls, injuries, infections, and bleeding. Increasing the number of RNs can yield a cost savings of nearly \$3 billion – the result of more than four million avoided extra hospital stays for adverse events – and lower costs from hospital readmissions.

Legislation or regulations addressing nurse staffing levels must not only consider the complexity and stability of patients, but also nurse experience, available technology, resources and unit workflow such as numbers of admission, discharges, and transfers.

Addressing nurse staffing is a top priority for ANA. In addition to advocating for legislation at the state and federal levels, ANA leads multiple initiatives to achieve safe, appropriate nurse-to-patient staffing in all health care settings. This work underscores the importance of evidence-based staffing decisions, driven by nurses who understand the dynamic nature of patient care.

Hospitals are feeling pressure to reduce labor costs by eliminating or understaffing registered nurse positions. This leads to lower nurse retention rates and increased readmissions. Increasing the number of RNs per patient improves clinical and economic outcomes.

Without optimal RN staffing, patients risk longer hospital stays, increased infections, avoidable medication errors, falls, injuries, and even death.

For additional information on ANA's work on registered nurse staffing in health care facilities, please contact Sam Hewitt, ANA's senior associate director for policy and government affairs, at samuel.hewitt@ana.org or (301) 628-5114.

FACTS AT A

GLANCE

KEEPS PATIENTS SAFE

Adding RNs to unit staffing has eliminated nearly one-fifth of all hospital deaths and reduced the relative risk of adverse patient events, such as infection and bleeding. (Kane, 2007)

Reducing medical errors is particularly important because the Centers for Medicare & Medicaid Services has started denying payment for preventable hospital-acquired injuries or illnesses, and other private insurers are expected to follow suit.

CUTS COSTS

Increasing the number of RNs can yield a cost savings of nearly \$3 billion—the result of more than four million avoided extra hospital stays for adverse patient events (Needleman, 2011)—and reduces costly hospital readmissions.

STATE LEGISLATION

Collaborative efforts among state hospital associations, nurse executives, and ANA-affiliated state nurses associations have resulted in balanced staffing legislation that benefits patients, nurses, and hospitals.

To date, seven states have enacted safe staffing legislation modeled after the *Safe Staffing for Nurse and Patient Safety Act's* committee approach: Connecticut, Illinois, Nevada, Ohio, Oregon, Texas, and Washington.