



STUDIES ON NURSE STAFFING RATIOS

Staffing Ratios: Overly Simplistic for Complex Healthcare Delivery Systems

“Maintaining a nursing workforce that effectively meets the needs of patients requires a comprehensive approach to address today’s multifaceted and complex healthcare delivery challenges. While the Department supports measures to improve quality of care and patient outcomes, the COVID-19 pandemic has only highlighted the need to maintain workforce flexibility. The team-based approach to healthcare that fundamentally requires flexible staffing solutions is essential to a sustainable system that can support an effective pandemic response.”

New York Department of Health. “Study of Nurse Caregiver Minimum Staffing Levels and Other Staffing Enhancement Strategies and Patient Quality Improvement Initiatives”. August 2020.

https://health.ny.gov/press/reports/docs/2020-08_staffing_report.pdf

“Organizations such as ANA support state and federal regulation and legislation that allows for flexible nurse staffing plans. In addition to promoting flexible staffing plans, ANA and like-minded constituents support public reporting of staffing data to promote transparency and penalizing institutions that fail to comply with minimal safe staffing standards. Further, ANA has introduced a legislative model in which nurses themselves are empowered to create staffing plans. Optimal staffing is much more than just numbers, and direct care nurses are well equipped to contribute to the development of staffing plans.”

American Nurses Association (ANA). “Optimal Nurse Staffing to Improve Quality of Care and Patient Outcomes.” September 2015.

<https://www.nursingworld.org/practice-policy/advocacy/state/nurse-staffing/>

No Conclusive Evidence That Staffing Ratios Improve Patient Outcomes

“There was no systematic improvement in patient outcomes post-implementation of ratios...Taken together, the literature indicates that California’s regulations did not systematically improve the quality of patient care.”

Massachusetts Health Policy Commission. “Mandated Nurse-to-Patient Staffing Ratios in Massachusetts/Summary of California’s experience with mandated staffing ratios.” October 3, 2018.

https://www.mass.gov/files/documents/2018/10/16/NSR%20Cost%20Impact%20Analysis_final%202.pdf

“State regulation of patient-to-nurse staffing with the aid of patient complexity scores in intensive care was not associated with either increased nurse staffing or changes in patient outcomes.”

Critical Care Medicine. “Patient Outcomes After the Introduction of Statewide ICU Nurse Staffing Regulations.” October 2018.

https://journals.lww.com/ccmjournal/Citation/2018/10000/Patient_Outcomes_After_the_Introduction_of.2.aspx

“At this point, available studies do not prove causal relationship, or indicate that changes in patient outcomes are solely the result of nurse staffing decisions; they also do not identify points at which staffing levels become unsafe or begin to have negative effects on outcomes...the published evidence doesn’t provide specific nurse staffing levels that will lead to certain patient outcomes, or suggest particular staffing models that might be more effective in improving patient outcomes.”

For more information, please contact David Gross, Senior Vice President, Government Relations | dgross@team-ih.org | 217.541.1161

Minnesota Department of Health. "Hospital Nurse Staffing and Patient Outcomes: A Report to the Minnesota Legislature." January 2015.

https://www.mnhospitals.org/Portals/0/Documents/policy-advocacy/nursestaffing/Nurse_Staffing_Levels_and_Patient_Outcomes_FINAL.PDF

"Growth in registered nurse staffing was associated with improvement for only one PSI [Patient Safety Indicator] and reduced length of stay for one PSI. Higher registered nurse staffing per patient day had a limited impact on adverse events in California hospitals."

Medical Care Research and Review. Spetz J., et al. "Using minimum nurse staffing regulations to measure the relationship between nursing and hospital quality of care." 70(4):380-99. 2013.

<https://journals.sagepub.com/doi/abs/10.1177/1077558713475715>

"There were no statistically significant changes in either respiratory failure or postoperative sepsis...there were mixed effects on quality."

Health Services Research. Barbara Mark, et al. "California's Minimum Nurse Staffing Legislation: Results from a Natural Experiment." 48:2:1. April 2013.

<http://www.hsr.org/hsr/abstract.jsp?aid=48187920081>

"So far, the studies on the situation in California do not support the primary position of the pro-ratio movement, that ratios will improve quality."

Nursing Economics. Douglas, K. "Ratios – If it Were Only that Easy," March/April 2010.

https://www.nursingconomics.net/necfiles/staffingUnleashed/su_MA10.pdf

"...trends in rates of decubitus ulcer, failure to rescue, and deep vein thrombosis, were not changed."

California Health Foundation. "Assessing the Impact of California's Nurse Staffing Ratios on Hospitals and Patient Care." February 2009.

<https://www.chcf.org/publication/assessing-the-impact-of-californias-nurse-staffing-ratios-on-hospitals-and-patient-care/>

Negative Impacts on Patients and Nurses

"...enforcement of this fixed ratio has been harmful rather than helpful to ED patients. In the past, during periods of extreme crowding, ED patients might have been 'doubled up' in some treatment areas to provide the safest environment for monitoring. Now, with a rigid 4:1 patient: RN ratio, patients are placed in hallways with no direct nursing observation during periods of crowding. Indeed, some patients who are very ill must remain in the waiting room."

Academic Emergency Medicine. Chan Theodore C., et al. "Effect of mandated nurse-patient ratios on patient wait time and care time in the emergency Department." 17.5 (2010): 545-552.

<https://onlinelibrary.wiley.com/doi/full/10.1111/j.1553-2712.2010.00727.x>

"...there is evidence from California that the implementation of nurse staffing ratios there led to decreases in mental health services, particularly for hospitals that had the lowest levels of nurse staffing before implementation of the ratios and consequently were the most financially vulnerable. Beyond the scaling down of mental health services, there is compelling evidence from a recent study that the implementation of nurse staffing ratios directly led to the closure of some EDs and full hospitals, further decreasing access to care for all patients."

University of Pennsylvania. Terasawa, E. "California's minimum nurse-staffing law and its impact on hospital closure, service mix, and patient hospital choice." 2016.

<https://repository.upenn.edu/dissertations/AAI10190765/>

For more information, please contact David Gross, Senior Vice President, Government Relations | dgross@team-ih.org | 217.541.1161

“Some interviewees reported that the ratios affected patients in their emergency departments. In those hospitals, emergency department waiting times increased, patients occasionally had to be held in the emergency department due to lack of staffing, or in rare cases, the emergency departments were put on diversion so patients had to be transported to other hospitals.” California Health Foundation. “Assessing the Impact of California’s Nurse Staffing Ratios on Hospitals and Patient Care.” February 2009.

<https://www.chcf.org/publication/assessing-the-impact-of-californias-nurse-staffing-ratios-on-hospitals-and-patient-care/>

“Since the passage of [California] Bill 394 in 1999 [i.e., mandatory nurse staffing ratios], three studies found no significant impact on nursing effectiveness. To accommodate mandatory staffing ratios, California hospital administrators have made difficult decisions and changes. These include reduced hiring and dismissal of ancillary staff, holding patients longer in the emergency room, hiring more agency and per diem nurses, and cross training nurses to cover breaks.”

MEDSURG Nursing. Tevington, P. “Mandatory Nurse-Patient Ratios.” September/October 2011.

https://www.amsn.org/sites/default/files/documents/practice-resources/healthy-work-environment/resources/MSNJ_Tevington_20_05.pdf

Increased Healthcare Costs and Budget/Service Cuts

“[Hospital] leaders reported difficulties in absorbing the costs of the ratios, and many had to reduce budgets, reduce services, or employ other cost-saving measures.”

California Health Foundation. “Assessing the Impact of California’s Nurse Staffing Ratios on Hospitals and Patient Care.” February 2009.

<https://www.chcf.org/publication/assessing-the-impact-of-californias-nurse-staffing-ratios-on-hospitals-and-patient-care/>

“Findings suggest labor costs increased, and some reductions in services were made after the implementation of staffing ratios. Implementing staffing ratios had a negative financial impact on selected outcomes of California hospitals...The results of this review highlight the need for further studies that explore the financial impact of nurse-to-patient ratios, particularly the impact of the ratios on the access to care across the state.”

Journal of Nursing Administration. Teresa Serratt. “California’s Nurse-to-Patient Ratios, Part 2: 8 Years Later, What Do We Know About Hospital Level Outcomes?” October 2013.

https://journals.lww.com/jonajournal/Abstract/2013/10000/California_s_Nurse_to_Patient_Ratios,_Part_2_8.12.aspx

“Mandated nurse staffing ratios without mechanisms to help achieve ratios may force hospitals, especially safety-net hospitals, to make tradeoffs in other services or investments with unintended negative consequences for patients.”

Journal of Hospital Medicine. Conway, P., et al. “Nurse Staffing Ratios. Trends and Policy Implications for Hospitalists and the Safety Net.” 2008. 3:193-199.

<https://www.journalofhospitalmedicine.com/jhospmed/article/128252/nurse-staffing-ratio-trends-and-implications>