Patient Care First

COALITION FOR PATIENT RIGHTS AND SAFE STAFFING IN NEW JERSEY

A Summary of Nurse Staffing Studies: Impact on Patient Outcomes, Costs, Patient & Nursing Satisfaction

- **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. [i] Mortality risk decreases by 9 percent for ICU patients and 16 percent for surgery patients with the increase of one FTE RN per patient day.[ii] Nurse staffing shortages are a factor in one out of every four unexpected hospital deaths or injuries caused by errors. [iii] An Aiken study also found that New Jersey had higher mortality rates than California. [1]
- **Medical Errors:** A study of medication errors in two hospitals found that nurses were responsible for intercepting 86 percent of all medication errors made by physicians, pharmacists and others before the error reached the patient. [iv]
- **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.[v] Lower nurse staffing levels led to higher rates of blood infections, ventilator-associated pneumonia, 30-day mortality, urinary tract infections and pressure ulcers. [vi] Large patient loads and high levels of exhaustion among nurses were associated with greater rates of urinary-tract and surgical-site infections. [vii]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. [viii]
- **Readmissions:** 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. The odds of readmission for surgical patients increased by 48 percent. [ix]
- **Patient Satisfaction**: Patients cared for 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. [x] Patient satisfaction scores were significantly higher in hospitals with better nurse to patient ratios. There was a ten 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. [xi]

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[1] Aiken, Linda H., Douglas M. Sloane, Jeannie P. Cimiotti, Sean P. Clarke, Linda Flynn, Jean Ann Seago, Joanne Spetz, and Herbert L. Smith. "Implications of the California Nurse Staffing Mandate for Other States." *Health Services Research*, Volume 45, Issue 4, Wiley Online Library. August 2010. p. 905.

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- **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." [xii] Each additional patient per nurse (above 4) is associated with a 23 percent increase in the odds of nurse burnout.[xiii] According to a 2010 study by researchers at the University of Pennsylvania, 29 percent of nurses in California experienced high burnout, compared with 34 percent of nurses in New Jersey and 36 percent of nurses in Pennsylvania, states without minimum staffing ratios during the period of research. The study also found that 20 percent of nurses in California reported dissatisfaction with their jobs, compared with 26 percent and 29 percent in New Jersey and Pennsylvania.[2]
- **Lower costs:** A 2009 study found that adding an additional 133,000 RNs to the U.S. hospital workforce would produce medical savings estimated at $6.1 billion in reduced patient care costs. [xiv]
- **Worker Safety:** California's Nurse-to-Patient Ratio Law Reduced Nurse Injuries by More Than 30 Percent [xv]

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[i] Aiken, Linda H., et.al, "Nurse Staffing and Education and Hospital Mortality," The Lancet, February 2014
[ii] 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)
[iii] Joint Commission on the Accreditation of Hospital Organizations, 2002.
[iv] Leape, Lucian, et.al. "system analysis of adverse drug events." Journal of the American Medical Association, 274(1): 35-43.
[v] Hughes, Ronda G., "Patient Safety and Quality: An Evidence-Based Handbook for Nurses, (Rockville, MD: Agency for Healthcare Research and Quality, 2008.)
[vi] Stone, Patricia W. etlal., Nurse Working Conditions and Patient Safety Outcomes, Medical Care, Volume 45, Number 6, June 2007
[vii] Cimiotti, Jeannie P. et.al, "Nurse Staffing, Burout and Health Care Associated Infections," American Journal of Infection Control 40.6 (August 2012).
[viii] (Dall T., Chen Y., Seifert R., Maddox P. & Hogan P. (2009) The economic value of professional nursing. Medical Care 47, 97–103.)
[ix] Tubbs Cooley, et al. "Nurses working conditions and hospital readmission among pediatric surgical patients." BMI Quality and Safety in Health Care.
[x] Vahey, Doris C. et al. Nurse Burnout and Patient Satisfaction, Med Care, 2004, February 412 (Suppl) 1157-1166
[xi] Kutney-Lee, Ann et.al. Nursing: A Key to Patient Satisfaction. Health Affairs. July/August 2009, vol. 28, no. 4 669-677.
[xii] Cimiotti, Jeannie P. et.al. "Nurse staffing, burnout and healthcare associated infection." American Journal of Infection Control, 40:6 (August 2012)
[xiii] 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)
[xiv] Dall, Timothy M. et al. "The Economic Value of Professional Nursing Medical Care. January 2009, 47:1, pp. 97-104.

[xv] http://www.epi.org/blog/californias-nurse-to-patient-ratio-law-reduced-nurse-injuries-by-more-than-30-percent/

] Linda Aiken, et. al. "Implications of the California Nurse Staffing Mandate for Other States," *Health Services Research,* 45.4 (August 2010)

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COALITION FOR PATIENT RIGHTS AND SAFE STAFFING IN NEW JERSEY

OUR COALITION SUPPORTS:

- The establishment of safe nurse-staffing levels for patients in all hospital units, through legislation and regulation.
  - Minimum nurse-staffing levels in all hospital units with processes for increasing staff in response to patient acuity.
- The reinstatement of regular hospital inspections and immediate, thorough complaint inspections by the New Jersey Department of Health (NJ DOH):
  - Increased DOH staff for inspections.
  - The right of staff to accompany inspectors, and the right for consumers or staff to receive all information related to the complaint.
  - Posting on the NJDOH website of complaint and inspection results.
- Effective enforcement of patient safety laws by the NJ DOH and oversight of hospital compliance with New Jersey laws and regulations.

WHY DOES NEW JERSEY NEED NURSE TO PATIENT STAFFING RATIOS?

- Numerous studies now demonstrate the direct link between unsafe nurse staffing levels and increased patient complications, poor outcomes, high readmission rates, and even mortality.
- New Jersey regulations governing nurse staffing in hospitals have not been updated since 1987 – and are now woefully inadequate to meet the needs of today's hospitalized patients.
- Existing regulations cover only a few hospital areas and no statewide standards exist for hospital units, such as medical/surgical and emergency rooms. Hospitals set their own staffing – and actual staffing varies from hospital to hospital. Every patient deserves to know that the right number of nurses will be available for their care.
- New federal and state laws financially penalize hospitals for poor patient outcomes, readmission rates, and poor patient satisfaction scores. Safe staffing will save hospitals money – and improve care.
- Nursing retention rates are also adversely affected by understaffing. We need to keep qualified, experienced nurses at the bedside.

COALITION ORGANIZATIONS AND SUPPORTERS INCLUDE:

AFL-CIO, Health Professionals & Allied Employees (HPAE), JNESO, United Steelworkers USW Health Care Workers Council, CWA New Jersey Nurses Union (NJNU), 1199-J AFSCME, Shore Nurses Union of the New York State Nurses Assn., UFCW Local 152 and Citizen Action.

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7 REASONS
Why New Jersey Needs A Safe Nurse Staffing Law

The State of New Jersey's regulations governing nurse staffing in hospitals have not been updated since 1987, and they fail to cover essential medical-surgical units in our hospitals. Nurses in NJ say they are often working short-staffed, potentially compromising patient care and safety.

THE SOLUTION? NJ needs a new law to establish safe nurse-to-patient ratios for all patients, in all hospitals, all the time.

REASON #1: SAFE STAFFING SAVES LIVES.

- 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. [i]
- Mortality risk decreases by 9 percent for ICU patients and 16 percent for surgery patients with the increase of one FTE (fulltime) RN per patient day. [ii] Nurse staffing shortages are a factor in one out of every four unexpected hospital deaths or injuries caused by errors. [iii]

REASON #2: SAFE STAFFING IMPROVES PATIENT SAFETY; REDUCES ERRORS.

- A study of medication errors in two hospitals found that nurses were responsible for intercepting 86% of all medication errors made by physicians, pharmacists and others before the error reached the patient. [iv]
- Lower nurse staffing levels led to higher rates of blood infections, ventilator-associated pneumonia, 30-day mortality, urinary tract infections and pressure ulcers. [v]
- 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. [vi]

The Coalition for Patient Rights and Safe Staffing is a coalition of nursing and health care unions and organizations, patient advocacy groups and supporters, all working together to protect patient care in New Jersey hospitals by strengthening and enforcing patient safety and safe staffing laws. For more information or to get involved go to: ***www.patientsafetycoalition.com***

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REASON #3: PATIENT SATISFACTION INCREASES WITH SAFE STAFFING.

- Patients 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. [vii]
- Patient satisfaction scores were significantly higher in hospitals with better nurse-to-patient ratios. There was a ten-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. [viii]

REASON #4: NURSING RETENTION INCREASES WITH SAFE STAFFING.

- 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." [ix] Each additional patient per nurse (above 4) is associated with a 23 percent increase in the odds of nurse burnout. [x]

REASON #5: SAFE STAFFING SAVES MONEY.

- A 2009 study found that adding an additional 133,000 RNs to the U.S. hospital workforce would produce medical savings estimated at $6.1 billion in reduced patient care costs. [xi]
- Each one-patient increase in a hospital's average staffing ratio increased the odds by 11 percent of a medical patient's readmission within 15-30 days. The odds of readmission for surgical patients increased 48 percent. [xii]
- Changes in Medicare reimbursement and the Affordable Care Act now penalize low patient satisfaction scores and high readmission or infection rates and medical errors –all directly linked to safe nurse staffing.

REASON #6: STAFF RATIOS WORK.

- In California, legislation requiring "increased nurse staffing levels created more reasonable workloads for nurses in California hospitals, leading to fewer patient deaths and higher levels of job satisfaction than in other states without mandated staffing ratios." *http://innovations.ahrq.gov/content.aspx?id=3708*
- Hospital nurse staffing ratios mandated in California are associated with lower mortality and nurse outcomes predictive of better nurse retention in California and in other states where they occur. *http://www.nursing.upenn.edu/chopr/Documents/Aiken.2010.CaliforniaStaffingRatios.pdf*

REASON #7: SAFE STAFFING REQUIRES EFFECTIVE ENFORCEMENT.

- Reinstate regular hospital inspections and immediate and thorough complaint inspections by the New Jersey Department of Health by increasing staff for inspections.
- Permit hospital staff to accompany inspectors and consumers to receive ALL information related to the complaint filed with the New Jersey Department of Health.
- Require the New Jersey Department of Health website to post the results of regular or complaint inspections.

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[i] Aiken, Linda H., et.al, "Nurse Staffing and Education and Hospital Mortality," The Lancet, February 2014
[ii] 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)
[iii] Joint Commission on the Accreditation of Hospital Organizations, 2002.
[iv] Leape, Lucian, et.al. "system analysis of adverse drug events." Journal of the American Medical Association, 274(1): 35-43.
[v] Stone, Patricia W. etlal., Nurse Working Conditions and Patient Safety Outcomes, Medical Care, Volume 45, Number 6, June 2007
[vi] (Dall T., Chen Y., Seifert R., Maddox P. & Hogan P. (2009) The economic value of professional nursing. Medical Care 47, 97–103.)
[vii] Vahey, Doris C. et al. Nurse Burnout and Patient Satisfaction, Med Care, 2004, February 412 (Suppl) 1157-1166
[viii] Kutney-Lee, Ann et.al. Nursing: A Key to Patient Satisfaction. Health Affairs. July/August 2009, vol. 28, no. 4 669-677.
[ix] Cimiotti, Jeannie P. et.al. "Nurse staffing, burnout and healthcare associated infection." American Journal of Infection Control, 40:6 (August 2012)
[x] 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)
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[xii] Tubbs Cooley, et al. "Nurses working conditions and hospital readmission among pediatric surgical patients." BMI Quality and Safety in Health Care.

Patient Safety Coalition

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SAVE THE DATE:
MONDAY
FEB. 27 2017
8:30 AM – 3:00 PM

LOBBY DAY IN TRENTON
For patient safety and healthcare worker rights.

As we face threats from the U.S. Congress to dismantle our nation's healthcare programs, healthcare workers and patients from across the state will meet in Trenton to demand protections from the New Jersey State Legislature. Additional protections are essential for the financial stability of NJ hospitals, enforcement of health and safety standards, and expanded oversight of healthcare facilities.

MORE DETAILS TO FOLLOW AT:

www.patientsafetycoalition.com

Recruiting Members to the Staffing Committee

A Staffing Committee cannot be effective if only one or two people are involved. The Staffing Committee should have input and participation from members in all of departments/units. But getting members to volunteer for any union committee is not an easy task. Here are some ideas on how to recruit members to the Staffing Committee:

- **Approach members who have already shown some interest in the staffing issue.** For example, some one might have been involved in filling out and/or collecting short staffing forms, but has not joined the Staffing Committee. Connect their current interest with the objectives of the committee.

- **Have a current Staffing Committee members talk one-on-one with a potential member of a committee.** The active member can explain what is involved in being on the committee and can also act as a "mentor."

- **For units/departments that are not represented on the Staffing Committee, set up a meeting with one or two of the union supporters and brainstorm who might be good representatives of their group on the committee.** There may be people in units/departments who are considered to be leaders by their co-workers but who are not actively involved in this issue. Then, set up a meeting with this identified leader and discuss the committee.

- **Allow two people from a unit/department to share responsibility for being on a committee** (provided they communicate closely with each other).

- **Recognize that members vary in terms of their level of interest in the staffing issue and their capacity to be involved.** Take account of their concerns, motivations, and the limitations for their involvement (e.g. family responsibilities). Use "active listening" skills to understand their views of the union and the reasons they may be interested in getting involved.

- **Invite members to do things on the Staffing Committee that they are good at and enjoy.** For example, some one who likes to work on the computer can be asked to write an article for the newsletter regarding staffing or to help tabulate data from a survey or short staffing forms.

- **Ask members to do small, manageable tasks at first and then attempt to get them involved in more activities.** Don't scare members off with a demand that they perform a huge list of tasks and responsibilities. For example, ask a new member on the Staffing Committee to collect short staffing forms in their department/unit rather than requiring them to coordinate the collection of all short staffing forms.

- **Do not ask some one to join the Staffing Committee unless you can provide them with a clearly defined set of tasks.** Have a "job description" for the committee so union members know what is involved in joining the committee.

- **Make sure that all of the local's members understand the objectives and activities of the Staffing Committee.** Have an article in each newsletter issue about the Staffing Committee. Provide notice of the date/time/place of the Staffing Committee meetings to all of the members.

- **Use the local newsletter and all union meetings (membership, Rep, etc.) to ask people to get involved in the Staffing Committee.** Distribute sign-up sheets to volunteer for local committees at these meetings.

- **When petitions are distributed regarding a staffing issue (e.g. problems with staffing a particular area), include a box at the end of each signature line that members can check if they wish to become more involved in the issue.**

University Hospital

Article XXXXXX - Staffing

A. Preamble & Statement of Intent

1. In order to provide quality patient care, ensure the health and safety of employees, and retain and recruit qualified employees, the Hospital agrees to provide adequate staffing in all units.

2. The Hospital shall abide by all staffing guidelines promulgated by the New Jersey Department of Health and Senior Services (NJDOHSS), the Joint Commission for the Accreditation of Acute Hospital Organizations (JCAHO), and any other accrediting or licensure agencies. Furthermore, in the event that staffing levels and ratios are mandated by state and/or federal laws, the Hospital agrees to abide by such levels and ratios.

3. The Hospital shall consider the professional standards developed by recognized Specialty Nursing Organizations (e.g. ENA, AWHON), as well as other health professional organizations, to further define staffing guidelines.

4. The parties agree that staffing needs fluctuate over time and are influenced by many factors. For nursing units, these factors include patient data, patient focused indicators, structure indicators, and the acuity system. To ensure appropriate staffing, the following factors will thus be considered in determining appropriate staffing:

    a. acuity system

    b. patient data indicators:

    - admissions/discharges
    - patient days
    - CMI
    - LOS
    - visit volume

    c. patient focused indicators:

    - medication error rates
    - patient falls
    - nosocomial infections
    - pain management
    - pressure sores
    - restraint use
    - patient satisfaction with nursing
    - client concerns (Home Care)

d. structure indicators:

- NHPPD/units of service/visit volume
- use of agency RNs
- nurse staff turnover
- RN overtime/worked hours
- nursing qualifications (experience, education, certifications)

B. Staffing Levels

1a. The Hospital shall establish the following staffing standards/ratios as minimum staffing levels:

a. (For RNs: use ratios in proposed NJ staffing ratio bill)
b. (For other job titles: use standards/ratios developed by the local)

or

1b. The parties agree to establish acceptable staffing standards/ratios on all units and in all departments within six (6) months of the ratification of the contract. Once established, such standards/ratios shall be included in the contract as an addendum. The Joint Staffing Committee (see below) shall meet monthly, and more often as necessary, to negotiate such standards/ratios.

In the event, the parties cannot agree on staffing standards/ratios, the Union may submit such dispute to binding arbitration no earlier than thirty (30) days prior to the end of the six (6) months period. The arbitrator will have sixty (60) days from the date of submission to meet and resolve the dispute.

2. If the Hospital does not provide minimum staffing levels on a particular unit more than fifty (50%) percent of the time during a pay period, then employees on the unit shall receive a differential of time and a half (1 ½) pay for each shift that the unit was understaffed, provided, however that if the short staffing is due to emergent circumstances (not including prescheduled staffing deficiencies, call-outs, and chronic short staffing) such differential shall not be paid. Grievances regarding an alleged failure to provide minimum staffing levels shall be presented at Step 3 and a meeting regarding the grievance shall be held within two (2) weeks of the submission of the grievance.

C. Maintenance of Staffing Levels

1. The Hospital agrees to establish a sufficient number of bargaining unit positions to provide adequate staffing. However, in order to provide additional staff in responses to increases in patient acuity and/or increases in census, the Employer agrees to use the following to maintain adequate staffing levels (List as appropriate for your local…):

    a. Use of voluntary overtime
    b. Designated Float Pool

c. Bonus payments for working extra shifts
d. Premiums or special differentials
e. Weekend programs
f. "Admission" RNs
g. Temporary Agency Staff
(Reference specific contract sections….)

D. Acuity System

1a. The parties recognize and agree that _____ (name of acuity system) shall be used to adjust staffing levels upward from the minimum levels established in Section B. [If prior agreement on acuity system]

or

1b. The Hospital and the Union shall jointly research the feasibility of an acuity system for the Hospital. Such a system shall be used to adjust staffing levels upward from the minimum levels established in Section B. The deadline for establishing a mutually acceptable acuity system shall be six (6) months from the ratification of the contract. Factors to be considered include, but are not limited, to those factors listed in Section A (4) above. When establishing the acuity system the Hospital and the Union shall consider professional standards as developed by recognized Nursing Specialty Organizations.

In the event, the parties cannot agree on an acuity system, the Union may submit such dispute to binding arbitration no earlier than thirty (30) days prior to the end of the six (6) months period. The arbitrator will have sixty (60) days from the date of submission to meet and resolve the dispute.

2. The Hospital shall provide training on the use of the acuity system for bargaining unit employees.

3. The Union and the Hospital shall regularly assess the value of the acuity system in the Joint Staffing Committee (see below).

E. Ancillary and Support Staff (for nursing units)[1]

1. The parties recognize and agree that adequate staffing levels for RNs are not sufficient to provide quality patient care in the absence of sufficient numbers of ancillary and support staff.

2. Ancillary staff is defined as the following job titles:

3. Support staff is defined as the following job titles:

4. The Hospital agrees to provide the following support staff for the following units:

[1] For non-RN bargaining units, language establishing staffing standards/ratios can substitute for this section.

E.g.	Unit	Time/Shift
Unit Secretary	ICU	7a to 11 p (2)
		11p to 7a (1)

5. The Hospital agrees that the following ancillary staff will be provided to nursing units:

   [Provision for ancillary staff will vary based on the hospital and specific units.]

F. Joint Staffing Committee

1. The Hospital and the Union have established the Joint Staffing Committee. The committee will meet monthly, and more often as necessary, to study the impact of the staffing indicators listed above, to review staffing levels, to assess the hospital's acuity system, and [to develop staffing standards/ratios].

2. The Joint Staffing Committee shall be composed of five (5) representatives chosen by the Union and five (5) representatives chosen by the Hospital. Each side shall select a co-chair, who shall provide the other with its meeting agenda a minimum of two (2) weeks prior to the meeting date.

3. Union representatives to the committee shall be paid straight time pay for any time spent at committee meetings during scheduled working hours.

4. The Joint Staffing Committee shall select four (4) bargaining unit employees to function as Quality Liaisons. The staffing of all units and departments and the effectiveness of the acuity system shall be reviewed regularly by the Quality Liaisons, who shall report directly to the Joint Staffing Committee. The Quality Liaisons each shall perform this function for a minimum of eight (8) hours per week and shall receive their regular rate of pay during such hours. They shall remain in their positions unless there is mutual consent of the parties to replace a Quality Liaison with another staff member.

G. Information

1. Upon request, the Hospital agrees to provide information regarding factors that influence staffing listed in A (4) above as well as any other information relevant to assessing staffing in the hospital.

2. In addition to information on the above factors, the hospital agrees to provide to the Union and to the public the following:

   [List items, such as actual staffing ratios in the various units, in the proposed "Public Disclosure" bill.]