STUDIES ON NURSE STAFFING RATIOS

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.”

“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.”

“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.”
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.”
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.”
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.”

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

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.”

“...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.”
https://repository.upenn.edu/dissertations/AAI10190765/

“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.

“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.”

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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.”

“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.”

“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.”

Staffing Ratios: Overly Simplistic for Complex Healthcare Delivery Systems

“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.”