



# Safe Staffing Necessary for the Safety of Patients

Safe staffing levels have been shown to be critical factor in determining patient outcomes. When there is a sufficient ratio of nurse to patients, a number of basic safety and preventative measures are more likely to occur. There is better surveillance for patient problems; use of higher levels of nursing skills; better communication and collaboration with physicians; and, less psychological stress for nurses.



- Cutting RN-to-patient ratios to 1:4 nationally could save as many as 72,000 lives annually, and is less costly than many other basic safety interventions common in hospitals, including clot-busting medications for heart attacks and PAP tests for cervical cancer (Medical Care, Journal of the American Public Health Association, August 2005)
- The Institutes of Medicine of the National Academy of Sciences reports that “nurse staffing levels affect patient outcomes and safety.” Insufficient monitoring of patients, caused by poor working conditions and the assignment of too few RNs, increases the likelihood of patient deaths and injuries. (IOM, November 4, 2003)
- For each additional patient assigned to an RN the likelihood of death within 30 days increased by seven percent. Four additional patients increased the risk of death by 31%. (Journal of the American Medical Association, October 22, 2002)
- Inadequate staffing precipitated one-fourth of all sentinel events — unexpected occurrences that led to patient deaths, injuries, or permanent loss of function from 1997 to 2002. (Joint Commission on Accreditation of Hospital Organizations, August 7, 2002)
- Chances of a hospital patient surviving cardiac arrest are lower during the night shift because staffing is usually lower at night, even though cardiac arrest occurs at all times of day or night — according to a report on 17,991 cardiac cases from 250 hospitals. (Annual meeting, American Heart Association, November 2003)
- Improved RN-to-patient ratios reduce rates of pneumonia, urinary infections, shock, cardiac arrest, gastrointestinal bleeding, and other adverse outcomes. (New England Journal of Medicine, May 30, 2002)
- Nurses intercept 86% of all medication errors made by physicians, pharmacists, and others prior to the provision of those medications to patients. (Journal of the American Medical Association, 1995)
- Cancer surgery patients are safer in hospitals with better RN-to-patient ratios. A study of 1,300 Texas patients undergoing a common surgery for bladder cancer documented a cut in patient mortality rates of more than 50%. And, hospitals with low volume on cancer procedures can match standards of high volume urban medical centers just by increasing their RN ratios. (Cancer, Journal of the American Cancer Society, September 2005)