THE CASE FOR RN-TO-PATIENT RATIOS
and Why Staffing Plans are Insufficient to Protect Patient Health

National Nurses United supports Representative Jan Schakowsky’s critical bill, H.R. 1907, and its companion, Senator Barbara Boxer’s S. 739. This legislation would protect patients and improve healthcare by setting specific limits on the numbers of patients an RN may care for at one time in U.S. hospitals. The bills are modeled on a California law that has been shown to save patient lives, improve the quality of care, reduce nurse burnout, and keep the most experienced nurses at the bedside caring for patients.

Hospital Patients are Currently at Risk from the Lack of a Clear Standard
The California ratio law protects patients, improves outcomes, reduces readmissions, and increases nurse satisfaction and retention. Here are two examples:

• A September 2012 report by the U.S. Agency for Healthcare Research and Quality titled “State Mandated Nurse Staffing Levels Alleviate Workloads, Leading to Lower Patient Mortality and Higher Nurse Satisfaction,” concluded that California’s nurse ratio law works and that higher nurse workloads are associated with more patient deaths, complications, and medical errors.

• A May 2013 study published online in the journal BMJ Quality and Safety in Healthcare established a direct link between nursing staff ratios and hospital readmissions for pediatric patients. Adding just one child to a hospital’s average staffing ratio increased the likelihood of a medical pediatric patient’s readmission within 30 days by 11%, while the odds of readmission for surgical pediatric patients rose by nearly 50%.

Ratios are Far Superior to Staffing Plans in Protecting Patients
Safe hospital care for patients requires a minimum level of safe staffing in every unit of the hospital. H.R. 1907 and S. 739 establish minimum, numerical RN-to-patient ratios with a requirement that additional nurses be added when needed. The legislation has specific whistleblower and other enforcement provisions.

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In response to public pressure to enact safe staffing laws, a number of states have adopted weak staffing guidelines that typically include public access, posting, or reporting of hospital staffing plans drawn up by hand-picked hospital committees.

**Legislation focused on weak staffing guidelines will not solve the problem.** A hospital-designed staffing plan is already required as a federal Condition of Participation for Medicare reimbursement. Hospitals are also required to produce the staffing schedules for accreditation surveyors from the Joint Commission. This type of staffing plan does nothing to address the dangers posed to hospital patients by inadequate nurse staffing because they:

- Provide no real provisions for enforcement;
- Allow internal hospital committees to create plans, making them creatures of expediency;
- Offer no protection to whistleblowers.

**Deadly Gaps Found in Direct Comparison of a Typical Staffing Plan with California Ratios**

New Jersey law requires hospitals to post staffing information for each unit and shift daily and to submit reports to the Department of Health each month. These reports are posted online quarterly. A 2010 peer-reviewed study in the journal *Health Services Research* comparing patient outcomes in New Jersey and California found dramatic differences.

- **Fewer patient deaths:** New Jersey hospitals would have 14 percent fewer patient deaths if they matched California’s 1:5 ratios in surgical units.
- **Better outcomes for nurses and patients:** “Outcomes are better for nurses and patients in hospitals that meet a benchmark based on California nurse staffing.”
- **Higher nurse satisfaction and retention, lower nurse burnout, and fewer reports of nurses missing changes in patients’ conditions:** “The higher the proportion of nurses in hospitals whose patient assignment is in compliance with the benchmark set on California-mandated ratios, the lower the nurse burnout and job dissatisfaction, the less likely nurses are to report the quality of their work environment as only fair or poor, the less likely nurses are to report that their workload causes them to miss changes in patients’ conditions, and the less likely nurses are to intend to leave their jobs.”

Genuine and enforceable safe staffing standards, as in **H.R. 1907** and **S. 739**, would save money and lives by ensuring that patients get excellent nursing care.

We urge you to co-sponsor these life-saving bills.

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