

RN staffing affects patient success after discharge

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Higher non-overtime staffing levels of registered nurses lower the probability of patient readmissions to the hospital, a new study finds. However, higher levels of RN overtime increase the likelihood of unplanned visits to emergency departments after discharge.

“The study clearly documents for nurse managers and hospital administrators that staffing decisions have consequences for patient outcomes,” said study author Marianne Weiss, an associate professor at

Marquette University College of Nursing. “RN staffing affects the quality of [discharge](#) teaching provided to patients, which in turn affects how ready patient feel to go home from the hospital and impacts readmission and ED visit rates in the first 30 days after discharge.”

The researchers looked at 1,892 medical/surgical patients in 16 nursing units of four acute-care hospitals in 2008. When the units had higher RN non-overtime staffing levels, readmission to hospital was 44 percent lower for each extra 45 minutes of nursing care per patient per day. When RN overtime was lower, so too were the number of ED visits after discharge.

The authors attribute this in part to nurses teaching patients how to manage their condition after discharge and to the skill of the nurses as teachers. Patients reported higher satisfaction rates with the quality and content of this teaching when RN staffing was higher, and said they felt well prepared and “ready” for discharge.

In contrast, the stress and fatigue of working overtime can affect the quality of this teaching negatively, leading to poorer discharge outcomes and higher ED visits, according to the study appearing online in the journal *Health Services Research*.

According to the authors, this study also implies that health care costs could be lower in the long run – but not under current payment systems. They project that if the 16 nursing units studied implemented the 45-minute increase in non-overtime nursing care, they could save more \$11 million annually from reduced readmissions and another \$500,000 annually with the decrease in overtime.

“Preventable readmissions and emergency room use following hospitalization are concerning sources of unnecessary costs,” said Matthew McHugh, Ph.D., at the Center for Health Outcomes and Policy

Research of Pennsylvania School of Nursing.

“Although programs for intensively managing patients as they transition from the hospital to home are vital, the availability and funding for such services is limited,” McHugh said. “On the other hand, virtually all patients receive bedside nursing care during hospitalization. Sufficient levels of these vital nursing resources are necessary to ensure not just good outcomes in the hospital but after patients leave. The authors’ cost analysis further supports the business case for sufficient, high-quality nurses as a good investment for hospitals and [patients](#).”

More information: Weiss ME, Yakusheva O, Bobay KL. Quality and cost analysis of nurse staffing, discharge preparation, and postdischarge utilization. *Health Services Research* online, 2011.

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