

Minimum nurse-to-patient ratios policy saves lives and lowers costs

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A new study published in *The Lancet* today showed that a policy establishing minimum nurse-to-patient staffing ratios in hospitals in Queensland, Australia saved lives, prevented readmissions, shortened



hospital stays, and reduced costs.

The study, by the Center for Health Outcomes and Policy Research (CHOPR) at the University of Pennsylvania School of Nursing, and the Queensland University of Technology School of Nursing, evaluated legislation enacted in 2016 as a safety measure. The new policy limited the average number of patients per nurse to four, similar to pending legislation in New York and Illinois. "The positive results in Queensland should inform policies in the U.S. and elsewhere," said lead-author Matthew McHugh, Ph.D., the Independence Chair for Nursing Education and CHOPR Director.

The researchers collected extensive data before and after the legislation from about 17,000 nurses and analyzed of outcomes for more than 400,000 patients. They found that:

- There was a clear need for a safe hospital nurse staffing standard. Before the policy was in place, nurse staffing levels varied significantly across Queensland hospitals. In some facilities, nurses cared for as few as three patients on adult medical and surgical wards, while nurses at other facilities were responsible for as many as 10 patients each.
- The policy led to better nurse staffing in the intervention hospitals. While staffing levels remained the same before and after the policy in comparison hospitals, the medical-surgical nurses at the intervention hospitals saw average reductions in their workload of nearly one patient per nurse, with some having three fewer assigned patients after policy implementation.
- The staffing improvements stimulated by the policy led to better outcomes for patients. The researchers estimated that intervention hospitals had 145 fewer deaths, 255 fewer readmissions, and 29,222 fewer hospital days than if they had not implemented the policy.



• The policy yielded a good return on investment for the public. In addition to better quality of care and patient outcomes, the savings due to fewer readmissions and shorter lengths of stay in hospitals was about \$70 million (AUD), more than twice the cost of the additional nurse staffing.

The findings are consistent with a substantial body of evidence on the positive effects on patient outcomes when nurses have a reasonable number of patients in their care. There is similarly strong evidence that when staffing levels improve, nurses experience less burnout and job dissatisfaction, which are key drivers to costly turnover and result in nurses leaving their careers at the bedside. The study's release coincides with International Nurses Day.

McHugh, who is also a Senior Fellow at the Leonard Davis Institute of Health Economics at Penn, said "These results are all the more relevant in the context of COVID-19, which has pushed an already strained and burned-out <u>hospital nurse</u> workforce to the brink. Minimum safeguards to ensure that there are enough nurses to provide high-quality care to every patient is a simple but effective public safety measure."

QUT Faculty of Health Executive Dean, Distinguished Professor Patsy Yates, said the publication illustrated the value of research that had realworld impact.

"This research is a clear example of good public health policy in Queensland being derived from evidence-based research," said Professor. "The result benefits the health system, nurses, patients and the public at large."

Provided by University of Pennsylvania School of Nursing



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