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Illinois nurse staffing legislation predicted to reduce hospital deaths and improve care

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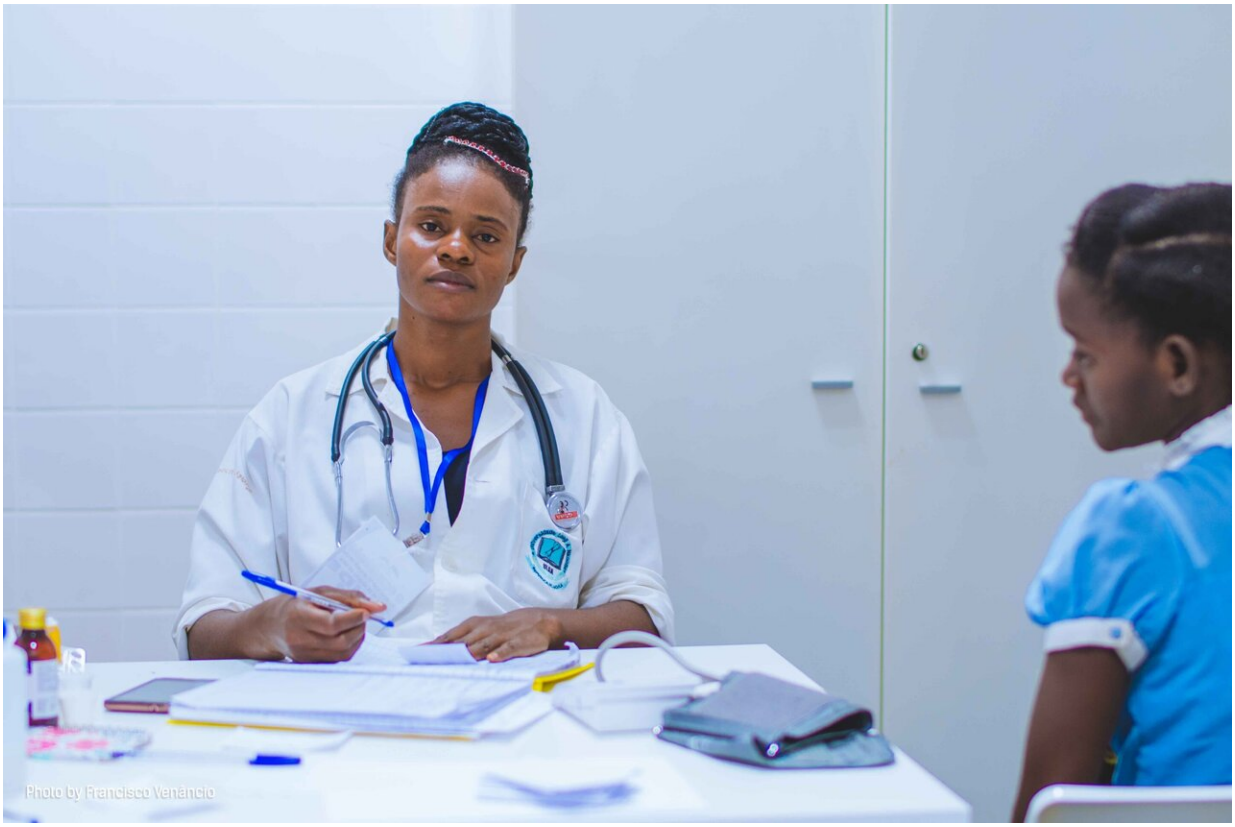

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According to a new study published in the scientific journal *BMJ Open*, proposed state legislation in Illinois—HB 2604 Safe Staffing Limits Act—would significantly improve nurse staffing in hospitals and likely

save thousands of lives. The cost of improving nurse staffing could be offset by cost savings achieved by the impact of better nurse staffing on shorter length of hospital stays.

Researchers at the Center for Health Outcomes and Policy Research at the University of Pennsylvania School of Nursing conducted independent research on whether a proposed bill in the Illinois state legislature to set a safe nurse staffing standard of no more than 4 patients per nurse is in the public's interest. The study of 87 hospitals and 210,000 hospitalized patients documented large differences in patient-to-nurse ratios by hospital from 5.4 patients for each nurse in some hospitals to as many as 7.6 patients per nurse in others. The Safe Staffing Limits Act calls for hospital nurses outside of ICUs to care for no more than 4 patients each. The study's findings suggest that the significant variation in patient-to-nurse ratios across hospitals in Illinois is contributing to avoidable deaths and unnecessary costs.

The new study finds patient deaths currently in Illinois hospitals are significantly lower in hospitals with fewer patients per nurse. The study found that each additional patient added to a nurse's workload is associated with 16% higher deaths. Also, average length of hospital stay is higher in hospitals with worse nurse staffing. Each additional patient added to a nurse's workload increases by 5% the odds of patients staying a day longer in the hospital, adding millions of dollars each year to hospital costs in the state.

Lead author Karen Lasater, Ph.D., RN, an assistant professor and Penn researcher, said, "The pending legislation would improve nurse staffing in Illinois hospitals, and likely save lives and avoid longer and more costly hospital stays."

The researchers estimated that if all Illinois hospitals staffed now at levels recommended in pending state legislation of not more than 4

patients per nurse on medical and surgical units, more than 1,595 deaths could have been avoided and over $117 million saved per year, just among Medicare patients alone and likely considerably more across all hospitalized patients.

Co-author Linda H. Aiken, Ph.D., RN, founding director of the Center for Health Outcomes and Policy Research and a Penn professor, said, "This independent scientific study shows that setting a quality standard for nurse staffing in hospitals is in the public's interest. And there are plenty of nurses to take good jobs in hospitals with the nation's nursing schools producing an all-time high of over 180,000 new nurses every year."

In associated research, a Harris Poll in 2020 showed that 91% of the public surveyed in a national sample agreed that hospitals should be required to meet safe nurse staffing standards.

The Safe Patient Limits Act (HB2604) currently pending action in the Illinois Legislature sets a minimum nurse staffing requirement for all Illinois hospitals that would serve to bring hospitals with poor staffing to an evidence-based minimum standard. Hospitals may staff better than the minimum standard.

Evidence suggests that Illinois has a sufficient nurse supply to meet the ratios proposed in the legislation. For example, California which successfully implemented similar legislation 17 years ago has substantially fewer nurses (11.3 nurses per 1000 population) than Illinois (16.7 per 1000 population). Another pending policy in Illinois—the Nurse Licensure Compact—could draw more nurses to the state by providing multi-state licensure for nurses. The Compact has been passed in 34 states but not in Illinois.

More information: Karen B Lasater et al, Patient outcomes and cost

savings associated with hospital safe nurse staffing legislation: an observational study, *BMJ Open* (2021). DOI: 10.1136/bmjopen-2021-052899