

THE HOSPITAL STAFFING CRISIS IN PENNSYLVANIA

WHY NURSES + PATIENTS NEED THE PATIENT SAFETY ACT NOW

The Chronic Nurse Short-Staffing Crisis in Pennsylvania

Nurses across the nation have been sounding the alarm for decades: **There are simply not enough nurses at the bedside.** What this means in ERs and on hospital floors across the commonwealth is that nurses are being asked to care for more patients than is safe for either the patient or the nurse. When this happens—when nurses are routinely required to care for more patients than is safe—it’s called chronic nurse short-staffing, and it’s a crisis for all Pennsylvanians.

People are dying because of short staffing

- Safely staffed hospitals have lower mortality rates.¹
- For every patient added over 4 per nurse, the risk of a surgical patient dying increases by 13%.²
- If Pennsylvania had matched California’s 1:5 ratios in surgical units, PA hospitals would have 11% fewer deaths.³

END THE NURSE SHORT-STAFFING CRISIS AND IMPROVE CARE FOR ALL PENNSYLVANIANS: COSPONSOR THE PATIENT SAFETY ACT NOW!

House Bill 106: Prime cosponsors Reps. Thomas L. Mehaffie, III (R) and Kathleen C. Tomlinson (R)

Senate Bill 240: Prime cosponsor Sen. Maria Collett (D)

WHAT’S THE CAUSE OF THIS CRISIS?

containment measure for hospitals. However, this strategy has a negative impact on safety for both the patient and the nurse, and ultimately leads to an *increase* in the cost of care.”⁴

Adopting a shortsighted strategy, hospitals have tried to save money by cutting nursing hours, endangering patients and forcing nurses out of hospitals and even out of the profession. From an American Nurses Association white paper: “Reducing professional nurse labor hours and their associated costs may be viewed as a potential cost-



“This shortage of nursing care during COVID? It’s the result of hospitals employing too few nurses for decades! And hospital industry representatives will do everything they can to keep it that way.”

– Linda Aiken, Ph.D., R.N., professor of nursing and sociology, and founding director of the Center for Health Outcomes and Policy Research at the University of Pennsylvania School of Nursing.

According to the National Council of State Boards of Nursing and Bureau of Labor Statistics, there were 30,600 more licensed RNs NOT working in nursing in PA in 2020 than there were in 2015. The number skyrocketed, from 57,413 to 88,100.

How’s the wait at your local ER?

Safely staffed hospitals have lower Emergency Department wait times. A 25% increase in the amount of patients assigned ED nurses can result in a 100% increase in wait times.⁵

What’s the solution?

Pass the Patient Safety Act!

The Patient Safety Act—House Bill 106 and Senate Bill 240—would mandate a minimum standard of care—a required nurse-to-patient ratio, depending on patient acuity—in hospitals across the commonwealth. This isn’t untried legislation: It’s a law that already exists—in California. Implemented in 2004, research has shown that 262 lives would have been saved in 2005-2006 in Pennsylvania if we passed the same law.

The pandemic didn’t cause this problem, but it has made it much, much worse.

From the conclusion to an American study published in the *British Medical Journal* in August 2020: “The needed nursing care surge required to treat patients with COVID-19 is being created from a deficit status quo in which the nurse workforce was already emotionally depleted prior to the surge in patients with COVID-19. [And] our findings are consistent with what much of past research has shown, namely that chronic nurse understaffing has persisted in a significant share of U.S. hospitals for decades and poses significant risk to patients even without the presence of a pandemic.”⁶

PA Daycare Centers Have Ratios – Why Not Hospitals?

§3280.52 of the Pennsylvania code mandates the number of well children who can be assigned to a child-care worker in daycares. Why don’t sick kids have the same right as it relates to a nurse?

YES! HOSPITALS CAN AFFORD SAFER STAFFING

- **In competitive hospital markets like Pittsburgh and Philadelphia, safe staffing levels are associated with positive financial indicators for hospitals.** In less competitive markets, lowered nurse staffing levels do not generate financial gains for hospitals.⁷
- **As short-staffing leads nurses to leave the bedside, hospitals have to hire, train, and support new nurses.** The cost of replacing a single burned-out nurse can cost as much as \$80,000, and the leading cause of nurse burnout is unsafe working conditions.
- Minimum safe staffing standards will actually save hospitals money. Some would need to hire additional RNs, but studies show the increased costs would be more than offset by the money saved by the reduction in negative outcomes like missed care and medical errors.⁸

NO! THERE IS NO SHORTAGE OF NURSES—THERE'S JUST A SHORTAGE OF NURSES AT THE BEDSIDE

- **Pennsylvania is training and graduating more than enough registered nurses.** Enrollment in Pennsylvania RN programs has increased by almost 50% in recent decades.⁹ But hospitals cannot retain nurses at the bedside under increasingly unsafe conditions.
- **In the PA Department of Health's most recent licensure survey, the highest factor of "job dissatisfaction" was staffing and the most common reason young nurses reported for planning to leave the profession was stress/burnout.**¹⁰
- Improving staffing to safe levels would reduce nurse burnout and turnover, encourage more licensed nurses to return to the bedside, and make the single biggest difference in improving both nurse retention and patient safety.

¹ "Comparison of the Value of Nursing Work Environments in Hospitals Across Different Levels of Patient Risk." Jeffrey H. Silber, M, PhD; Paul R. Rosenbaum, PhD; Matthew D. McHugh, PhD, JD, RN, MPH; Justin M. Ludwig, MA; Herbert L. Smith, PhD; Bijan A. Niknam, BS; Orit Even-Shoshan, MS; Lee A. Fleisher, MD; Rachel R. Kelz, MD, MSCE; Linda H. Aiken, PhD, RN, JAMA Surgery. January 20, 2016.

² Lasater KB, Aiken LH, Sloane DM, French R, Anusiewicz CV, Martin B, Reneau K, Alexander M, McHugh MD. Is Hospital Nurse Staffing Legislation in the Public's Interest?: An Observational Study in New York State. *Med Care*. 2021 May 1;59(5):444-450. doi: 10.1097/MLR.0000000000001519. PMID: 33655903; PMCID: PMC8026733.

³ Linda H. Aiken, Douglas M. Sloane, Jeannie P. Cimiotti, Sean P. Clarke, Linda Flynn, Jean Ann Seago, Joanne Spetz, Herbert L. Smith. Implications of the California Nurse Staffing Mandate for Other States. *Health Services Research*. 2010 July 8; 45(4): 904-921. <https://doi.org/10.1111/j.1475-6773.2010.01114.x>

⁴ "Optimal Nurse Staffing to Improve Quality of Care and Patient Outcomes." Prepared for the American Nurses Association by Avalere Health LLC. September 2015.

⁵ "Nurse Staffing and Hospital Characteristics Predictive of Time to Diagnostic Evaluation for Patients in the Emergency Department." Judith Shindul-Rothschild, PhD, MSN, RN, Catherine Y. Read, PhD, RN, Kelly D. Stamp, PhD, ANP-C, RN, FAHA, and Jane Flanagan, PhD, ANP-BC, *Journal of Emergency Nursing*. October 20, 2016.

⁶ "Chronic Hospital Nurse Understaffing Meets COVID-19: An Observational Study." Lasater KB, Aiken LH, Sloane DM, *BMJ Quality & Safety* 2021;30:639-647.

⁷ "The Effects of Nurse Staffing on Hospital Financial Performance: Competitive Versus Less Competitive Markets." Damian Everhart, Donna Neff, Mona Al-Amin, June Nogle and Robert Weech-Maldonado. *Health Care Management Review*. Apr-Jun 2013.

⁸ Dall, T. et al. "The Economic Value of Professional Nursing." *Medical Care*. 2009; 47:97-104, 101.

⁹ PA Department of Health, *Nursing Education Programs in Pennsylvania, 2017*, <http://www.health.pa.gov/YourDepartment-of-Health/Offices%20and%20Bureaus/Health%20Planning/Documents/2014%20Nursing%20Education%20Report.pdf>.

¹⁰ PA Department of Health, *2012/13 Pulse of PA's Registered Nurse Workforce, 2015*, <http://www.health.pa.gov/YourDepartment-of-Health/Offices%20and%20Bureaus/Health%20Planning/Documents/WR/2012-2013%20Pulse%20of%20PA%20Registered%20Nurse%20Workforce%20Report%20Final.pdf>.