



Understaffed. Overworked. Unsafe for everyone.

The urgent need for Safe Staffing legislation in New Jersey.

Understaffing is driving our healthcare system to the brink of collapse. That is why HPAE, New Jersey's largest union of healthcare workers, is pushing the state legislature to pass a law in Trenton mandating enforceable staffing ratios.

The problem is clear – frontline healthcare workers continue to migrate out of bedside nursing at an alarming rate because of untenable working conditions. Driven in large part by working short-handed, this unsafe work environment has led to tremendous burnout in the profession as many more leave healthcare due to stress. Less nurses at the bedside and higher nurse to patient ratios always result in worse outcomes for patients.

The problem of understaffing has existed for decades but now has reached a point where our entire healthcare system is in crisis. In study after study, short staffing has been shown to compromise patient care and safety, as well as nurse safety. Every healthcare worker and every patient are feeling the pain of short staffing, while healthcare executives continue to profit.

**SAFE
STAFFING**
Saves Healthcare.



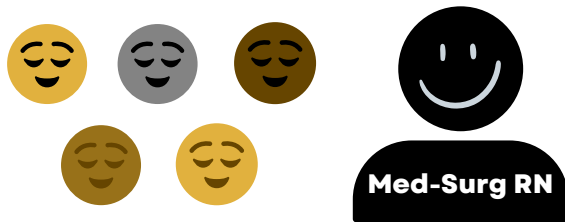
UNDERSTAFFED. OVERWORKED. UNSAFE FOR EVERYONE.

SAFE STAFFING SAVES LIVES. UNDERSTAFFING HARMS LIVES.

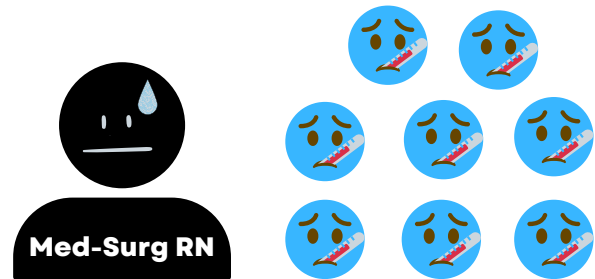
SAFE STAFFING

VS

UNDERSTAFFING



1 RN : 5 Patients



1 RN : 8 Patients

- A one-patient increase in a nurse's workload increased the likelihood of an in-patient death within 30 days of admission by 7 percent. [\(i\)](#)
- Mortality risk decreases by 9 percent for ICU patients and 16 percent for surgery patients with the increase of one FTE (fulltime) RN per patient day. [\(ii\)](#) Nurse staffing shortages are a factor in one out of every four unexpected hospital deaths or injuries caused by errors. [\(iii\)](#)
- In a 2021 study, each additional sepsis patient per nurse was associated with 19% higher odds of in-hospital mortality. [\(iv\)](#)
- A study of New York hospitals in 2021 showed significant decreases in patient deaths would occur if patient care was limited to a ratio of 4 patients to 1 Nurse: 4,370 deaths would have been avoided in New York just among Medicare patients during the two-year study. [\(v\)](#)

**SAFE
STAFFING**
Saves Healthcare.



i. Aiken, Linda H., et.al, "Nurse Staffing and Education and Hospital Mortality," The Lancet, February 2014

ii. Kane, Robert L. et.al. "Nurse Staffing and Quality of Patient Care," AHRQ Publication No. 07-E005, Evidence Report/Technology Assessment Number 151, March 2007

iii. Joint Commission on the Accreditation of Hospital Organizations, 2002.

iv. Lasater, Karen B. et.al. "Evaluation of hospital nurse-to-patient staffing ratios and sepsis bundles on patient outcomes." American Journal of Infection Control 49(2021)869-873.

v. Aiken, Linda. "Testimony at New York Joint Legislative Budget Hearing: Research Shows New York State's Nurse Staffing Legislation Predicted to save Lives and Money." February 25, 2021.
And: Lasater, Karen B. et.al. "Is Hospital Nurse Staffing Legislation in the Public's Interest? An Observational Study in New York State." Medical Care. Volume 59, Number 5, May 2021.

UNDERSTAFFED. OVERWORKED. UNSAFE FOR EVERYONE.

SAFE STAFFING LEVELS ARE WORKING IN CALIFORNIA

- In California, legislation requiring “increased nurse staffing levels created more reasonable workloads for nurses in California hospitals, leading to fewer patient deaths and higher levels of job satisfaction than in other states without mandated staffing ratios.” (i)
- Hospital nurse staffing ratios mandated in California are associated with lower mortality and nurse outcomes predictive of better nurse retention in California. (ii) California’s mandated staffing ratios have been in effect for 20 years, saving countless lives.
- By making a safer work environment, California’s staffing mandate has saved hospitals money by diminishing clinical disruption brought on by constant turnover. (iii)
- Hospital staffing remains stable even during economic downturns, maintaining patient safety; hospital staffing in California remained largely unaffected during the Great Recession due to mandated ratios, while staffing in states without ratios declined further. (iv)

Type of unit/care	CA RN to Patients	NJ RN to Patients ^(v)
Intensive Critical Care	1:2	1:3
Neo-Natal Intensive Care	1:2	1:2
Operating Room	1:1	1:1
Post-Anesthesia Recovery	1:2	1:3
Labor & Delivery	1:2	No*
Emergency Room	1:4	1:ER Dept*
Pediatrics	1:4	No
Medical-Surgical	1:5	No
Step Down	1:3	No
Telemetry	1:4	No

**SAFE
STAFFING**
Saves Healthcare.



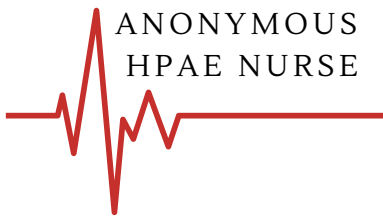
i. Health Care Innovations Exchange, <https://www.ahrq.gov/innovations/index.html>.
ii. Aiken, Linda, et.al. “Implications of the California Nurse Staffing Mandate for Other States.” Health Services Research, 2010 Aug; 45(4): 904-921.
iii. National Nurses United. “Ratios: Learning from the California experience.” <https://www.nationalnursesunited.org/ratios-california-experience>.
iv. Dierkes, Andrew, et.al. he impact of California’s staffing mandate and the economic recession on registered nurse staffing levels: A longitudinal analysis.” Nurse Outlook 70 (2022) 219-227.
v. California Nurses Association and N.J.A.C 8:43G.
* The hospital shall have in place a protocol to increase nurse staffing based on volume and acuity.

UNDERSTAFFED. OVERWORKED. UNSAFE FOR EVERYONE.

SAFE STAFFING IMPROVES PATIENT SAFETY, NURSE SAFETY, AND REDUCES ERRORS.

“I came into this career with a strong desire to help others, to care for them when under extreme health crises, but I find I am constantly playing beat the clock: there is an expectation that I will save as many lives as possible with as little help as possible and just suck it up. I am imploring you to support safe staffing legislation. No one’s health should be put at risk, whether the patient or the nurse, for the sake of profit.”

ANONYMOUS
HPAE NURSE



- A study of medication errors in two hospitals found that nurses were responsible for intercepting 86% of all medication errors made by physicians, pharmacists and others before the error reached the patient.⁽ⁱ⁾ Having fewer nurses increases the likelihood of medication errors going unnoticed due to impossible patient loads.
- Lower nurse staffing levels led to higher rates of blood infections, ventilator-associated pneumonia, 30-day mortality, urinary tract infections and pressure ulcers.⁽ⁱⁱ⁾
- As nurse staffing levels increase, patient risk of hospital acquired complications and hospital length of stay decrease, resulting in medical cost savings, improved national productivity, and lives saved.⁽ⁱⁱⁱ⁾
- Nurses are safer too: a study showed that occupational injuries for RNs and LPNs dropped significantly. Injury rates dropped 32% for RNs and 34% for LPNs.^(iv)
- Healthcare workers are already five times more likely to experience violence than other workers according to the US Bureau of Labor Statistics. ^(v) Physical and verbal workplace violence of patient and visitor against nurse increases even more with less staffing.^(vi)

**SAFE
STAFFING**
Saves Healthcare. 

- Leape, Lucian, et.al. "System analysis of adverse drug events." *Journal of the American Medical Association*, 274(1): 35-43.
- Stone, Patricia W. et.al., "Nurse Working Conditions and Patient Safety Outcomes." *Medical Care*, Volume 45, Number 6, June 2007
- Dall T., Chen Y., Seifert R., Maddox P. & Hogan P. "The economic value of professional nursing." *Medical Care* 47, 97-103, 2009.
- Leigh, J. Paul, et.al. "California's nurse-to-patient ratio law and occupational injury." *Int Arch Occup Environ Health*. 2015 May; 88(4): 477-485.
- U.S. Bureau of Labor Statistics; Injuries, Illnesses, and Fatalities Program, <https://www.bls.gov/iif/home.htm>
- Unruh, Lynn & Asi, Yara. "Determinants of Workplace Injuries and Violence Among Newly Licensed RNs." *Workplace Health & Safety*, October 2018, Volume 66, No. 10, 482-492.; Roche, Michael, et.al. "Violence Toward Nurses, the Work Environment, and Patient Outcomes." *Journal of Nursing Scholarship*, 2010, 421, 13-22.; Shields, Margot & Wilkins, Kathryn. "Factors related to on-the-job abuse of nurses by patients." *Component of Statistics Canada Catalogue no. 82-003-X Health Reports*, Volume 20, no. 2, June 2009.

UNDERSTAFFED. OVERWORKED. UNSAFE FOR EVERYONE.

SAFE STAFFING SAVES MONEY.

- A study found that adding an additional 133,000 RNs to the U.S. hospital workforce would produce medical savings estimated at \$6.1 billion in reduced patient care costs. (i)
- A 2021 study showed projected cost savings for hospitals in New York State of \$720 million over the two years of the study if ratios were mandated. (ii)
- Each one-patient increase in a hospital's average staffing ratio increased the odds by 11 percent of a medical patient's readmission within 15-30 days. The odds of readmission for surgical patients increased by 48 percent. (iii)
- Changes in Medicare reimbursement and the Affordable Care Act now penalize low patient satisfaction scores, high readmission or infection rates, and medical errors – all directly linked to unsafe nurse staffing. Safe staffing would lower, if not eliminate, the penalties incurred due to low patient satisfaction scores and high readmission and infection rates. With more nurses to care for patients, CMS patient scores would increase, while readmission and infection rates would decrease.
- Fewer work-related injuries occur with more nurses on duty (iv), which save on worker compensation claims, employer-worker compensation rates, and overtime pay for filling hours of injured workers.

Financial Decisions Impact Quality

	Compliance-Based Payments	Penalty-Based Reductions			Incentive-Based Payments
What	Inpatient Quality Reporting	Hospital-Acquired Conditions (HACs)	Readmissions	Value-Based Purchasing (VBP)	Value-Based Purchasing (VBP)
How	Hospitals that submit data are eligible for Medicare's annual payment update (APU)	Lowest quartile of hospitals who fail to avoid preventable conditions receive a penalty	Hospitals with excess readmissions are penalized	Low performing hospitals subject to reductions	High performing hospitals eligible to earn money
Financial Impact	1/4 of APU increase reduction	1% reduction	up to 3% reduction	Up to 2% reduction	Earn up to 2%

Source: Centers for Medicaid and Medicare Services, <https://www.cms.gov/medicare/medicare-and-health-services-advisory-group> <https://www.hsag.com/>

**SAFE
STAFFING**
Saves Healthcare.



- i. Dall, Timothy M. et al. "The Economic Value of Professional Nursing." *Medical Care*. January 2009, 47:1, pp. 97-104
- ii. Aiken, Linda. "Testimony at New York Joint Legislative Budget Hearing: Research Shows New York State's Nurse Staffing Legislation Predicted to save Lives and Money." February 25, 2021. And: Lasater, Karen B. et.al. "Is Hospital Nurse Staffing Legislation in the Public's Interest? An Observational Study in New York State." *Medical Care*. Volume 59, Number 5, May 2021.
- iii. Tubbs Cooley, et al. "An observational study of nurse staffing ratios and hospital readmission among children admitted for common conditions." *BMJ Quality and Safety in Health Care*, 2013 Sep;22(9):735-42.
- iv. Leigh, J. Paul, et.al. "California's nurse-to-patient ratio law and occupational injury." *Int Arch Occup Environ Health*. 2015 May; 88(4): 477-485.

UNDERSTAFFED. OVERWORKED. UNSAFE FOR EVERYONE.

SAFE STAFFING KEEPS NURSES AT THE BEDSIDE.

- More patients per nurse equals greater burnout leading to greater turnover and more nurses leaving the profession completely. Short staffing adds to a difficult work environment, increasing the odds attrition.
- In one study, approximately one third of nurses reported an emotional exhaustion score of 27 or greater, considered by medical standards to be “high burnout.” (i) Each additional patient per nurse (above 4) is associated with a 23 percent increase in the odds of nurse burnout. (ii)
- A December 2022 study showed that 51% of all nurse respondents said they were experiencing “high burnout.” (iii) It was even higher for Medical-Surgical, Intensive Care, and Emergency Department nurses, with 58-59% reporting high burnout. (iv) Inadequate staffing was named as having a considerable effect on burnout.



- The U.S. Surgeon General issued a public advisory in 2022 declaring healthcare clinician burnout leading to increased resignations and an urgent public health issue in need of immediate action. (v)

**SAFE
STAFFING
Saves Healthcare.**



- Cimiotti, Jeannie P. et.al. “Nurse staffing, burnout and healthcare associated infection.” American Journal of Infection Control, 40:6 (August 2012).
- Aiken, Linda et al. “Hospital Nurse Staffing and Patient Mortality, Nurse Burnout and Job Dissatisfaction.” Journal of the American Medical Association, October 23/30, 2002.
- Aiken, Linda, et.al. “A repeated cross-sectional study of nurses immediately before and during the Covid-19 pandemic: Implications for action.” Nursing Outlook 000 (2022) 1-10. December 2022.
- Supra.
- Office of the U.S. Surgeon General. “Addressing Health Worker Burnout: The U.S. Surgeon General’s Advisory on Building a Thriving Health Workforce.” May 2022.

UNDERSTAFFED. OVERWORKED. UNSAFE FOR EVERYONE.

PATIENT SATISFACTION INCREASES WITH SAFE STAFFING.

- Patients characterized as having adequate staff were more than twice as likely to report high satisfaction with their care, and their nurses reported significantly lower burnout.i
- Patient satisfaction scores were significantly higher in hospitals with better nurse-to-patient ratios. There was a ten-point difference in the percentage of patients who would recommend the hospitals – depending on whether patients were in a hospital with a good work environment for nurses.ii
- Missed nursing care, which includes comforting and talking to patients, providing emotional and psychological support, and educating patients, had a negative effect on patient satisfaction in hospitals with fewer nurses.iii Better nurse staffing allows more time to provide patient-centered care.

Linda Aiken, a professor and the founding director of the Center for Health Outcomes and Policy Research at Penn Nursing in Philadelphia, said that at the heart of the patient safety issue is staffing.

“SINCE WE’VE BEEN DOING RESEARCH ON PATIENT SAFETY, WE CONSISTENTLY FIND THAT ONE OF THE MAJOR EXPLANATIONS FOR POOR PATIENT OUTCOMES IS INSUFFICIENT NUMBERS OF NURSES AT THE BEDSIDE. HAVING A SUFFICIENT NUMBER OF NURSES IS A BUILDING BLOCK FOR SAFETY.”

In a 2018 study published in the journal Health Affairs, Aiken and her team interviewed nurses at 535 hospitals in the U.S. Sixty percent reported that there weren’t enough nurses at their hospitals to provide safe care. The pandemic exasperated already stressed nursing staff, leading to strikes.

Just one state, California, has legal criteria regarding the minimum number of staff members needed for safety in hospitals. One nurse cannot care for more than five patients at a time. iv

**SAFE
STAFFING**
Saves Healthcare.



- Vahey, Doris C. et al. "Nurse Burnout and Patient Satisfaction." Med Care, 2004, February 412 (Suppl) 1157-1166
- Kutney-Lee, Ann et.al. "Nursing: A Key to Patient Satisfaction." Health Affairs. July/August 2009, vol. 28, no. 4 669-677.
- Hong, K.J. & Cho, S.-H. "Associations between Nurse Staffing Levels, Patient Experience, and Hospital Rating." Healthcare 2021, 9, 387. 1 April 2021.
- Sullivan, Kaitlin. "Nearly 1 in 4 U.S. hospitalized patients experience harmful events, study finds." NBC News, January 11, 2023. <https://www.nbcnews.com/health/health-news/nearly-1-4-us-hospital-patients-experience-harmful-event-study-finds-rcna65119>