



PROVIDING THE VITAL CARE NEVADANS NEED

# Mandated Nurse Staffing Ratios Do Not Protect Quality or Safety, or Reflect National Best Practices

## The Situation

Nursing is one of the most honorable and trusted professions. Members of a hospital's nursing team are crucial care providers, family liaisons, and life-savers. They don't treat their patients as "just a number," yet proposed legislation threatens to reduce nurses to just that. Mandated, cookie-cutter nurse staffing ratios do not take into account the many factors that affect how staffing for patient care should occur.

Mandated nurse staffing ratios jeopardize the wellbeing of hospitals and the patients they serve. Nevada's hospitals are the safety net for the state's poor and most vulnerable. Hospitals must have the flexibility to manage the demands of diverse patient populations.

Setting arbitrary nurse staffing ratios could cause some hospitals to cut other positions to make room for additional nurses in a shift. There is also a grave concern over Nevada's ability to meet nurse staffing ratios without a clear understanding of hospitals' ability to fill nursing positions. For example, in 2017 there were 7,826 nursing positions open at Nevada hospitals and only 1,349 nurse graduates in the state. Our neighbor to the west, California, delayed mandated nurse staffing ratio implementation because they had to wait for an increase in their nursing workforce.

Finally, there is limited research-based evidence directly linking staffing ratios to improved patient outcomes.

## One Nurse's Story\*

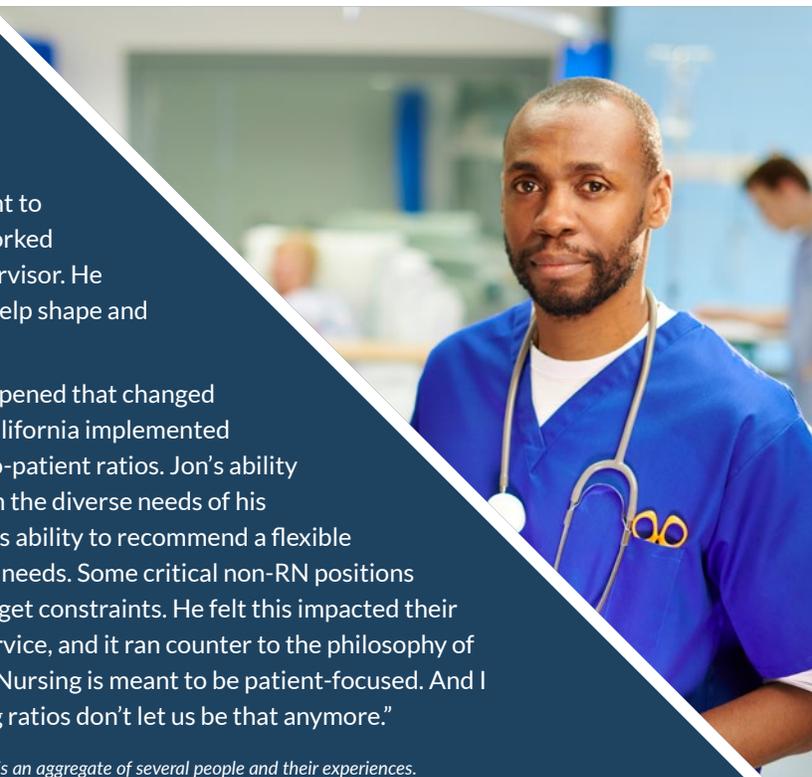
Jon W. always wanted to be a nurse. He graduated from a great California college, passed his nursing boards immediately and went to work for a University Health System in northern California. He worked hard and was promoted consistently, finally becoming a shift supervisor. He loved it because he still had direct patient contact but also could help shape and develop nurses on his team.



***Nursing is meant to be patient-focused. And I worry that mandated staffing ratios don't let us be that anymore.***

Then in 2004, something happened that changed his feelings about nursing. California implemented minimum registered nurse-to-patient ratios. Jon's ability to flex his staffing based upon the diverse needs of his patients was gone... as was his ability to recommend a flexible approach to meeting staffing needs. Some critical non-RN positions could not be filled due to budget constraints. He felt this impacted their overall quality of care and service, and it ran counter to the philosophy of nursing he had always held. "Nursing is meant to be patient-focused. And I worry that mandated staffing ratios don't let us be that anymore."

\* The individual reflected in this example is an aggregate of several people and their experiences.



# Mandated Nurse Staffing Ratios in Nevada

## Services at risk of limitation or discontinuation:

Behavioral health, labor & delivery, pediatrics, oncology, rehab, and soft observation patients

1

The State of California implemented mandated nurse staffing ratios in 2004. Studies since then showed that mandated nurse staffing ratios increased job satisfaction, but also hospitals' labor costs. Looking at studies done since then, no consensus can be reached on whether the improvements in quality are due to nurse staffing, other regulatory changes or internal improvements that hospitals made to follow best practices.

2

Using Medicare data, when comparing five common quality ratings, Nevada and California hospitals rank similarly even though California has mandated nurse staffing ratios.

3

In Washington, hospitals evaluated key nurse-sensitive quality indicators (such as patient falls and catheter-associated urinary tract infections) and found that their safety scores on these were better than the safety scores on the same measures in California.

4

Mandated nurse staffing ratios will cause Nevada hospitals to quickly hire more nurses, when we are already faced with a shortage. In 2017, there were 7,826 nursing positions open at Nevada hospitals and only 1,349 nurse graduates in the state. We are already forced to use temporary and traveling nurses to meet patients' needs.

## Nevada Hospital Association's Stance

The Nevada Hospital Association (NHA) believes that staffing ratios do not equate to improved quality of patient care or safety, and in fact can be detrimental due to the lack of flexibility to adapt hospital staffing to the always-changing environment. The shortage of current nurses and upcoming graduates who wish to work in hospital settings will make implementation of such a program almost impossible in Nevada, impacting quality of care and access to services. We have a nursing shortage in Nevada and there are not enough new nurses from our nursing education system to support this change. We believe that mandated ratios have been detrimental to patients in California, and we do not want to see that happen to Nevada citizens.

Nevada hospitals have implemented best practices in nursing team structures and operations thanks to the input of Nevada nurses. Taking that flexibility away will negatively impact nursing care for Nevadans. It is not sustainable for hospitals to add nurses due to mandated staffing ratios, additions which are likely to be at the detriment of other staff positions, or be able to invest in facilities and technology.

There is no firm evidence that indicates that patient quality or safety metrics will improve based on examining California's experience. Mandated nursing ratios could mean reduced access to care and an increase in cost of care. To meet estimated patient needs, we would need an additional 664 full-time equivalent nurses at an estimated cost of more than \$75 million. This will undoubtedly affect hospitals' ability to effectively provide staffing in other areas, as well as their continued efforts to invest in facilities and technology to provide the care needed to their communities.