

Talking Points Nurse Staffing & Patient Outcomes 2018
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In the RN4CAST Study:

- ✚ Increasing a hospital nurse's workload by one patient increased the likelihood of an inpatient dying within 30 days by 7%.
- ✚ Patients in hospitals where nurses cared for six patients on average would have a 30% lower mortality than in hospitals where nurses cared for an average of eight patients.
- ✚ Each 10% increase in professional nurse staffing was associated with lower odds (OR = 0.89) of patient mortality.
- ✚ Substituting one nurse assistant for a professional nurse for every 25 patients was associated with a 21% increase in the odds of patient death.
- ✚ Each 10% reduction in the proportion of professional nurses increased the odds of patient deaths by 12%.



- ❖ Better nurse staffing continues to be associated with lower rates of patient falls and failure to rescue.
- ❖ Higher RN skill mix was associated with lower 30-day patient mortality.
- ❖ Each additional patient per nurse on medical-surgical units (mean patients per nurse = 7) was associated with a 5% lower odds of patient survival to discharge after in-hospital cardiac arrest (McHugh et al., 2016).
- ❖ For survivors of in-hospital cardiac arrest, there was a 16% decrease in likelihood of survival in hospitals with poor nurse work environments (McHugh et al., 2016).
- ❖ When patient turnover (admissions, transfers, discharges) increased from 48.6% (25th percentile) to 60.7% (75th percentile) on non-ICU units, the effect of RN staffing on failure to resuscitate decreased by 11.5% (Park et al., 2012).
- ❖ In trauma emergency departments, when ED nurses cared for three additional patients in 24 hours, the time to diagnostic evaluation doubled from 30 minutes to one hour (Shindul-Rothschild et al., 2017).
- ❖ In nontrauma emergency departments, when ED nurses cared for three additional patients in 24 hours, the time to diagnostic evaluation increased by 15 minutes (Shindul-Rothschild et al., 2017).