

Safe Staffing

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What is safe staffing?

There are 3 primary approaches to safe staffing. The most effective plan will include all 3.

- **Staffing ratios** to set the floor, not the ceiling, for safety by capping the number of patients assigned to one worker
- **Staffing committees** with robust worker input to create staffing plans to meet the unique needs of individual facilities
- **Public reporting** of staffing levels to hold hospitals accountable and to keep patients Informed

Safe patient care relies on a team of health professionals. **Any plan to address safe staffing must include the whole care team.** Staffing plans must be developed by valuing the expertise of the people who care for patients every day.

Why does safe staffing matter?

Without safe staffing, healthcare workers are forced to make impossible decisions every day. Do they review the discharge instructions with a patient or respond to the flashing call button? Do they help a patient get to the bathroom safely or get another patient their medication on time? These are real decisions with real consequences. Facing these decisions every day all but guarantees that workers will experience moral injury.

Patient Safety

Decades of research have established links between unsafe patient loads and worse outcomes for patients

- Each additional patient added to the average nurse's workload on a med-surg unit increased each Medicare patient's **chance of 30-day mortality by 16 percent.**¹
- Each additional patient per nurse in med-surg units was associated with a **5 percent lower likelihood of surviving in-hospital cardiac arrest.**²
- In hospitals where staffing in pediatric units was in line with the staffing limits set in California state law (4:1), patients were **63 percent less likely to be readmitted within 30 days.**³
- 2/3 of staff nurses in California said the state ratio law makes them more likely to stay at their jobs and **74 percent say it has improved the quality of care** in the state.⁴

References

¹ Lasater et al 2021

<https://pubmed.ncbi.nlm.nih.gov/34880022/>

² McHugh et al 2016

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4841621/pdf/nihms745619.pdf>

³ Tubbs-Cooley et al 2013

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3756461/pdf/bmjqs-2012-001610.pdf>

⁴ Aiken et al 2010

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2908200/pdf/hesr0045-0904.pdf>