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## **Too much expected of too few nurses**

### **FRONTLINE CAREGIVERS GET LITTLE SUPPORT IN PROTECTING PATIENTS**

By Dr. Kevin T. Kavanagh

No one should ever underestimate the importance of registered nurses. Without them, there could be no hospitals or nursing homes. The existence of these facilities is solely to provide nursing care. Home health agencies, surgery centers, imaging centers and urgent treatment centers can do the rest.

"How well we are cared for by nurses affects our health, and sometimes can be a matter of life and death," said an Institute of Medicine report which estimated in 2000 that as many as 98,000 patients die each year because of medical error.

Research reported in the Journal of the American Medical Association found that as a nurse's patient load doubled from four to eight, the chance of patient death increased 31 percent, and that nurses were responsible for 86 percent of all interceptions of medical errors.

I would bet errors are more likely caught by a nurse responsible for four to six patients than one trying desperately to take care of eight to 10 patients.

In 2002, low nurse staffing levels were a factor in 24 percent of all reported unanticipated events that resulted in death, injury or permanent loss of function, according to the Joint Commission on the Accreditation of Healthcare Organizations, the largest agency that accredits hospitals and guards patient safety.

Care, the Joint Commission said, "is literally being left undone."

Despite the Joint Commission's landmark study about the importance of adequate nurse staffing to ensure patient safety, the commission's ability to assure a high standard of care in hospitals is being questioned.

Last year, the American Nursing Association filed suit against the U.S. Department for Health and Human Services for the failure to assure adequate nursing staffing in hospitals.

The suit alleges that the Joint Commission's "nursing standards are totally devoid of standards and requirements concerning the immediate availability of a registered nurse to render bedside care to the patients."

Because of the breakdown of the quality assurance, California became the first state to mandate minimum nurse-to-patient staffing ratios. General medical and surgical floors must have a ratio of 1 to 5 or greater, and intensive-care units a ratio of 1 to 2 or greater.

With the advent of adequate staffing, the California Nurses Association reported that the California nursing shortage disappeared, with a 60 percent increase in applications for registered nurse licensure and a 20 percent increase in actively licensed registered nurses.

Victoria, Australia, observed similar findings with a 21 percent increase in employed nurses with the enactment of mandatory ratios.

Nurses also are the guardians of safe medical care at facilities. Under Kentucky law, any person, including

medical personnel, must report or cause reports to be made of suspected cases of abuse, neglect or exploitation of adults or children to the Department of Community Based Services. Failure to do so is a Class B misdemeanor.

The Kentucky Patient Protection Act was supposed to protect nurses, doctors and employees of health care facilities from retaliation when reports were made, but the law does not include any penalty for violating its provisions.

And there are no regulations to mandate the scope and manner of the investigatory process or say who is responsible for its enforcement, according to the Legislative Research Commission.

But as the law stands now, a nurse who is trying to provide impossible care to 10 patients at one time cannot report this adverse condition without fear of retaliation. If she does report it, she can be fired and have no effective recourse.

The Fletcher administration recently announced the public release of hospital mortality and procedure volume information, data that may also be indicative of the performance of doctors rather than hospitals. Public access to hospital quality data on the incidence of infections, pressure sore formation, patient fall rates and nurse staffing ratios is needed.

However, for this information to be accurate, medical personnel must be able to report complications and adverse outcomes without fear of retaliation. This is the key to safeguarding our health care system; without it, the system will break down.

The lack of state regulations and penalties to protect whistle blowers is inexcusable and represents another in a string of failures to protect the public.

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