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Hospitals reckless to leave floors short of nurses

By Dr. Kevin T. Kavanagh

Much has been written about the understaffing of nurses at many health care facilities. Now, additional evidence has come from patients and nurses themselves.

In June, the American Nurses Association released the results of its "Safe Staffing" poll of more 10,000 nurses. The findings were not good.

Highlights include:

- 73.1 percent don't believe the staffing on their units or shifts is sufficient.
- 59.8 percent said they knew of someone who left direct-care nursing because of concerns about safe staffing.
- 48.3 percent would not feel confident having someone close to them receiving care in the facilities where they work.
- 35.6 percent rarely or never take their full meal breaks.

All in all, not a good endorsement of the U.S. health care system.

At about the same time that the nurses association announced its survey results, the U.S. Department of Health and Human Services released patient surveys on its Web site www.hospitalcompare.hhs.gov.

I first became aware of these results when reading an American Medical Association newsletter that touted the results that patients were "generally pleased" with their hospital care.

According to the newsletter, 60 percent of patients said they "always" received help as soon as they wanted and 68 percent said that their rooms and bathrooms were "always" clean.

I then realized this was just spin. What happened to the 40 percent who did not get immediate help and the 32 percent whose rooms and bathrooms were not clean?

A good report would be above 99 percent, especially when Medicare regulations demand immediate availability of a registered nurse to care for patients. This apparently is not happening in many of our institutions.

And how many hotels and motels could stay open when only 68 percent of patrons described them as always clean? Only once have I ever had a dirty hotel room, and when I lodged a complaint, the room charge was taken off of my bill.

Its my experience that hotels and motels change bed sheets and clean bathrooms daily. That this is not true in hospitals is unacceptable, especially when Americans are encountering an ever-increasing problem with drug-resistant organisms. Lack of cleanliness serves only to create a breeding ground for these organisms.

In October, Medicare will stop paying hospitals for needed care if a patient develops one of a number of largely preventable health problems, including pressure ulcers, injuries from falls, burns, infections, leaving a foreign object in a patient and air embolism. In addition, "never events" — health problems that should never happen in a hospital, including uncontrolled blood sugar, additional infections, deep-vein thrombosis and pneumothorax — are under consideration for exclusion in 2009.

Most of these problems are related to nurse staffing levels. As staffing levels fall, bad outcomes such as bed ulcers and infections are more likely to occur.

Many insurance companies are expected to follow Medicare's lead. In addition, New York Medicaid has announced that it will stop payment for 14 types of hospital errors and "never events."

Medicaid is under great financial stress all over the nation, with patients experiencing loss of coverage and programs being cut.

Kentucky Medicaid is under great financial stress from the severe downturn in our national economy and from the fallout of the Oakwood facility debacle, with loss of federal funding. Attempts to get more funding through a variety of means have been unsuccessful.

Increasing the tax on tobacco would have been a good fix from the health care perspective since it not only would provide the needed revenue but would also be expected to decrease health care use as smoking rates decreased.

Medicaid is cutting programs and services to some of the most vulnerable segments of our society. Most recently, the Commission for Children with Special Health Care Needs' northern Kentucky clinic announced its closure.

Kentucky is a large consumer of health care; one wonders whether, like any consumer on a very tight budget, Kentucky Medicaid will curtail payments for these largely preventable health problems.

Our health care system is under great stress, and all providers can make mistakes. However, it is hard to argue that one should pay for bad care when there is not enough money for good care.

Politicians of both parties must come together and address how to increase the health care budget or, if possible, how to make cuts that cause the least harm, before the system breaks and lives are lost.

Dr. Kevin Kavanagh is a Somerset physician.

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