

# PERSPECTIVE

Promoting Health Care Transparency and Competition



## Too much expected of too few nurses

FRONTLINE CAREGIVERS GET LITTLE SUPPORT IN PROTECTING PATIENTS

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By Kevin T. Kavanagh, MD

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 2002 as many as 98,000 patients die each year from medical errors. The [National Consumer League reported](#) (2004) that almost half of patients or patient families believed patient care was compromised to some extent by hospital staffing with too few nurses. Twelve percent believed the care was very or extremely compromised.

[Aiken 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 [Leape \(JAMA, 1995\) also reported](#) 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% of all sentinel

events which resulted in death, injury or permanent loss of function, [according to the Joint Commission \(JCAHO\)](#), the largest agency which accredits hospitals and guards patient safety. Care the Joint Commission said, "is literally being left undone."

Despite [the Joint Commission's landmark study](#) on the importance of adequate nurse staffing to insure patient safety, the Commission's ability to assure a high standard of care in hospitals is now questioned.

On June 15, 2006, the [American Nursing Association filed suit](#) against the US Department of 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 medical 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 nurse staffing, the [California Nurses Association reported](#) that the California nursing shortage disappeared with a 60% increase in registered nurse licensure applications and a 20% increase in actively licensed registered nurses.

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**The Most important factor to assure patient safety and the delivery of safe hospital care is having adequate staffing of Registered Nurses**

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## Promoting Healthcare Quality, Access & Affordability

**The lack of Kentucky State regulations and penalties to protect whistleblowers is inexcusable, since safeguarding medical personnel who identify and report quality problems is the key to safeguarding our medical system, without it the whole system will breakdown.**

Victoria, Australia observed similar findings with a 21% 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 and average citizens 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 man-

date 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.

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.

*Kevin T. Kavanagh, MD is a Somerset Based Physician and Chairman of the Board of Health Watch USA.*

*This Op-Ed is an edited and expanded version of an article which appeared in the Lexington Herald Journal on April 16, 2007.*

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