

# PERSPECTIVE

Promoting Health Care Transparency and Competition



## Hospitals reckless to leave floors short of nurses

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By Kevin Kavanagh, MD

There have been many editorials written regarding the understaffing of nurses at many of our healthcare facilities. Now, additional evidence to support this view has come from patients and nurses themselves.

In June, the American Nurses Association released the results of their "Safe Staffing" poll of over 10,000 nurses. The findings were not good; highlights include:

- 73.1% of nurses asked don't believe the staffing on their unit or shift is sufficient.
- 59.8% of those asked said they knew of someone who left direct care nursing due to concerns about safe staffing.
- 48.3% would not feel confident having someone close to them receiving care in the facility where they work.
- 35.6% rarely or never take their full meal break.

All in all, not a good endorsement of the United States' Healthcare System. At about the same time, the Federal Government released patient surveys on the Department of Health and Human Service's website, [www.hospitalcompare.hhs.gov](http://www.hospitalcompare.hhs.gov).

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

found that 60% of patients always receive help as soon as they wanted and that 68% reported that their room and bathroom were "always" clean.

I then realized this was just spin. What happened to the other 40% who did not report getting immediate help and the 32% of patients who did not report clean rooms and bathrooms? To my way of thinking a good report would need to be well above 99%, 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% of patrons described them as always clean. Only one time have I ever had a dirty hotel room, and when I lodged a complaint, the room charge was taken off of my bill. My experience is that hotels and motels change bed sheets and clean bathrooms daily. For this to not take place in hospitals is totally unacceptable especially when we are encountering an ever increasing problem in the US with MRSA and multiple resistant drug organisms. Lack of cleanliness only serves to form a breeding ground for these organisms.

In October of this year, Medicare will stop paying hospitals for needed care if a patient develops one of a number of largely preventable adverse events.

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### Summary

(Total Word Count 763)

**Both nurses and patients report substandard conditions at healthcare facilities.**

**Low staffing levels are associated with an increase in poor patient outcomes.**

**Health Watch  
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## Promoting Healthcare Quality, Access & Affordability

### Medicare policy of not paying for pre- ventable adverse patient outcomes should have a positive impact on healthcare.

These include pressure ulcers, injuries from falls, burns, infections, leaving a foreign object in a patient and air embolism. In addition, other “never events”, or events which should never happen including blood sugar control, a number of additional infections, deep vein thrombosis and pneumothorax are under consideration for implementation in 2009.

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

Many insurance companies are expected to follow suit. In addition, New York Medicaid announced it would stop payment for fourteen types of hospital errors and “never events”.

Medicaid is under great financial stress all over the nation and patients are experiencing loss of

coverage and programs are being cut.

Kentucky Medicaid is under great financial stress both from the severe downturn in our national economy and from the fallout of the Oakwood Residential Facility debacle, with loss of federal funding. Attempts at getting more funding through a variety of means has been unsuccessful.

Increasing the tax on tobacco was a good fix from the healthcare perspective since it not only would pro-

vide the needed revenue but would also be expected to decrease health-care utilization as smoking rates decreased.

Presently, 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 healthcare; one on a very tight budget. If the financial situation of the Commonwealth is not reversed, Medicaid may follow Medicare’s example. Our healthcare system is under great stress and all providers can make mistakes. However, Medicare’s policy of not paying for “never event” should have a positive impact on healthcare by not pay for bad care when there is not enough money for good care.

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