

PERSPECTIVE

Promoting Health Care Transparency and Competition



Let Consumer Demand Ensure Adequate Nursing Staff

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When I was a medical student in the early 1970s, I heard hospital nurses complain about how they were the ones who were really managing patient care and that they had to tell the doctors what to do. Much of this was just talk, but it highlights how drastically things have changed.

Some hospitals today have so few nurses that they are not familiar with their patients. Instead of nurses honing their skills in a single specialty, many are shifted from floor to floor and are no longer familiar with various medications and treatment protocols.

Adequate staffing of nurses is vitally important to the quality of patient treatment. Multiple studies have shown that as a nurse's workload increases, so do patient complications. Having too few nurses on hand has been associated with an increased risk of lung problems after surgery, longer hospital stays and fewer successful cardiopulmonary resuscitations. Higher ratios of registered nurses to licensed practical nurses also have been found to increase the quality of patient care.

A [2002 study of surgical patients](#) found that for each additional patient for which a nurse is responsible, the overall hospital death rate increased by 7 percent. Thus, if a nurse is responsible for four patients and the care load is doubled, there is a 31 percent increase in the patient death rate. This rate is even higher for patients who have complications.

According to American Hospital Directory numbers, the level of full-time registered nurse staffing as determined by bed and patient-day ratios varies by more than a factor of two at Kentucky hospitals where open-heart surgery is performed. The ratio of RNs to LPNs differed by a factor of 10. Many hospitals with high nurse-patient ratios were staffed mostly with RNs, while some hospitals relied heavily on LPNs.

One may think this problem would be worse in rural counties without nursing schools. However, Marymount in Laurel County has one of the highest nurse-to-patient ratios in Kentucky. Marymount has 89 acute care beds and 168 full-time RNs and 21 full-time LPNs. Further, Marymount is in a county without a nursing school, yet there is one in nearby Perry County, where the nurses at a Hazard hospital recently went on strike because of low staffing levels.

So some hospital administrators' argument that there is a national nursing shortage and that they have difficulty finding nurses is not credible. This excuse has been given for almost a decade, far too long to be valid in a society where market forces shape the available work force. Many hospitals in rural and metropolitan areas in Kentucky can find plenty of nurses.

There appears to be little excuse for a profitable hospital in Kentucky to have an inadequate nursing staff.

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Summary

(Total Word Count 691)

The "Nurse" is "The Hospital"

Adequate Nursing Staff is a Requirement for Safe Hospital Care.

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As Pat Tanner, president-elect of the Kentucky Nurses Association, told the Herald-Leader on August 13, 2005, working conditions are the major factor in the shortage of nurses in hospitals. Some states have implemented or are considering implementing mandatory hospital staffing levels for nurses. [California requires](#) a 1:5 nurse-to-patient ratio (except during initial implementation) and Massachusetts is considering a 1:4 ratio requirement.

However, letting market forces increase nurse staffing levels through consumer demand is preferable to regulation. Health savings accounts, which are starting to take hold in the United States, hold the promise of lower costs and increased quality through consumer pressure.

According to The Wall Street Journal, patients with health savings accounts are having

difficulty obtaining information about the cost and quality of health care. Certainly one of the measurements of hospital quality should be nurse staffing ratios.

One parameter used to evaluate nursing home care is the frequency with which residents develop bedsores. A similar parameter could be used to evaluate basic nursing care in hospitals. Nursing homes could report the frequency of new bed sores and

ulcers which patients develop after a hospital stay. This has the advantage of using an independent source to evaluate and record a parameter of nursing care.

All available quality and cost data should be readily available to the consumer. Through the assurance of hospital competition and educated consumers, market forces will be able to mold and advance our health care delivery system.

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