

WHEN LEGISLATION BECOMES NURSE ADVOCACY



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Abstract

Current hospitals' staffing crises calls for proposed practical solutions. In states where high patient-to-nurse staffing ratios have led to legislative action, the results in terms of patient' health outcomes have been positive. Which states have had legislation that impacted patient-to-nurse ratios that have resulted in positive outcomes? Is it a potential solution for every state? Answers to these and other questions related to positive healthcare outcomes, patient safety and nurse satisfaction will be explored.

Method

Statistic data regarding nurse-patient ratios and healthcare outcomes will be obtained from different states nurses association. Comparison of the outcomes will be conducted between those states that have nurse-patient ratio regulations and those states that do not have regulation. The variables to use for this comparison are number of pressure ulcers, number of medication errors and days of hospital stay due to nosocomial acquired infections.

Introduction

Nurse-patient ratio regulations will positively impact patients' safety increase quality of care and improve outcomes. The purpose of this proposal is to demonstrate, based on evidence, the importance of advocating for legislation on safe nurse-patient ratios nationwide.

Objectives

1. Demonstrate that safe nurse-patient ratios increase patient safety with statistical data obtained by nursing associations.
2. Obtain evidence that states with safe nurse-patient ratios have better patient outcomes by measuring variables using statistical data obtained from nursing associations.
3. Achieve support from nurses on advocating for safe nurse-patient ratios based on supporting statistical data obtained from nursing associations.

Literature Review

Author/Date	Design/Purpose	Subjects	Key Findings	Clinical Recommendations
Kalisch & Lee (2011)	Cross-sectional descriptive design to determine if nursing staffing levels predicts teamwork.	2,545 nurses in 52 patient care units in four hospitals.	Higher levels of nurse staffing were associated with better teamwork.	Adequate staffing levels are needed to ensure nursing teamwork and improved safe quality care.
Butler et al (2011)	Explore the effect of a hospital-nurse staffing model on patient and staff related outcomes.	Patients and nursing staff working in hospital setting.	Interventions associated to a hospital- nurse staffing models improved patient's outcomes.	Implementing a hospital-nurse staffing model will result in shorter patient hospital stays and significant reduction in number of pressure ulcers.
Glance et al (2012)	Analyze nurse staffing levels associated with trauma patient outcomes.	Patients admitted to Level I and II trauma centers.	Poor staffing levels were associated with increased rates of mortality and sepsis.	Adequate levels of nurse-staffing ratios are needed in order to improve trauma patient's outcomes.
Twigg, Duffield, Thompson & Rapley (2010)	Literature review on the relationship between nurse staffing levels and patient outcomes.	Peer research review.	There was a 12 percent reduction in adverse outcomes and a 16 percent reduction in the risk of mortality in surgical patients with higher nurse staffing.	Appropriate policy on nurse-patient ratios evidence that patient safety is linked to adequate nurse staffing. Policy makers should ensure sufficient registered nurses to guarantee patient safety.
Eschiti & Hamilton (2011)	Study organizational effects of off-peak (weekend and night shift) on the work that nurses do.	Hospitals in three Texas cities, critical care nurses working off-peak shifts.	Inadequate nurse staffing on off-peak shifts was described as a major problem.	Better nurse staffing during off-peak shifts can improve patient outcomes and reduce mortality rates.

Conclusion

Safe nurse-patient ratios laws propose a practical solution to current hospitals' staffing crisis. The proposal to improve the nurse-patient ratios should be heard by every healthcare provider in our nation. This proposal advocates for improved patient outcomes based on significant reduction in the number of pressure ulcers, falls, medication errors and length of hospital stay due to infection.

References

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