

MORE FULL TIME RNS CAN SAVE A LOT

MYTH – NL cannot afford to hire more full-time RNs
REALITY – More full-time RNs will save money

There is a belief that NL cannot afford to hire more full-time RNs.

Global evidence links lower RN staffing to unfavorable patient outcomes such as increased mortality, falls, infections and longer lengths of stay—all of which increase health care costs. How much of these personal, social and economic unnecessary events are the result of not following evidence-based RN staffing?

- One in 18 hospital stays in Canada involved at least one *avoidable* harmful event in 2014-2015, with the hospital costs for related additional care (excluding physician fees) totalling \$685 million.
- And of the patients who experienced harm, about 20% experienced *more than* one harmful event while in hospital.
- The total estimated economic burden of acute care adverse events in Canada in 2009–2010 was \$1.1 billion.

There is overwhelming evidence on what constitutes the right level of RN staffing, but the health system focuses instead on non-evidence-based 'beliefs', overlooking the evidence. No one would challenge the fact that a neurosurgeon is needed to perform brain surgery, but we do not apply the same logic when it comes to nursing care.

Why do we spend the largest portion of our health care personnel budgets on Registered Nurse staffing? Because Registered Nurses are essential health care professionals who are experts in caring for patients. Registered Nurses safeguard the quality of care, ensuring optimal patient outcomes, and fewer adverse events.

When we do not have adequate RN staffing, costs go up elsewhere in the health care system, as the quality of care goes down.

INVESTING IN REGISTERED NURSING BUDGETS = HEALTH SYSTEM SAVINGS.
IT'S JUST COMMON SENSE

RNS SAVE HEALTH CARE DOLLARS

↑ RNs by 4.2% = ↓ Cost by 3.1%

A US longitudinal study of over 18 million hospital discharges found that if hospitals increased the proportion of nursing staff that are RNs by 4.2%, there was a 3.1% decrease in costs.

**↑ in % of RN with no ↑ in total nursing hours
= US \$242 million net savings (short term)
= US \$1.8 billion net savings (long term)**

A study of 799 acute care hospitals in 11 states found that increasing the proportion of RNs without increasing total nursing hours was associated with net cost savings of US \$242 million over the short term, and US \$1.8 billion in savings over the long term through avoided adverse events and shorter lengths of stay.

Each RN = US \$60,000 per year in net savings

Nationwide hospital discharge data analysis showed that each patient care RN employed generates US \$60,000 annually in reduced medical costs and improved national productivity; this figure omits the additional cost savings realized through reduced nurse turnover and lower readmission rates.

Cost-benefit ratio = every \$1 spent: \$4.22 saved

Every dollar spent on adding one Nurse Practitioner (NP) to an in-patient trauma service team in Ontario results in a cost-benefit ratio of \$1:\$4.22.

INCREASING RN STAFFING FOR SENIORS SAVES MONEY

↑ in RN time/resident/day = ↓ in pressure ulcers, hospitalizations, and urinary tract infections

Net societal benefit = \$3,191/resident/year in savings

A study of 1,376 at-risk residents from 82 nursing homes found that 30–40 minutes of RN time/resident/day versus less than 10 minutes was associated with fewer pressure ulcers, hospitalizations, and urinary tract infections, providing an annual net societal benefit of \$3,191/resident/year.

HEALTH CARE FACILITIES CAN HIRE MORE RNS AT NO EXTRA COST

Average cost of RN turnover = US \$37,700 - \$58,400

Overtime has been found to be a predictor of nurse turnover.⁸ According to the 2016 National Healthcare Retention and RN Staffing Report, the average cost of turnover for a bedside RN ranges from \$37,700 to 58,400.

↑ in non-overtime RN staffing = US \$11.64 million annually in net cost savings

A study comparing the use of non-overtime and overtime nurses found that increasing non-overtime RN staffing resulted in US \$11.64 million in annual net cost savings, with an additional US \$544,000 from reducing RN overtime staffing.

Source – Nurse Staffing: More for Less, www.cfnu.ca