

# Nurse staffing levels key to keeping rehospitalizations down for hip/knee surgery patients

March 2 2016

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A new study from the University of Pennsylvania School of Nursing's Center for Health Outcomes and Policy Research (CHOPR) shows that patients, who undergo elective hip and knee surgery in hospitals with inadequate nurse staffing and poor nurse work environments, are more likely to require re-hospitalization. The results are set for publication in a future issue of the *International Journal for Quality in Health Care*, but are available now online here. The cross-sectional study analyzed data of more than 112,000 Medicare patients in nearly 500 US hospitals and points to hospital nurses as a likely answer to the need for reducing postoperative readmissions.

The most common reason patients were readmitted was for postoperative infection. Hospital nurses are essential to the prevention of infection. They are responsible for administering antibiotics prior of surgery, caring for the surgical wound, monitoring for signs and symptoms of infection or sepsis, and maintaining diligent hand washing practices. However, when nurses are inadequately staffed and resourced, time demands detract from the diligent work of nursing.

These study findings come at a time when hospitals' reimbursements are contingent on demonstrating satisfactory performance on patient outcomes. The Centers for Medicare and Medicaid Services (CMS) mandatory Hospital Readmission Reduction Program and Comprehensive Care for Joint Replacement Program are placing

hospitals financially accountable for patient outcomes including readmission rates following elective hip and knee replacements.

Accounting for patient characteristics and hospital features, every additional patient in a nurse's workload is associated with an eight percent increased likelihood of a patient being readmitted within thirty days of discharge following the surgery. Patients who underwent surgery in hospitals where nurses reporting having supportive environments, including strong collegial relationships with physicians and autonomy in clinical practice, were 12 percent less likely to be readmitted.

"These study findings are consistent with decades of prior research demonstrating the role hospital nurses play in ensuring safe outcomes for surgical patients," said the study's senior author Matthew McHugh, PhD, JD, MPH, RN, Associate Director of CHOPR. "Nurses work around-the-clock providing care to patients before, during, and after surgery, making them the likely healthcare providers to identify and intervene on early warning signs that could lead to a negative health outcome."

While only six percent of Medicare patients undergoing elective hip and knee replacements are readmitted to the hospital within thirty days, every hospitalization puts patients at risk of acquiring serious complications and injury. "This study supports the notion that hospital nurses are fundamental to ensuring high quality care and outcomes for patients," said the study's lead author Karen Lasater, PhD, RN, and a Postdoctoral Fellow at CHOPR.

Provided by University of Pennsylvania School of Nursing

Citation: Nurse staffing levels key to keeping rehospitalizations down for hip/knee surgery patients (2016, March 2) retrieved 31 January 2024 from <https://medicalxpress.com/news/2016-03-nurse-staffing-key-rehospitalizations-hipknee.html>

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