Lower RN staffing linked to increased in-hospital mortality

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(HealthDay)—The risk for in-hospital mortality is increased with lower registered nurse (RN) staffing and higher levels of admissions per RN, according to a study published online Dec. 4 in *BMJ Quality & Safety*.

Peter Griffiths, Ph.D., from the University of Southampton in the United Kingdom, and colleagues conducted a retrospective, longitudinal, observational study to explore the correlation between patient outcomes and daily variation in RN and nursing assistant staffing. Data were included for 138,133 adult patients spending more than one day on general wards between April 1, 2012, and March 31, 2015.

The researchers found that hospital mortality was 4.1 percent overall. For every day that a patient experienced RN staffing below the ward mean, the hazard of death was increased 3 percent (adjusted hazard ratio, 1.03). Each additional hour of RN care available during the first five days of a patient's stay relative to the ward mean correlated with a 3 percent reduction in the risk for death (adjusted hazard ratio, 0.97). The risk for death increased for days on which admissions per RN exceeded 125 percent of the ward mean (adjusted hazard ratio, 1.05). Low nursing assistant staffing and high nursing assistant staffing were both associated with increases in mortality.

"These findings indicate that RN shortages are unlikely to be remedied by increasing the numbers of lesser trained nursing staff in the workforce," the authors write.

More information: Abstract/Full Text