

Better hospital nurse staffing tied to fewer sepsis deaths

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bundles. There was an association between adherence to SEP-1 bundles and lower in-[hospital](#) mortality and shorter lengths of stay; however, the effects were markedly smaller than those seen for staffing.

"Results show that improving nurse staffing in New York hospitals could substantially reduce deaths from sepsis over and above the benefits of mandated care bundles," Lasater said in a statement.

More information: [Abstract/Full Text](#)

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(HealthDay)—Improving hospital nurse staffing could significantly reduce deaths from sepsis, according to a study published online Dec. 9 in the *American Journal of Infection Control*.

Karen B. Lasater, Ph.D., R.N., from the University of Pennsylvania in Philadelphia, and colleagues used linked data sources from 2017 including MEDPAR patient claims, Hospital Compare, American Hospital Association, and a large survey of registered nurses licensed in New York state to estimate the effect of hospital patient-to-[nurse](#) staffing ratios and adherence to the Early Management Bundle for patients with Severe Sepsis/Septic Shock SEP-1 sepsis bundles.

The researchers found that each additional patient per nurse was associated with 12 percent higher odds of in-[hospital mortality](#), 7 percent higher odds of 60-day mortality, 7 percent higher odds of 60-day readmission, and longer lengths of stay, even after accounting for patient and hospital covariates, including hospital adherence to SEP-1

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