

Testimony of Frank Manzo IV
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Illinois House of Representatives
Illinois General Assembly

At a Hearing Titled “Safe Patient Limits”

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Introduction

Good afternoon, Mr. Chairman and Members of the Committee. My name is Frank Manzo IV. I am the Policy Director of the Illinois Economic Policy Institute (ILEPI), a nonprofit research organization that provides candid and dynamic analyses on major subjects affecting the economies of Illinois and the Midwest. ILEPI focuses on high-road economic development policies that promote public investments and sustainable, broad-based economic growth.

My testimony today addresses three key points. First, I discuss the current shortage of Registered Nurses in Illinois. Then, I briefly discuss information on the average salaries and workplace injury rates of nurses in Illinois. Finally, I present academic findings on the impact of safe patient limits (also sometimes called “safe-staffing ratios”) on patient outcomes and the financial performance of hospitals.

The Shortage of Registered Nurses in Illinois

Illinois is experiencing a shortage of Registered Nurses (RNs) caused by numerous factors, including rising demand for health care services, the labor market competitiveness of Illinois nursing jobs, and insufficient staffing levels that can exacerbate the occupational hazards of the profession and make it difficult to retain nurses. Over the next ten years, Illinois will need about 20,000 additional RNs, a projected employment growth of 15 percent– nearly three times as fast as the growth rate for all occupations (IDES, 2018).

On the demand side, the aging population is the largest factor. By 2060, the 65 years old and older population is expected to more than double, causing a 75 percent increase in the number of elderly residents requiring nursing home care (Mather, 2016). In addition, the nursing workforce is also aging. In Illinois, 50 percent of Illinois’ nurses are 55 years old or older, and one-third intend to retire in the next five years (ICN, 2017).

On the supply side, insufficient staffing levels negatively impact both patients and the existing RN workforce. Insufficient staffing causes high stress levels that hurt job satisfaction, with more than 75 percent of nurses reporting that the nursing shortage adversely affects the quality of their work-life and the quality of patient care (Rosseter, 2017).

In addition to stress caused by understaffing, RNs also face occupational hazards such as workplace violence and sexual harassment. A 2018 report by Professor Twarog at the University of Illinois at Urbana-Champaign found that 75 percent of nurses reported that workplace violence was a problem. Of nurses who experienced workplace violence, 90 percent experienced violence at least once in the past 12 months. The experiences ranged from verbal threats and name calling to physical assaults to sexual assaults such as groping and harassment. One-quarter of Illinois nurses suffer from “psychological symptoms such as anxiety [and] sleeplessness” (Twarog, 2018).

As a result, the shortage of nurses has primarily become a retention problem. Fully 93 percent of nurses say that stress caused by the nursing shortage will lead to more nurses leaving the profession altogether (Rosseter, 2017). Stress, caused in part by insufficient staffing levels, leads an estimated 30 to 50 percent of all new Registered Nurses to either change positions or leave nursing completely within the first 3 years of clinical practice (Aiken et al, 2002; MacKusick & Minick, 2010).

Labor Market Data on Registered Nurses in Illinois

A March 2019 study conducted jointly by the Illinois Economic Policy Institute and the Project for Middle Class Renewal at the University of Illinois at Urbana-Champaign finds that Registered Nurses in Illinois are highly educated but relatively underpaid. Fully 67 percent of full-time Registered Nurses in Illinois have at least a bachelor's degree. By this metric, Illinois' nurses are the 14th-highest educated in the nation. However, the average income earned by Illinois' nurses (\$66,400 per year) ranks 22nd in the nation. Illinois' nurses earn less, on average, than their counterparts in Wisconsin, Minnesota, Arizona, and Texas. Ultimately, the analysis reveals that Illinois' nurses earn between 6 percent and 10 percent less than their counterparts in other states, relative to their high levels of educational attainment (Manzo et al., 2019).

In addition, hospitals are one of the most hazardous places to work in Illinois. Registered Nurses suffer from overexertion, sprains, cuts, workplace violence, sexual harassment, psychological trauma, and other injuries. In Illinois, the on-the-job injury rate of Registered Nurses is 8 per 1,000 nurses. Illinois has the 2nd-highest injury rate for nurses in the Midwest. Indiana, Iowa, Kentucky, Missouri, and Ohio all have more full-time RNs per capita than Illinois *and* lower nonfatal injury and illness rates for nurses (Manzo et al., 2019). The relatively high injury rate and the occupational hazards are barriers to retaining qualified nurses in Illinois.

Research on Safe Patient Limits, Health Outcomes for Patients, and Hospital Finances

The research finds that safe patient limits save lives. High nurse-to-patient ratios are associated with an increase in medical errors, patient infections, bedsores, and heart failure as well as higher rates of hospital mortality (Laschinger et al., 2006; Hughes, 2008; Aiken et al., 2007; Neuraz et al., 2015). In trauma centers, wait times for diagnostic evaluation increased from 30 minutes to 61 minutes when an emergency room nurse cared for three additional patients in 24 hours—increasing the likelihood of patient mortality (Shindul-Rothschild et al., 2017a). Another recent study found that mortality rates of patients undergoing general surgery in hospitals with above-average nurse staffing levels are 17 percent lower than those with below-average nurse staffing levels (Silber et al., 2016).

Safe patient ratios are also associated with greater patient satisfaction. Research has found that inadequate RN staffing levels can cause lower levels of patient surveillance, less patient education, and fewer patients receiving timely medications. As a result, the most important factor affecting hospital patient satisfaction is the availability of Registered Nurses (Aiken et al., 2018). In addition, patients' perceptions of pain control have been found to significantly improve with higher numbers of nursing staff (Shindul-Rothschild et al., 2017b).

While media reports show that some Illinois health facilities currently assign as many as 15 patients to a single nurse, California has safe patient limits (Mahr, 2019; Berens, 2000). In 2004, California mandated that there be at least one nurse for every 2 patients in intensive care units, 3 patients in labor and delivery, 4 patients in pediatrics, 5 patients in medical-surgical units, and 6

patients in psychiatrics. After California implemented these safe patient limits, the likelihood of in-patient death within 30 days of hospital admission fell, patient time spent in the intensive care unit fell by 24 percent, and patient time spent in surgical units fell by 31 percent (Aiken et al., 2010; Kane et al., 2007). Moreover, in a recent study on pneumonia readmission rates in hospitals, research has found that California has statistically lower rates of readmission than Massachusetts and New York due to the higher levels of RN staffing (Flanagan et al., 2016).

At the same time, research has found that safe patient limits have no negative impact on the financial performance of hospitals. Adding RNs to the workforce improves patient health outcomes, which produces medical savings (Silber et al., 2016). Additionally, more RNs on staff help reduce occupational injuries, resulting in additional financial savings for hospitals. Finally, safe patient limits have been found to improve the recruitment and retention of nurses, helping to reduce turnover costs for employers (Aiken et al., 2010). Specifically, researchers at the University of Florida, Suffolk University, and the University of Alabama-Birmingham have found that nurse staffing levels had a positive association with financial performance—especially in competitive hospital markets (Everhart et al., 2013). Instead of imposing significant costs on health care facilities, safe patient limits can improve hospital profit margins.

Safe Patient Limits Can Improve Nurse Retention Rates and Improve Patient Outcomes

Illinois is experiencing a shortage of Registered Nurses, caused by the rising demand for health services and occupational hazards that make it difficult to retain nurses. Illinois nurses suffer from overexertion, sprains, cuts, workplace violence, sexual harassment, and other risks. The way to retain these professional workers is to pay them competitive salaries and promote staffing standards, through safe patient limits, to reduce occupational hazards for nurses while improving patient outcomes and saving lives.

I thank you for allowing me the opportunity to submit my testimony.

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