



April 15, 2014 ■ Issue 95

Experienced Nurses Shorten Length of Stay, Improve Patient Outcomes

More experienced nurses deliver better patient care and shorter length of stay, according a study published in the *American Economic Journal: Applied Economics*.

As experienced nurses leave, hospitals hire new nurses and temporary contract nurses, both of which significantly decrease productivity more than is attributable to changes in nurses' skills and experience, according to the study.

The study, "Human Capital and Productivity in a Team Environment: Evidence from the Healthcare Sector, shows that patients get the best care when treated in units staffed with nurses who have extensive experience in their current job.

Researchers examined 900,000 patient admission medical records over four years at Veterans Administration Healthcare System hospitals and compared them against payroll records for each nurse to see how staffing changes affected patients' lengths of stay. The study found that a one-year increase in RNs' average tenure on a hospital unit was associated with a 1.3 percent decrease in length of stay, the study stated.

Researchers found paying staff RNs overtime to work more hours on a unit is more cost-effective than relying on temporary staffing agencies to fill RN vacancies. Staffing RNs, as opposed to unlicensed assistive personnel, also shortened lengths of stay, but those numbers increased when a member of the nursing team left or the team got a new member, according to the announcement.

Reducing length of stay is the holy grail of hospital management because it means patients are getting higher quality, more cost-effective care. When the same team of nurses works together over the years, the nurses develop a rhythm and routines that lead to more efficient care. Hospitals need to keep this in mind when making staffing decisions--disrupting the balance of a team can make quality go down and costs go up, the study concluded.

Eight Overlooked Ways to Improve Postoperative Patient Safety

A recent survey from the Physician-Patient Alliance for Health & Safety found that one in 10 hospitals performed one or fewer double-checks on patient-controlled analgesia pump connection settings to ensure the correct patient was receiving the correct dosage.

When it comes to patient safety, it's essential for nurses and staff to properly manage and monitor patients receiving opioids.

To help address this concern, the alliance presented a list of ways to improve postoperative patient safety and health outcomes.

This list of tasks include:

1. Consistently assess clinical risk factors in the preoperative area, such as identifying opioid-naïve patients
2. Individualize all alarm parameters for the patient, double check and continuously use electronic monitoring
3. Include any assessed patient risks and reassessment of additional factors such as length of surgery and type of anesthesia during the hand-off communication in the postoperative transition from the operating room to the post-anesthesia care unit
4. Verify nurse-to-nurse that continuous electronic monitoring is used and double-checked
5. Double check dosing, pump parameters and continuous monitoring settings
6. Identify any additional time points for patients' risk-factor reassessment in the postoperative orders
7. Include daily lead changes and handoff communication in the postoperative order to decrease nuisance alarms
8. Continue electronic monitoring with oximetry and capnography until there's a specific order and a complete patient assessment with no signs of respiratory compromise

The survey also found that continuous electronic monitoring reduces adverse events, costs and expenses and 65 percent of the 168 respondents (physicians, nurses and pharmacists) said they've experienced positive results from continuous electronic monitoring.

Save the Date

Please note: While the information below is a list of planned programs for 2014, at this time not all programs can be accessed online for registration.

May 8	Preventing Readmissions and Improving Transitions in Care (co-provided with HQSI)
May 13	CUSP for ESRD in New Jersey
May 20	Reducing Healthcare-Acquired Infections Using a Collaborative Approach
June 9	Statewide Mother Baby Summit
Sept. 18	Adverse Drug Events
Sept. 29	Geriatric Emergency Department Guidelines

[Click here to register.](#)