Nurse Staffing Turnover: The Real Nurse Crisis

Presentation by: SEIU Local 1107 – Universal Health Services (UHS) RNs
126 RNs at Desert Springs left the hospital’s employment in 2003, a turnover rate of over 32%. (24.5% when adjusted for layoffs and shrinking nursing unit).

In the last three years 338 nurses have left Desert Springs. Desert currently employs 358 nurses. Over the last three years Desert Springs cumulative turnover rate is over 94%.

Source: Desert Springs Monthly Reports to SEIU Local 1107.
Valley Hospital Nurse Staffing Turnover

• 186 nurses have left the hospital's employment in 2003, a turnover rate of 33.8%. In the last three years 547 nurses have left Valley Hospital. Valley currently employee 545 nurses. Over the last three years Valley's cumulative turnover rate is 100%.

Source: Valley Hospital Monthly Reports to SEIU Local 1107.
Clark County Hospital RN Turnover Rates 2003

Valley 33.8%
Desert Springs 24.5%
Sunrise 17.9%
Nevada Avg. 16.9%
National Avg. 14.7%
UMC 8.4%

Sources: Testimony of the Nevada Hospital Association, Feb. 19, 2004 and Desert Springs, Valley’s, UMC, and Sunrise Monthly Reports to SEIU Local 1107.
Less turnover = reduced costs

The cost of replacing a medical surgical nurse and a specialty nurse is estimated at $42,000 and $64,000, respectively.

-- “Reversing the Flight of Talent: Nursing Retention in an Era of Gathering Shortage,” Nursing Executive Committee, 2000

This means that turnover costs for 100 Full Time Equivalent RNs range from $4.2 million to $6.4 million.
Less turnover = reduced costs

- Hospitals with high turnover rates (22-44%) have higher average costs per adjusted discharge.
- If Desert Springs retained just 30 more nurses each year, it could cut its average cost per discharge by more than $1,000 per discharge.

Less turnover = safer patient care

- Hospitals with high turnover rates (22-44%) have longer lengths of stay and higher patient mortality rates.

Improved nurse staffing = safe, high quality care

“After adjusting for patient and hospital characteristics, each additional patient per nurse was associated with a 7% increase in the likelihood of dying within 30 days of admission and a 7% increase in the odds of failure-to-rescue.”

-- “Hospital Nurse Staffing and Patient Mortality, Nurse Burnout, and Job Dissatisfaction”, Linda Aiken, PhD, RN, et al., Journal of American Medical Association, October 23/30, 2002
Improved nurse staffing = safe, high quality care

“A higher proportion of hours of nursing care provided by registered nurses and a greater number of hours of care by registered nurses per day are associated with better care for hospitalized patients.”

-- “Nurse Staffing Levels and the Quality of Care in Hospitals,” Jack Needleman, PhD, et al., New England Journal of Medicine, May 30, 2002
Improved nurse staffing = safe, high quality care

“[Nurse] staffing levels have been a factor in 24 percent of the . . . sentinel events that have been reported to the Joint Commission as of March 2002.”


A sentinel event is an unanticipated event that results in death, injury or permanent loss of function
Fewer errors and improved quality = reduced costs

- Average cost of medication error: $4,000 per incident
- Average cost of postoperative infection: $14,000 per patient

Source: Peter Carlson and Associates, 2003
What nurses are saying

“There isn’t a ‘nursing shortage,’ but rather a shortage of nurses willing to work in hospitals under current conditions.”
Better Staffing Will Make Nursing More Attractive

“There are more fully qualified nurses who are not working in their field than there are doctors who are working...the shortage could be over tomorrow if the job were more attractive.”

- Mary O’Neil Mundinger, Dr.P.H., R.N., Dean of Columbia University School of Nursing in “America’s Nursing Crisis.”

Womans Day, October 7, 2003
Nevada’s “So-Called” Nursing Shortage

- In the last two fiscal years the total number of nurses in Nevada grew by 2,265. More than 1.5 times what the industry claims it needs to fill vacancies each year.

What Nevada’s Nurses Are Saying

“I’ve worked in nursing since 1985. The hospital nurses here in Clark County are treated like factory workers.”

“I don’t think I could return to hospital nursing unless staffing improved dramatically. Patients are sicker than ever and at night 9 to 10 patients is too many to take care of alone.”

64% of nurses who left employment at Southern Nevada hospitals specifically cited staffing as the reason for leaving.

Source: “Where Have All the Nurses Gone?” SEIU Local 1107 Nurse Alliance, February 2002.
What Nurses Are Saying

- 68% of nurses nationwide say they would be more likely to stay in acute care nursing if the staffing levels were adequate.

It’s about retention!

- Nationally, 1 in 5 hospital nurses report that they are planning to leave in the next year -- 1 in 3 nurses below the age of 30.

- 45% of nurses who left a Southern Nevada hospital didn’t return to work at another hospital.

Sources: Nurse Reports on Hospital Care in Five Countries,, Aiken, e al., Health Affairs, 2001; The Registered Nurse Population, March 2000: Findings from the National Sample Survey of Registered Nurses, US. Department of Health and Human Services, 2000; and “Where Have All the Nurses Gone?” SEIU Local 1107 Nurse Alliance, February 2002.
What Nevada’s Nurses Are Saying

Nurses’ Reasons For Leaving

- Short Staffing
- Mandatory Overtime/long work hours
- Pay and Benefits

Source: “Where Have All the Nurses Gone?” SEIU Local 1107 Nurse Alliance, February 2002.
“After adjusting for nurse and hospital characteristics, each additional patient per nurse was associated with a 23% increase in the odds of burnout and a 15% increase in the odds of job dissatisfaction. . . . By investing in registered nurse staffing, hospitals may avert . . . low nurse retention.”

-- Aiken Study
It’s not a question of Universal Health Services (UHS) ability to make improvements.

It’s a question of UHS’s priorities.
From 2001-2003 the Universal Health Services (UHS) hospitals earned more than $99.4 million in net operating revenues. And sent another $52.4 million in “home-office allocations” to its corporate headquarters in King of Prussia, Pennsylvania.

Source: Nevada Hospital Quarterly Reports.
There is No Nursing Shortage only a shortage of real solutions!