



Nurse-Patient Ratio May Be Implemented Nationally



Legislation introduced by U.S. Representative Jan Schakowsky (D-IL) may

require hospitals across the country to have mandatory nurse-patient ratios to help combat the nursing shortage. The Nurse Staffing Standards for Patient Safety and Quality Care Act of 2004 would mandate the number of patients a nurse could care for at any point in time. The number would vary depending on patients' needs. For example, a nurse could care for only one patient in an operating or trauma room; four patients in an intermediate care nursery, medical surgical unit, or acute care psychiatric unit; or six patients in postpartum or well-baby units. The bill also would require hospitals to work with direct care nurses and other workers to develop and implement staffing plans. These changes would need to occur by January 2007 for most hospitals and January 2009 for rural hospitals. Any costs related to the changes would be offset by increased Medicare reimbursement.

The bill already has some opposition. California is the first and currently the only state to have a nurse-patient ratio law for hospitals. Hospitals in the state believe that the ratios are not working and cite statistics such as 40% of hospitals have had to turn away ambulances because taking on additional patients would throw off the ratio. A recent court ruling also denied a request to relax the law when nurses were taking meal or rest breaks.

How the ratios were developed for the bill has not been explained, but some people believe they were drawn from the 2003 Aiken Study that found that more than four surgical patients in a nurse's workload increased the risk of death by 7% for each additional patient.

Disturbing Statistics Reported for Patients Admitted to Hospitals on Weekends

Two articles in the August 1 issue of the *American Journal of Medicine* looked at hospitals' reduced weekend staff and its impact on mortality rates and treatment delays.

A study of approximately 500,000 patients admitted to 441 California hospitals revealed a 3% increase in mortality of patients admitted on weekends. The increases were more noticeable in patients with ovarian or uterine cancer, duodenal ulcers, and cardiovascular symptoms. Larger teaching hospitals also had higher mortality rates



when compared to minor teaching and nonteaching hospitals. The researchers emphasized that although the "weekend effect" existed, it was smaller than they previously thought it to be.

The second study followed more than 125,000 acute care admissions in all 190 emergency departments in Ontario from 1988–1997. Patients had the longest waits and longer hospital stays when they were admitted on Fridays or Saturdays. Also, only 5% of urgent procedures were done on the weekends.

Online Drugs Found to Have Varying Dose Strengths

Investigators from the U.S. Food and Drug Administration (FDA) purchased drugs from a Web site that advertised "Canadian generic" medications and tested them to determine whether the strengths of the medications were as advertised.

The FDA ordered generic versions of Viagra® (Pfizer Inc., New York, NY), Lipitor® (Pfizer Inc.), and Ambien® (Sanofi-Synthelabo, New York, NY) from an unnamed Web site that had been sending spam e-mail

to consumers. The FDA said that the site shipped drugs that were either super- or subpotent, and some of the drugs contained contaminants. The pills sold as generic Ambien had tablets that were nearly twice the normal strength of the drug, whereas the Lipitor and Viagra generics had as little as 57% of the normal strength.

Congress is considering legislation that will develop a legal system for importing prescription drugs from other countries.

Web Site Compares Healthcare Quality at Medical Facilities

The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) has launched a Web site that compares the quality of medical care at various facilities. Healthcare professionals and consumers can use the site.

The site can be found at www.qualitycheck.org and compares hospitals in any state or zip code. It rates the hospitals on their performance in treating certain health conditions, namely myocardial infarction,



heart failure, pneumonia, and pregnancy. To participate on the site, hospitals must report on three of the four conditions.

JCAHO has plans to add other reportable conditions in the future,

including prevention of surgical infections, intensive care unit treatment, childhood asthma, and deep vein thrombosis.