



American Association
of Colleges of Nursing

FY 2007 RECOMMENDATIONS: **SUPPORT THE MISSION OF THE AGENCY FOR HEALTHCARE RESEARCH AND QUALITY (AHRQ)**

NURSES ARE THE SENTINELS OF PATIENT SAFETY

Registered Nurses (RNs) comprise the largest health profession with 2.9 million providers of essential therapeutic care to patients in a variety of settings, including hospitals, long-term care facilities, community or public health, and home care. Nurses provide vital services—assessing, monitoring, and evaluating the status of patients, implementing life-saving interventions, coordinating care delivery, and educating patients and their families, all as part of a larger, interdisciplinary healthcare team. Patients spend the greatest amount of time with RNs and depend upon them for their moment-to-moment care and recovery.

The ongoing shortage of registered nurses in the workforce leaves too few nurses to provide adequate care in an increasingly complex healthcare system. AHRQ research has shown us the scientific evidence, which demonstrates that inefficient work processes, overwhelming work loads, extended work hours, and poor workplace designs create obstacles to providing patients with safe, cost-effective, and high quality healthcare services. Protecting patient safety by ensuring good patient care results or “outcomes” is fundamental to nurses and the vital care they provide. Indeed, the Institute of Medicine (IOM) reported in 2004, “how we are cared for by nurses affects our health, and sometimes can be a matter of life and death. . . . [i]n caring for us all, **nurses are indispensable to our safety.**” (*Keeping Patients Safe: Transforming the Work Environment of Nurses*, pg. 2-3) That report was funded by AHRQ.

AHRQ SUPPORTS AND CONDUCTS HEALTH SERVICES RESEARCH ON:

- Outcomes
- Cost of Care
- Quality of Care
- Use of Services
- Patient Safety
- Access to Care

AHRQ is the nation’s lead federal agency on healthcare quality. It supports and conducts health systems research that examines the way healthcare is delivered, focusing on improving healthcare quality, reducing costs, addressing patient safety and medical errors, and increasing access to services. AHRQ partners with the public and private sectors in constructing a knowledge base of what works and what does not in order to translate this information into effective healthcare practice and policy. For example, AHRQ is developing a body of evidence-based practice findings that will help to transform nursing practice for the better. The outcomes of AHRQ-supported research ensure a safer, more efficient healthcare system for both providers and patients.

Research sponsored and conducted by AHRQ is unlike that conducted by its sister agency, the National Institutes of Health (NIH). While NIH supports biomedical research that improves health care by focusing on disease cause, cure, and prevention, AHRQ supports research from a systems perspective, collecting evidence-based information on health care outcomes. AHRQ research findings are used daily by patients, clinicians, health system decision makers, and public policymakers to guide and evaluate healthcare delivery systems and patient care. The research supported and conducted by AHRQ not only improves the quality of health care services, but also helps people make more informed decisions about their healthcare.

RECOMMENDATION: AHRQ is currently funded at \$318.7 million. An additional \$121.3 million in FY 2007 funding would bring AHRQ to a level of \$440 million.

AHRQ sponsors, conducts, and disseminates research through five centers on Outcomes and Evidence; Primary Care, Prevention, and Clinical Partnerships; Delivery, Organization, and Markets; Financing, Access and Cost Trends; and Quality Improvement and Patient Safety. Using grants, cooperative agreements and contracts, AHRQ sponsors research projects, demonstrations, and evaluations. AHRQ disseminates research information through the Translating Research into Practice (TRIP) initiative, which brings health systems research to the bedside.

AHRQ's portfolios of work reflect agency investments and priorities. They provide focus for the agency to achieve its vision, mission, and strategic goals of Safety and Quality, Efficiency, Effectiveness, and Organizational Excellence. The agency further achieves its goals by developing partnerships and collaborations with a variety of federal agencies such as the NIH, the Centers for Disease Control and Prevention (CDC), and the Health Resources and Services Administration (HRSA). AHRQ also partners with other components of state and local governments, and private sector organizations in pursuit of its mission.

AHRQ PORTFOLIOS OF WORK

- Bioterrorism
- Data Development
- Chronic Care Management
- Socio-Economics of Healthcare
- Informatics
- Long-term Care
- Pharmaceutical Outcomes
- Prevention
- Training
- Quality/Safety of Patient Care
- Organizational Support

STUDIES BY AHRQ SHOW NURSING CARE AFFECTS PATIENT SAFETY

Also supported by AHRQ, *To Err is Human* (IOM, 2000) estimated that as many as 98,000 people die each year as a result of a medical error, making medical errors the eighth leading cause of death in this country. Each year, 7,000 people are estimated to die from medication errors alone. Preventing medical errors goes further than identifying unsafe practitioners. It requires identifying and understanding the sources of errors and making systems changes that can prevent these errors from occurring in the future. The report noted that **nurses are the healthcare providers most likely to intercept medication errors** before they reach the patient and result in an adverse event.

The study of hospital nurse staffing and working conditions shows its direct impact on quality of care and patient safety. While there is an increase in numbers of complex, hospitalized patients, there has been no corresponding increase in the numbers of available nurses. AHRQ research has noted that the quality of healthcare is directly linked to nurse staffing levels revealing that **low numbers of RNs on staff were associated with higher rates of serious complications** such as pneumonia, upper gastrointestinal bleeds, shock, cardiac arrest, and infection.

Another AHRQ study found that by **employing a greater proportion of more highly educated nurses reduced the mortality and failure to rescue rates** from life threatening complications. This extensive study found that surgical patients have a "substantial survival advantage" if treated in hospitals with higher proportions of nurses educated at the baccalaureate or higher degree level. In hospitals, a 10% increase in the proportion of nurses holding BSN degrees decreased the risk of patient death and failure to rescue by 5%.

ADDITIONAL FUNDING WILL SUPPORT CRITICAL RESEARCH

In order to improve patient safety, additional research is needed on the nursing work environment to:

- Identify the impacts of unit-level nurse workload on poor patient outcomes including pressure sores and use of restraints.
- Provide safer workplace designs. Research is necessary to compare different layouts of nursing unit and patient rooms to create a safer work environment.
- Determine the effect of nursing staffing levels and organization of work on patient outcomes. This includes understanding the effect of nurse fatigue from extended work hours on patient safety.
- Continually collect data to measure effects of interventions aimed to improve patient safety.

For more information on AHRQ, please visit <http://www.ahrq.gov/> or call (301) 427-1364.

Updated February 9, 2006

For more information, contact the American Association of Colleges of Nursing, One Dupont Circle, Suite 530, Washington, DC 20036 Phone: (202) 463-6930 • Fax: (202) 785-8320 • Web Address: www.aacn.nche.edu