

What's New in the Patient Safety World

July 2025

Invest in Your Nurses

It's always been an uphill battle to convince CEO's and CFO's that investments in patient safety pay off in the long run. Paying for adequate nursing staffing is one such example. There are multiple studies showing that inadequate nursing staffing is associated with higher patient mortality, morbidity, complications, and increased length of stay. Yet every effort to mandate better nurse:patient ratios is met with opposition from hospitals and hospital associations (keep in mind we have always said that measures of nursing workload are better than simple nurse:patient ratios).

Saville et al. ([Saville 2025](#)) recently did a cost effectiveness analysis on the impact of nursing understaffing. It was a longitudinal observational study on 185 adult acute units in four hospital Trusts in England over a 5-year period. Exposure to RN understaffing was associated with increased hazard of death (adjusted HR (adjusted hazard ratio 1.079), increased chance of readmission (aHR 1.010) and increased length of stay (ratio 1.687). The cost of eliminating nurse understaffing was estimated to be £2778 per quality-adjusted-life year (QALY), under the NICE threshold of £10 000 per QALY that represents 'exceptional value for the money'. Using agency staff to eliminate understaffing is less cost-effective and would save fewer lives than using permanent members of staff. Targeting specific patient groups with improved staffing would save fewer lives and, in the scenarios tested, cost more per QALY than eliminating all understaffing.

As pointed out in the accompanying editorial by Karen Lasater ([Lasater 2025](#)), the Saville study does not even take into account potential further savings from reduced burnout.

We have to be a bit careful with any cost effectiveness analysis. All too often we attribute too much savings to lowering lengths of stay. Hospitals still have fixed costs and savings on variable costs require that they do things like reducing staffing. Unless you have flexible nursing staffing, it may be difficult to achieve such variable savings.

Nevertheless, the Saville study is one you need to show your CEO's and CFO's to demonstrate that adequate nursing staffing not only improves patient outcomes, it also is cost-effective.

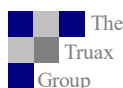
Some of our other columns on nursing workload and missed nursing care/care left undone:

November 26, 2013	“Missed Care: New Opportunities?”
May 9, 2017	“Missed Nursing Care and Mortality Risk”
March 6, 2018	“Nurse Workload and Mortality”
May 29, 2018	“More on Nursing Workload and Patient Safety”
October 2018	“Nurse Staffing Legislative Efforts”
February 2019	“Nurse Staffing, Workload, Missed Care, Mortality”
July 2019	“HAI's and Nurse Staffing”
September 1, 2020	“NY State and Nurse Staffing Issues”
February 9, 2021	“Nursing Burnout”
August 2021	“The New NY State Law on Nursing Staffing”
January 2022	“Another Striking Nurse Staffing Study”
June 2024	“More on Missed Nursing Care”
June 2024	“AACN Standards for Critical Care Staffing”
August 2024	“RN Staffing and Patient Outcomes”
September 2024	“More on Measuring Nursing Workload”

References:

Saville C, Jones J, Meredith P, et al. Cost-effectiveness of eliminating hospital understaffing by nursing staff: a retrospective longitudinal study and economic evaluation. *BMJ Quality & Safety* 2025; Published Online First: 29 April 2025
<https://qualitysafety.bmj.com/content/early/2025/04/23/bmjqs-2024-018138>

Lasater KB. Eliminating hospital nurse understaffing is a cost-effective patient safety intervention. *BMJ Quality & Safety* 2025; Published Online First: 08 June 2025
<https://qualitysafety.bmj.com/content/early/2025/06/08/bmjqs-2025-018677>



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