

Staff shortages put our patients at risk

[Health & Medicine](#), [Hospital](#)



Hospitals have a lot of money coming in, however, they also have a lot of money going out. Hospitals are always trying to figure out ways they, and their workers can save money. In the clinical setting, I do see that supplies is being used efficiently and are not wasted. However, there are a few things that could be changed. For example, nurses use many different types of supplies, and have a list of things they need to get done. There have been a few times I have seen nurses waste small things such as syringes, needles, lines and more. These things may seem small, but when the hospital is going through hundreds of these a day, it can rack up a good amount of money wasted. Nurses get busy and can sometimes be in a hurry, so it is not always intentional.

At this facility where I have my practicum, it was said that supplies is not an issue. When they see they are low on something, they write it down on the supply list and then the next week they will receive what they needed. They say the supplies workers are very efficient and also good at asking about what they need and looking at their inventory. Fraud is avoided by double checking that the patient is not being charged for something they did not use, or that they were given. If something was not used for the patient that was going to be used, it is important to make sure that the patient is not being charged for it. Waste can be avoided with patient supply charges in a few ways. For example, not throwing away unused items and not charging them from things that they did not need, or use. Before reading the article, I was unaware of the many different types of staffing. Where I do my practicum, the type of staffing used is decentralized staffing. This is when “ unit leaders determine the level of staffing needed before and during the

shift, based on multiple factors. ” This is a good system to use, because the people in charge of the floor know how the floor runs. Therefore, they know how many people need to be there, and what people they do not. However, a downfall to this is that there is a chance for there to be a lack of consistency. Sometimes, the numbers may be off. There may not be enough nurses and therefore, each nurse has more patients. This then, can affect patient care.

On the other hand, there is centralized staffing. This is when “ One department is responsible for staffing all units, including call-in staff, call-off staff, and float staff. The pro to this kind of staffing is that there is equal opportunities for the staff. However, the downfall is that they are usually not very flexible. For example, if there is a problem and people can not be at work, or if there is a turn over, they are at a loss and do not have enough people to work. In the cost containment article, it is talked about who all pays for the health care. This includes, agencies, insurance company’s, and also people who used the healthcare, such as patients. However, even though they have several people and companies paying, there are still some parts that do not get paid. It also talks about how the type of care the patient receives, it can affect the facility financially. If a patient did not receive the care they needed, and return 30 days, later, the hospital loses money because of this.

I think cost containment is important because it affects the facility you work for. If the worker’s facility are careful with care, supplies and much more, it can affect how the facility works. For example, they can afford to get new improvements that can affect patient care. To help with cost containment, I

can make sure that I am giving the best care to my patients and making sure they are properly taken care of before being discharged. If they do not need to return because they are healthy, this can help the hospital tremendously. When the nurse to patient ratio, is high, this effects the type of care the patient receives.

The nurse can become busy trying to care for a heavy patient load, and miss things on patients, that can sometimes be life threatening. In the article “Nurse-Patient Ratios and Safe Staffing: 10 Ways Nurses Can Lead the Change”, it talks about how patients are having more problems with infections and falls due to the nurse and patient ratio. This is slowly started to change by making smaller nurse to patient ratios in hopes that patients will receive better care, and will have fewer hospital causing problems.