

# **Nurse to Patient Ratio**

## Its Impact on Patient Safety

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# Background on the 12 year Ratio Fight

- 1992 and 1993 CNA sponsored AB 1445 with Democrat Senator Jackie Speier – the first legislative attempt in the United States to establish nurse to patient ratios. The bill did not make it out of committee.
- 1996 CNA co-sponsored Proposition 216, the Patient Protection initiative that included the requirement of DHS set ratios in healthcare settings. Proposition made it to the ballot but did not win. However, it was successful in raising the awareness of RNs and the public to the need for safe staffing.

- 1996 DHS added Title 22 regulations requiring orientation, nursing in - service education, competency validation for the unit, and staffing by a validated acuity system. (Hospitals continued to staff by numbers/census vs. patient needs.)

- 1997 and 1998 CNA sponsored ratio bill AB 695. The bill passed the legislature. Republican Governor Pete Wilson vetoed the bill after extensive lobbying by the hospital industry.

- 1999 CNA sponsored AB 394 authored by Democratic Senator Sheila Kuehl. Nurses and patients wrote more than 14,000 letters in support and delivered them to lawmakers and the governor. CNA rallied tens of thousands of nurses at the capitol in Sacramento and at the Governor's office in Los Angeles.

# FINALLY.....

- OCTOBER 10, 1999 Democratic Governor Gray Davis signed AB 394
- California is the first state in the U.S. to agree to safe staffing standards.
- This drew praise throughout the nation as well as internationally.

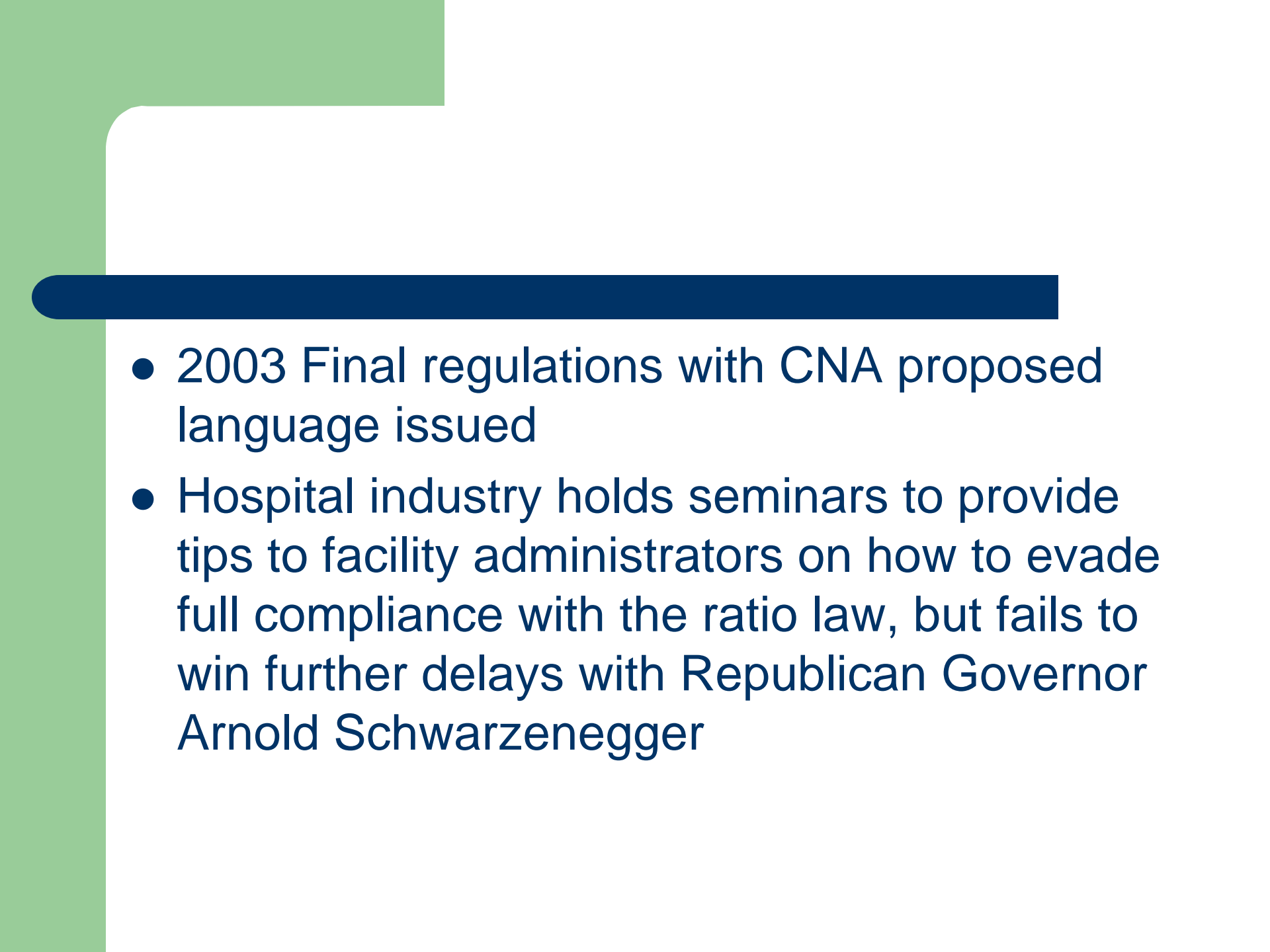
# Where do we begin.....

- 2000 DHS starts the regulatory process. CNA develops proposal based on 22 million patient discharge records, the DRG designations and patient acuity

- 2001 CNA conducts 21 Town Hall meetings across the state attended by 1000 RNs. In September, over 2,100 RNs and consumers join CNA sponsored rally and public hearing with testimony by RNs, patients and physicians to press for safe ratios.
- This event was the largest gathering of RNs in California history



- 2002 Governor Davis announces proposed ratios at a press conference in Los Angeles with the CNA Board of Directors
- DHS issues the proposed regulations in September
- CNA brings over 500 RNs to DHS hearings in Los Angeles, San Francisco, and Fresno and submits 24,000 letters to DHS, supporting CNA

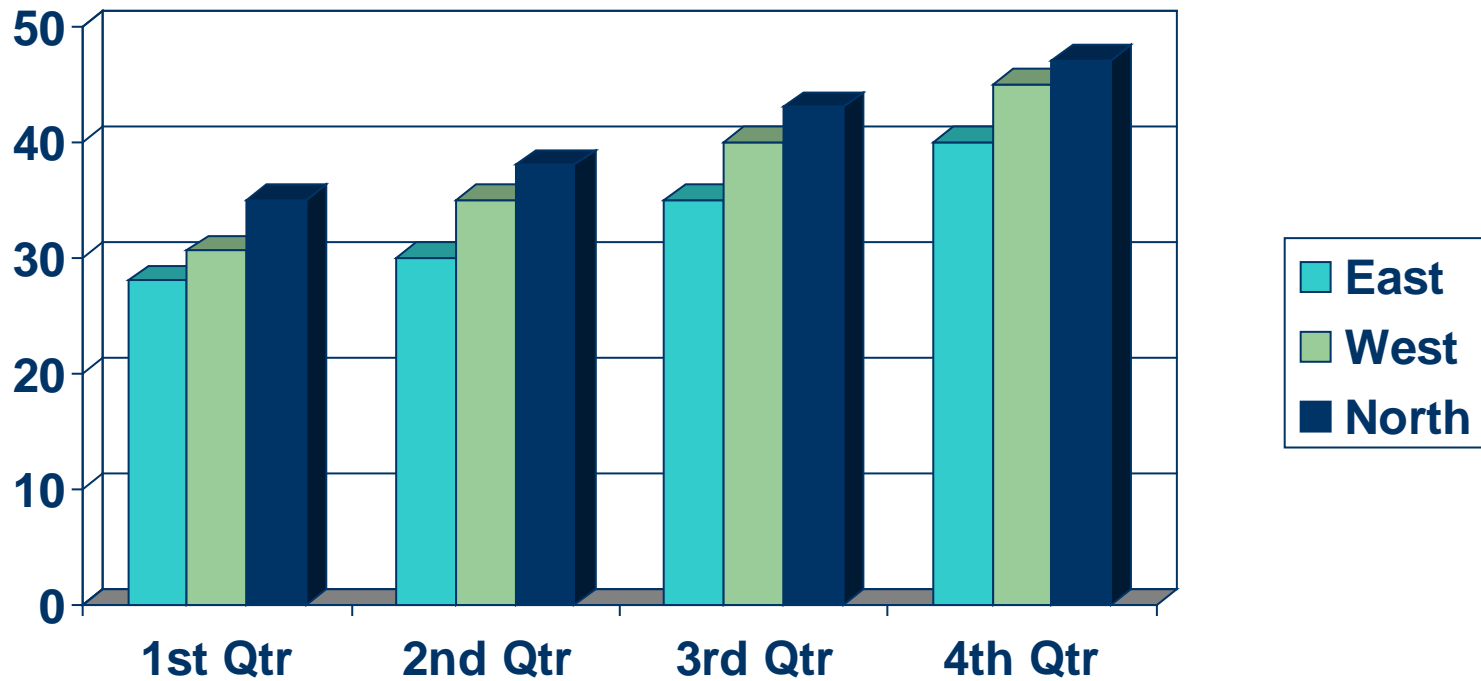
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- 2003 Final regulations with CNA proposed language issued
  - Hospital industry holds seminars to provide tips to facility administrators on how to evade full compliance with the ratio law, but fails to win further delays with Republican Governor Arnold Schwarzenegger

- January 1, 2004 all hospitals must be in compliance with new ratios
- Hospital industry continue to campaign to undermine the law and to seek revisions.
- CNA continues to work with RNs across the state to guarantee safe RN staffing
- RNs continue to monitor ratio compliance and that the law is enforced 24 hours a day/7 days a week

# As of today, November 20,2008

- The fight continues
- RNs remain vigilant about compliance
- RNs continue to make sure that all provisions of the ratio law are enforced.
- Hospital industry continue to undermine the provisions of the law.

# Is the RN to patient ratio making a difference?



# RN-to-Patient Ratios

## A Cost Effective Solution for Hospitals

- Harvard researchers cite a 3% to 6% shorter length of stay for patients in hospitals with a high percentage of RNs, reducing costs—Nurse Staffing and Patient

Outcomes in Hospitals, Harvard School of Public Health, 2001 report

# RN-to-Patient Ratios

## A Cost Effective Solution for Hospitals

- Raising the proportion of RNs by increasing RN staffing to match the top 25% best staffed hospitals would produce net short term cost savings of \$242 million—

Health Affairs, January/February 2006

# RN-to-Patient Ratios

## A Cost Effective Solution for Hospitals

- Aggregate hospital profits in 2004 nationally climbed to an all-time record of \$26.3 billion, with net profit margins at a six year high —

Modern Healthcare, November 7, 2005.

- Nationally, hospitals expended \$146.3 billion from 1993-2003 on information technology programs while asserting that costs had to be cut elsewhere.



# **RN-to Patient Ratio**

## **A Cost Effective Solution for Hospitals**

### **The California Experience**

320 hospitals reporting - aggregate profits

2004 – 1.5 billion

2005 – 2.2 billion

2006 – 2.6 billion

# The IMPACT:

- WHAT IT MEANS TO OUR PATIENTS



# Patient safety:

- Studies by the nation's most respected scientific and medical researchers now documents “what physicians, patients, other health care providers and nurses themselves have long known: how well we are cared for by nurses affects our health and sometimes can be a matter of life or death”

## Health Affairs: January/February 2006

- If all hospitals increased RN staffing to match the top 25% best staffed hospitals:
- More than 6,700 in patient deaths could be avoided
- 60,000 adverse outcomes could be avoided
- It can increase ancillary value to families of reduced morbidity, such as decreased pain and suffering, days lost from work

# Journal of the American Cancer Society September 2005

- Cancer surgery patients are safer in hospitals with better RN to patient ratios
- A study of 1300 Texas patients undergoing a common surgery for bladder cancer documented a cut in patient mortality rates of more than 50%
- Hospitals with low volume on cancer procedures can match standards of high volume medical centers just by increasing their RN ratios

# JAMA 1995

- RNs intercept 86% of all medication errors made by physicians, pharmacists and others prior to the provision of those medications to patients

# Journal of the American Public Health Association August 2005

- Cutting the ratios to 1:4 nationally could save as many as 72,000 lives annually
- Less costly than many other basic safety interventions common in hospitals including clot busting medications for heart attacks and PAP tests for cervical cancer

# Joint Commission August 2002

- Nearly every person's every health care experience involves the contribution of a RN
- Birth and death, all the various forms of care in between are attended by the knowledge, support and comforting of RNs
- When there are too few RNs, patient safety is threatened
- Health care quality is diminished



## JCAHO continues to say:

- According to their 2002 data, staffing levels have been a factor in 24% of the 1609 sentinel events
- In a more recent study, the greater number of RNs in the staffing mix correlated with a 3 to 12% reduction in certain adverse outcomes including urinary tract infection, pneumonia, shock and upper gastrointestinal bleeding.

## Another study shows:

- Positive associations between nurse staffing levels and patient outcomes
- Lower catheter related infections of bloodstream
- Lower nasocomial infection rates in pediatric cardiac ICU
- Lower rates of decubitus ulcers
- Lower number of deaths

## Science Daily January 2007 states:

- 10% increase in adequate staffing and resources was associated with 17 fewer deaths per 1,000 discharged patients

# Critical Care July 2007

- Among critically ill patients on mechanical ventilation, the risk of pneumonia was lower when there were higher levels of nurse staffing

## And last but not the least:

- Institute of Medicine 2003 reports that the key cause of 98,000 preventable deaths was low nurse staffing.

# SHARING THE CALIFORNIA EXPERIENCE.....

- What are we doing?
- Where are we going next?

# The United States National Nursing Reform and Patient Advocacy Act

- Legislative purpose
- Address the nationwide shortage of hospital direct care Registered Nurses
- Provide minimum safe patient protection standards for acute care hospitals
- Protect direct care RNs as patient advocates

# Legislative Purpose:

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- Strengthen national emergency preparedness and RN response capacity to provide immediate nursing care required for effective disaster relief
- Create RN education, practice and retention grants and stipend to recruit and retain RNs
- Provision of safe, therapeutic and competent nursing care



# National Standards: Direct Care Registered Nurse Patient Advocacy

- Professional Duty of Patient Advocacy
- The RN has the professional obligation and therefore the right to act as the pt.'s advocate
- The RN is always responsible for providing safe, competent nursing care to assigned patients
- The RN must have the necessary skills, knowledge, judgement and ability to provide the required care
- The RN has the ability to refuse an unsafe patient care assignment

# National Standards:

- The RN shall assess each medical order before implementation to determine if the order is:
  - In the best interests of the patient
  - Initiated by a person legally authorized

# Other Provisions:

- Free Speech
- Whistle Blowing
- Patient Protection
- Ethical Responsibility
- Fiduciary Duty
- Exclusive interests of the patient
- Conflict of interest

## Other Provisions:

- Collective Patient Advocacy
- Collective bargaining representation
- Allows for RN's Independent judgment
- Direct Care RNs are not supervisors
- Prohibits use of technology that overrides the independent professional judgment
- Prohibits use of de-skilling technologies

# Uniform National Standard:

- The Centers for Medicare and Medicaid Services shall develop a national acuity tool using existing CMS computer based “hospital assigned DRG codes and patient severity illness levels” program

# The Ratios

Intensive/Critical Care	1:2
Neo-natal Intensive Care	1:2
Operating Room	1:1
Conscious sedation	1:1
Post-anesthesia Recovery	1:2
Labor and Delivery	1:1*
Ante partum	1:3
New Born Nursery	1:2
Postpartum couplets	1:3
Postpartum women only	1:4
Pediatrics	1:3
Emergency Room	1:4
ICU patients in the ER	1:2
Trauma patients in the ER	1:1
Step Down & Telemetry	1:3
Medical/Surgical	1:4
Other Specialty Care	1:4
Psychiatric	1:4
Rehabilitation Unit &SNF	1:5

**Most units are specifically defined.**

\*Initiating Epidural Anesthesia and Circulating for Cesarean delivery

# Protected Rights:

- Direct Care Nursing Practice
- Protected Rights:
- Patient Advocacy
- Whistle Blower
- Free Speech
- Freedom to associate

# Protected Rights:

- No interference with rights
- No retaliation or discrimination
- Title protection



# Provisions for RN Workforce Initiative:

- Basic Educational Assistance and living stipend
- Mentorship
- Preceptorship

# Enforcement:

- Civil action employees against employer
- Fees and costs
- Fines
- All proceeds shall be deposited in the workforce initiative program to educate future RNs

# Current Patient Advocacy Standards

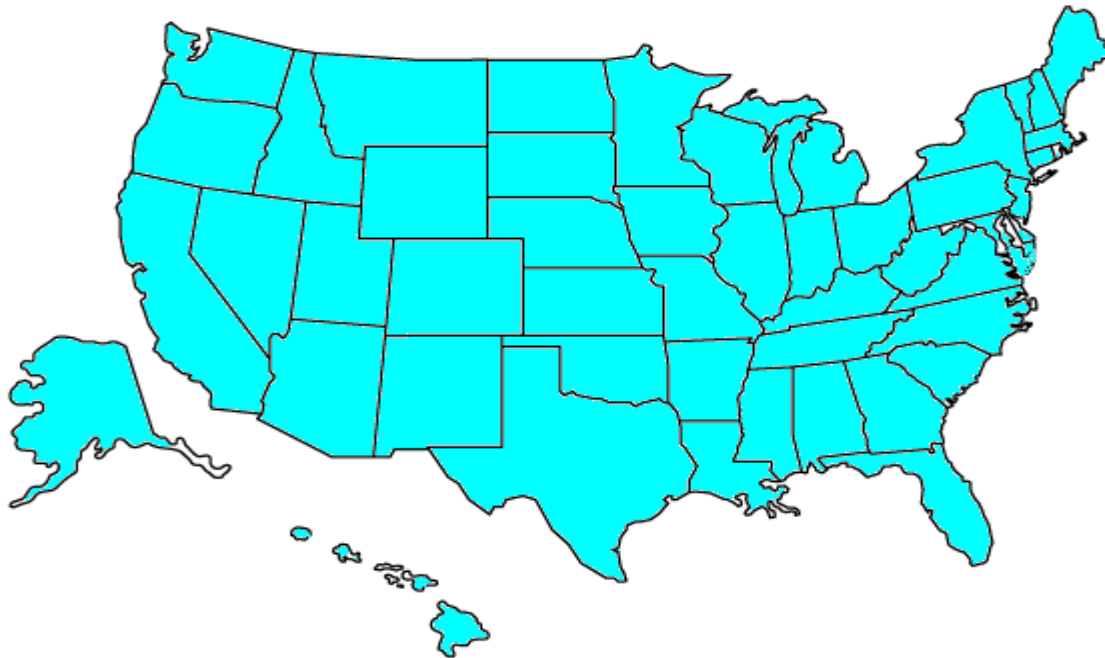


California

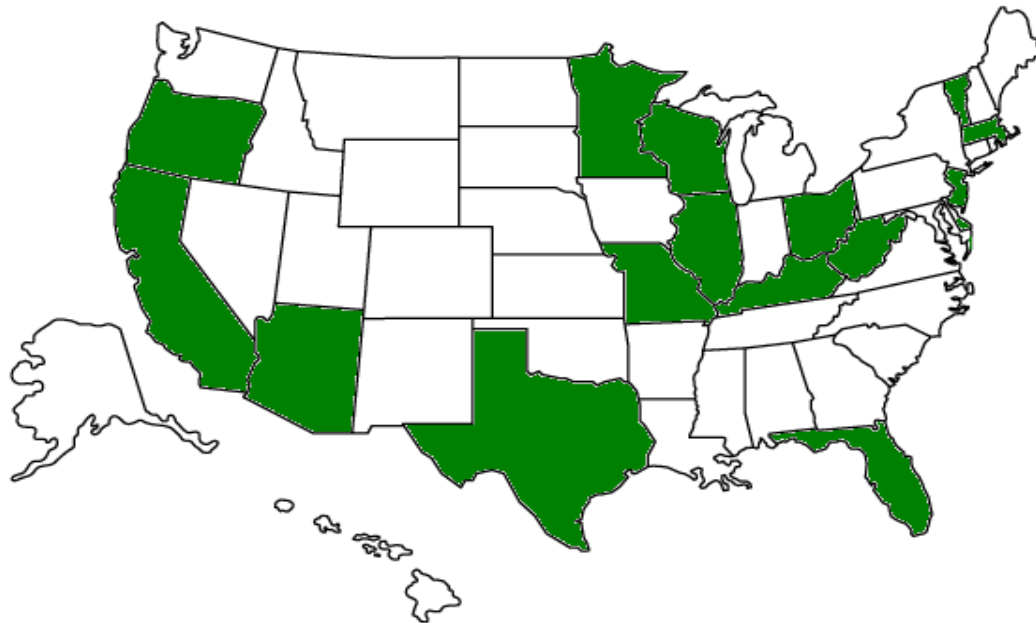
Illinois

DC

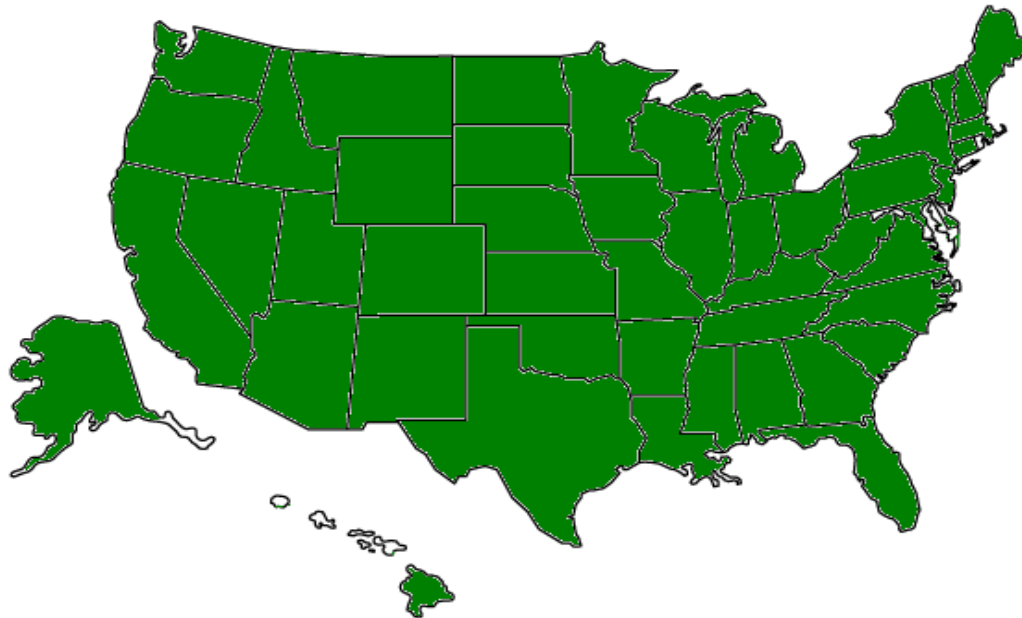
# National Patient Advocacy Universal Standard of Care



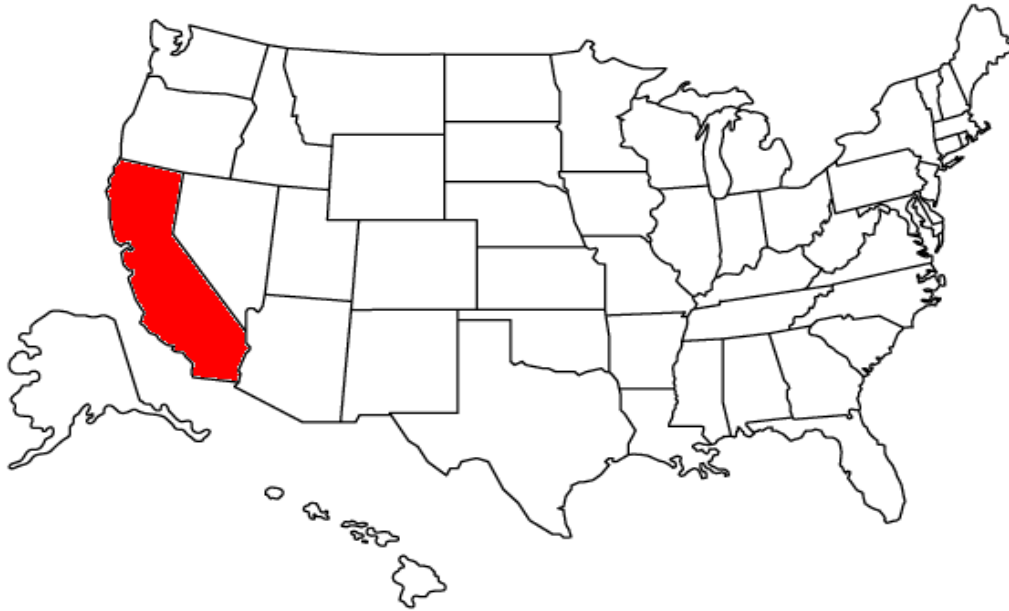
# Current Whistle Blower Protection



# National Whistle Blower Protection Standards

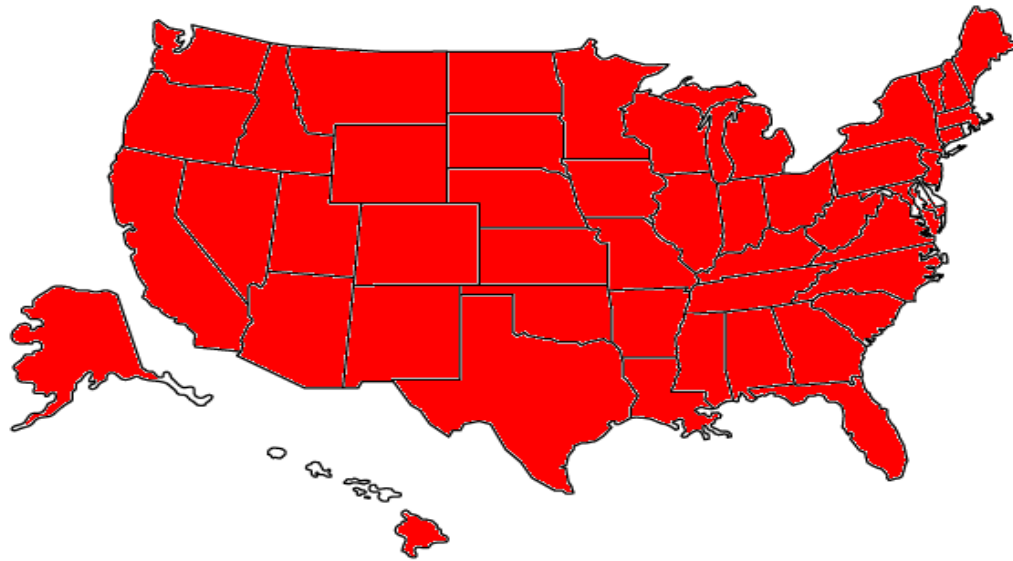


# Current Direct Care RN-to-Patient Ratios



California

# National Direct Care RN-to-Patient Ratios Universal Standard of Care





**Find out how you can become part of  
our campaign to win mandated RN to  
patient ratios in every state in the  
nation.....**

Please visit our websites:

**[www.calnurses.org](http://www.calnurses.org)**

**[www.nnoc.net](http://www.nnoc.net)**

As Registered Nurses, we must accept no  
substitutes when it comes to patient care.

**On behalf of all our RN members, the  
CNA/NNOC Board of Directors I thank  
each and everyone of you.....**

