

The Ratio Solution

CNA/NNOC's RN-to-Patient Ratios Work —
Better Care, More Nurses



CALIFORNIA
NURSES
ASSOCIATION



NATIONAL NURSES
ORGANIZING COMMITTEE

RN Staffing Ratios are Saving Lives and Bringing RNs Back to the Bedside

CNA/NNOC stands ready to help you bring ratios to your hospital

Dear Colleague,

Today in California, thanks to CNA/NNOC-organized registered nurses, staffing ratios are the law, RNs are coming back to the bedside by the thousands, and staffing has improved dramatically.

We are extremely proud to be the author, sponsor, and driving force behind the landmark RN-to-patient ratio law (AB 394) which has now been in effect in all California acute-care hospitals since 2004. It took many years. We had to take on a very famous governor to defend the ratios, but we prevailed and are happy to have paved the way for other states to adopt similar legislation and ultimately a national bill.

Patient care staffing standards have sharply deteriorated in hospitals across the country. Patients and nurses experience the effect everyday with unsafe staffing levels. As consumers we expect specific standards for clean air and water, limits on classroom sizes, and staffing ratios for airline, day care, and nursing home staff. Hospital patients should also be entitled to minimum safety standards and public protection.

CNA/NNOC RNs across the nation, from Arizona to Maine, have been inspired by the California law and are now actively working for passage of mandated ratios in CNA/NNOC-proposed Hospital Patient Protection Acts. In Texas, Illinois, Maine, Arizona, and Ohio, CNA/NNOC has challenged the hospital industry by introducing ratio bills in state legislatures. The Massachusetts Nurses Association has also long pushed for similar mandated nurse-to-patient ratio legislation which is now moving forward in the legislative arena and we are confident will soon become law.

We have included an appendix of studies, along with facts and statistics, about how safe RN ratios enhance patient care and the cost-savings they bring, as well as a guide to half-measure staffing legislation that exists throughout the country.

As registered nurses, we must accept no substitutes when it comes to patient care. Visit our website at www.nnoc.net or call us at 800-540-3603 to find out how you can become a part of our campaign to win mandated RN-to-patient ratios in every state in the nation.

CNA/NNOC Board of Directors

RN Ratios 101

California's Safe Staffing Ratio Law — It's more than just the numbers

The Ratios

Intensive/Critical Care	1:2
Neo-natal Intensive Care	1:2
Operating Room	1:1
Post-anesthesia Recovery	1:2
Labor and Delivery	1:2
Antepartum	1:4
Postpartum couplets	1:4
Postpartum women only	1:6
Pediatrics	1:4
Emergency Room	1:4
ICU patients in the ER	1:2
Trauma patients in the ER	1:1
Step Down	1:3
Telemetry	1:4
Medical/Surgical	1:5
Other Specialty Care	1:4
Psychiatric	1:6

All ratios are minimums. Hospitals must increase staffing based upon individual patient needs.

CNA/NNOC's historic first-in-the-nation Safe Staffing RN Ratios took 13 years to win and have been in effect since January 2004 despite continued efforts of the hospital industry to overturn the law.

When California Gov. Arnold Schwarzenegger decided to roll back staffing ratios and called nurses a "special interest who don't like me because I am always kicking their butt," CNA/NNOC ignited a broad grassroots movement that led to the sweeping November 2005 electoral defeat for a series of anti-worker initiatives sponsored by Schwarzenegger. Two days after the election, Schwarzenegger dropped his year-long fight against the ratios. The following week, the California Department of Health Services admitted that there was no negative impact and that in fact "hospitals have been able to meet the lower ratios."

Safe RN ratios have improved quality of care and nurse recruitment and retention in California hospitals. Staffing continues to improve with a 1:3 ratio (from 1:4) in step-down units and 1:4 (from 1:5) in telemetry and specialty units implemented in January 2008.

Ratios 101

AB 394 — the CNA/NNOC-sponsored Safe Staffing Law — has multiple provisions designed to remedy unsafe staffing in acute-care facilities. California's safe staffing standards are based on individual patient acuity of which the RN ratio is the minimum.

Mandates Minimum, Specific Numerical Ratios

Establishes minimum, specific numerical nurse-to-patient ratios for acute-care, acute psychiatric, and specialty hospitals.



Requires a Patient Classification System — Additional RNs Added Based on Patient Need

Additional RNs must be added to the minimum ratio based upon a documented patient classification system that measures patient needs and nursing care, including severity of illness, complexity of clinical judgment, and the need for specialized technology.

Regulates Use of Unlicensed Staff

Hospitals may not assign unlicensed assistive personnel to perform nursing functions or perform RN functions under the supervision of an RN including: administration of medication, venipuncture, and invasive procedures.

Restricts Unsafe “Floating” of Nursing Staff

Requires orientation and demonstrated current competence before assigning a nurse to a clinical area. Temporary personnel must receive the same orientation and competency determination as permanent staff.

Break Coverage

The ratios apply “at all times,” including meals and breaks.

No Averaging

There can be no averaging of the number of patients and the total number of RNs.

No Cuts in Ancillary Staff as a Result of Ratios

In the first year of implementation, CNA/NNOC successfully fought off challenges from several California hospitals who responded to the ratios by attempting to cut back on LPNs/LVNs and unlicensed personnel, going against the intent of the law. The California Department of Health Services’ safe staffing standards maintain the existing staffing model which utilize RNs, LPNs/LVNs, and unlicensed assistive personnel.

LPNs/LVNs

LPNs/LVNs are not in the ratio count and are assistive to the RN.

Q & A

Everything you ever wanted to ask about ratios

Q. There is a nursing shortage — where will the RNs come from?

A. The number of actively licensed RNs in California has increased by over 80,000 following enactment of the staffing ratio law in 1999 to 2007.

Strong, effective ratio laws have been a critical factor in helping to mitigate the effects of the nursing shortage. “Vacancies for registered nurses at local [Sacramento] hospitals have plummeted 69 percent since early 2004” [the first year ratios were implemented] according to the January 11, 2008, *Sacramento Business Journal*. Some of California’s biggest hospital systems have had enormous success in hiring new RNs over the past two years — and seen their turnover and vacancy rates fall below five percent. The national turnover average ranges from about 15 to 25 percent.

RNs do not remain in unsafe, understaffed hospitals. Today’s shortage is the direct product of over 10 years of the failed policies of market-driven medical care that included reckless downsizing and displacement of RNs with unlicensed staff.

California and Victoria Australia, both with mandated ratios, prove this point.

In California, since the signing of the law in 1999:

- The number of actively licensed RNs grew by nearly 10,000 a year, compared to just 3,200 a year prior to the law’s passage. This number was almost seven times more than the total state health officials said would be needed to meet ratios for general medical/surgical units. There has been a 60 percent increase in RN applications.
- There is a sharp reversal in the trend of RNs leaving California.
- Big gains are being seen in the number of new graduate and foreign trained applicants who take and pass the RN exam.

— *California Board of Registered Nursing*

Victoria, Australia, which adopted nurse-to-patient ratios in 2000, has experienced a 24.1 percent increase in the number of employed nurses.



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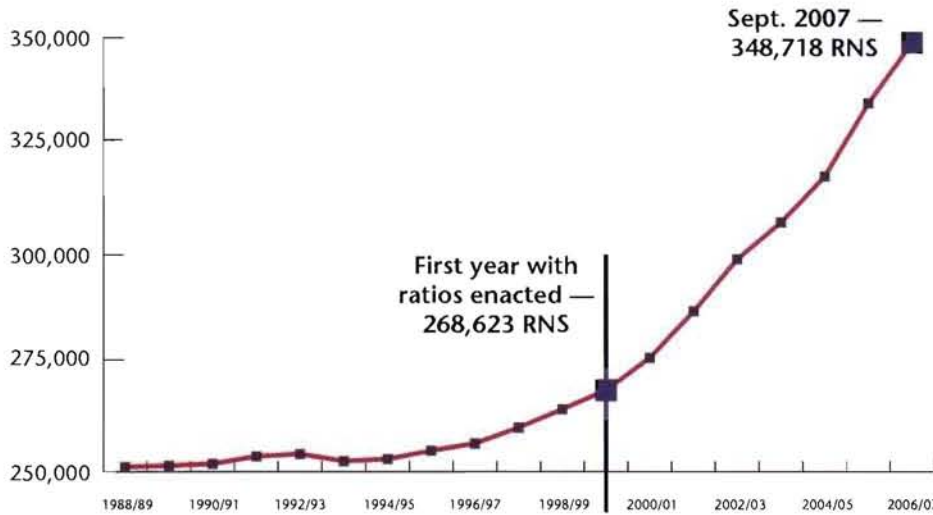
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Number of licensed RNs increased by 30% in California since ratio law passed in 1999



Q. Have ratios caused an increase in hospital closures?

A. No.

Claims by the hospital industry that California's patient safety law is to blame for hospital and ER closures ignores the fact that 50 hospitals were closed in California between 1990 and 2000, for market-based reasons, long predating the implementation of the ratio law. Virtually all the few hospitals closed since January 2004 had reported years of financial losses. When the hospital industry sought to overturn the ratio law, they failed to produce in court any evidence linking ratios to hospital closures.

Nationally, 925 hospitals were closed from 1987 to 2005, none as a result of California's Safe Staffing Law.



Q. Is there any data that proves mandated RN-to-patient ratios improves patient outcomes?

A. Yes!

There is a wave of scientific studies that directly links safe RN staffing to reduced rates of patient deaths and post operative complications, including respiratory failure, urinary tract infections, pneumonia, shock, upper gastrointestinal bleeding, and shorter hospital lengths-of-stay. *Check out additional research findings in the appendix.*

- If all hospitals increased RN staffing to match the top 25 percent best-staffed hospitals, more than 6,700 in-hospital patient deaths, and, overall 60,000 adverse outcomes could be avoided. — *Health Affairs, January/February 2006*
- Cutting RN-to-patient ratios to 1:4 nationally could save as many as 72,000 lives annually, and is less costly than many other basic safety interventions common in hospitals, including clot-busting medications for heart attack and PAP tests for cervical cancer. — *Medical Care, Journal of the American Public Health Association, August 2005*
- Up to 20,000 preventable patient deaths each year can be linked to low RN staffing. For each additional patient assigned to an RN, the likelihood of death within 30 days increased by seven percent. Four additional patients increased the risk of death by 31 percent. — *Journal of the American Medical Association, October 22, 2002*

Q. If there is a shortage of RNs, can LPNs/LVNs be counted instead?

A. No. RN and LPN/LVN licenses are not interchangeable.

What distinguishes an RN from an LPN/LVN or other nursing staff is her or his broad, legally-defined scope of practice — the legal authority that governs what she or he can and cannot do — and the legal mandate and right to act as patient advocate in all circumstances. There is no parity between the RN and the LPN/LVN licenses for the purpose of the ratios.

The LPN/LVN is limited by law to performing technical and manual duties assigned by the direct-care RN. RN responsibilities include: patient assessment, formulating a care plan, implementation and evaluation of care, and patient and family education. Perhaps most critical to patient safety is the independent authority of an RN. In an era when so many healthcare corporations place economic goals ahead of quality care, the RN is specifically ordered to protect the safety and well-being of the patient regardless of the economic interest of the employer.



Q. Aren't ratios too costly?

A. No, in fact ratios have proven to be cost-effective.

Safe RN ratios have produced cost savings for hospitals in reduced spending on temporary RNs and overtime costs, lower RN turnover, shorter patient lengths of stays, and improved patient outcomes.

- Improving RN-to-patient ratios from 1:8 to 1:4 would produce significant cost savings and is less costly than many other basic safety interventions common in hospitals, including clot-busting medications for heart attacks and PAP tests for cervical cancer. — *Medical Care, Journal of the American Public Health Association, August 2005*
- Increasing the hours and raising the proportion of nurses who are RNs would result in a \$5.7 billion savings and save 6,700 lives and four million days of patient care in hospitals each year. — *Health Affairs Magazine, January/ February 2006*
- Raising the proportion of RNs by increasing RN staffing to match the top 25 percent best-staffed hospitals would produce net short-term cost savings of \$242 million. — *Health Affairs, January/ February 2006*

Q. With the healthcare crisis, aren't most hospitals financially in trouble?

A. No. Hospitals can afford to improve staffing.

Data shows that most hospitals can afford to employ sufficient numbers of RNs to provide safe ratios. The health industry trade publication *Modern Healthcare* reported that hospital industry profits set another record — \$35.2 billion in 2006. That's just the profits, not counting high executive salaries, stock options, and other benefits.

Even with the improved staffing required by the ratios law, California hospitals netted over \$4 billion in profit in 2006, according to data from the Office of Statewide Health Planning and Development.

Case Closed

RN-to-Patient Ratios:

Save lives

Help solve the nursing shortage

Cost effective

The Half-Measures

Beware of “staffing” bills masquerading as ratios

In an effort to derail mandated RN-to-patient ratio laws, the hospital industry along with its allies have pushed for passage of inferior “staffing” bills. When analyzing the merits of a particular bill, be suspicious when a bill has any of the following markers.

Is it a real ratios law or a fake, weakened “staffing” plan?

- Voluntary and/or “permissive” ratios

These laws may provide specific numeric ratios, however they also include loopholes giving employers the right to staff as they please. One of the loopholes allows employers to interchange RNs for “other healthcare personnel.”

- No public disclosure
- No enforcement
- No rights for the RN as patient advocate, no whistle-blower protection
- LVN/LPN and RN interchangeability
- Staffing based solely on patient classification systems without ratios as a minimum safety standard

These approaches make vague and undefined references to “appropriate” staffing levels without providing specific ratio numbers. Acuity-based staffing — using tools developed by hospital industry consultants — is presented as an alternative to mandated minimum ratios. All of these “plans” are designed to prevent the implementation of real, enforceable, RN-to-patient ratios.



Our hospital has added 500 new RN positions and we rarely use registry or travelers

"I work in a medical unit where a majority of our patients are diabetic and require lots of teaching and monitoring. Our night shift RNs used to have nine to 12 patients before the ratios were in effect. We could never keep a core nursing staff on nights. As a result of the ratio law we don't have more than five patients which gives us the time we need to do patient teaching and has dramatically improved patient outcomes and nurse retention. Our hospital has added 500 new RN positions and we rarely use registry or travelers."

*— Mary Bailey, RN
Long Beach Memorial Hospital, Long Beach, California*

CNA/NNOC RNs Across the Nation Take up the Fight

The CNA/NNOC ratios campaign is committed to improving upon the standards won in California

Proposed RN Ratios

Intensive/Critical Care	1:2
Neonatal Intensive Care	1:2
Operating Room	1:1
Conscious Sedation	1:1
Post-anesthesia Recovery	1:2
Labor and Delivery	1:1
Antepartum	1:3
Newborn Nursery	1:2
Postpartum Couplets	1:3
Postpartum Women Only	1:4
Pediatrics	1:3
Emergency Room	1:4
ICU Patient in ER	1:2
Trauma Patient in ER	1:1
Step Down & Telemetry	1:3
Medical/Surgical	1:4
Other Specialty Care Units	1:4
Psychiatric	1:4
Rehab Unit & Skilled Nursing	1:5

All proposed ratios are minimums. Hospitals must increase staffing based upon individual patient needs.

CNA/NNOC's Hospital Patient Protection Act Key Components

1. Patient advocate duty and right
2. Unit-specific RN-to-patient ratios for acute-care hospitals
 - RN-patient ratios for all shifts at all times
 - Restrictions on use of unlicensed assistive personnel
 - Patient classification system to determine additional staff, based on an acuity tool
 - Monetary fines for violations

3. Whistle-blower protections with substantive monetary fines

4. Direct-care RNs classified as professional employees, not supervisors

Protection from the National Labor Relations Board Kentucky River ruling that attempts to classify RNs as supervisors and makes them ineligible for collective bargaining rights.

5. Safe hospital care workplace standards

Worker injury prevention: A zero-lift policy, to replace current practices of unassisted manual lifting. Repositioning and transferring of patients with the use of patient transfer devices, lifting devices, and lift teams.

6. Strengthening emergency preparedness capacity

Mandatory paid leave with employment, rights, and benefits protection for participation in disaster relief.



Drawing on the lessons from California

RNs in states throughout the country are actively working with CNA/NNOC to win their own mandated direct-care RN-to-patient staffing ratios. Building upon the success achieved by CNA/NNOC in California, RNs in Illinois, Maine, Arizona, Texas, Ohio, and elsewhere are actively organizing in support of Hospital Patient Protection Acts in their states.

- There can be **no compromise** on the need for mandated, minimum RN staffing ratios
- RNs must take a highly visible, very public lead in this fight
- The alliance that counts is between RNs, patients, and the public
- RNs must act collectively in support of ratios

The California safe staffing law gives nurses hope

“I am a float RN and so I see how RNs in every unit throughout our hospital finally have the time to do proper nursing care, and fully evaluate each patient’s needs. We now have time to check each patient’s chart and make sure there are no treatment delays. And finally there is time to do the patient and family teaching that is essential to avoiding future complications and hospitalizations.”

*— Kathy Dennis, RN
Mercy General Hospital, Sacramento, California*



Illinois

Illinois lawmakers in 2007 could not muster the political courage to pass CNA/NNOC's proposed legislation, HB 392, mandating RN staffing ratios. Instead they capitulated to the wishes of the hospital industry and its allies by passing SB 867, a bill which does not set minimum ratios and reinforces existing inadequate staffing laws and practices in the state. HB 392 is being reintroduced in the 2008 Illinois legislative session.

"Illinois RNs need a law that clearly states that ratios must be mandated at all times and that they must be RN ratios. I work in a pediatric ICU where we have a maximum of two patients, but no one to relieve us ever for breaks. When I float to our pediatrics unit we are assigned four to five patients in addition to having to cover the LPN/LVN's four or five patients. Illinois direct-care RNs know what's needed and that's why we are fighting for passage of CNA/NNOC's HB 392."

— Diane Ellis, RN, John H. Stroger Jr. Hospital of Cook County, Chicago, Illinois

Texas

The Texas Hospital Patient Protection Act was first introduced in February 2007. It will be reintroduced in the next legislative session in 2009. In the meantime, Texas NNOC RNs are wasting no time and are pressing individual hospitals throughout the state to set an example for all of Texas by adopting safe patient ratios as soon as possible, such as the University Health System in San Antonio.

"When Laura Dominguez is at work, she often feels torn. A registered nurse in the intensive-care unit of Valley Baptist Medical Center-Brownsville, Dominguez sometimes cares for three critically ill patients at once. It's a juggling act that Dominguez worries could put patients' lives at risk, she said. 'It happens way too often,' she said of nurse-to-patient ratios that she calls 'unsafe.'

'To have it mandated is just the safest way because then, [the hospitals] have no choice,' said Lynn Rox, a pediatric nurse at Valley Baptist-Harlingen. 'I know several nurses who have left because of the ratios, and if that changed, they would run back to the hospital.'" — "Numbers Game," *Brownsfield Herald*, November 3, 2007

"In January I will celebrate my 30th anniversary with University Hospital. I think I've demonstrated my **loyalty** to the hospital, but as nurses our first allegiance must always be to our patients. There has been **ample** research documenting the benefits of fixed nurse-patient ratios. That is why I am committed to **fighting** for our hospital to implement fixed nurse-patient ratios on all units."

— Judy Lerma, RN, University Hospital, San Antonio, Texas



Arizona

Arizona's RNs are working to enact HB 2041, the Arizona Patient Protection Act, sponsored by House member Tom Prezelski at the request of CNA/NNOC. Modeled on our bills across the country, HB 2041 would also establish minimum, specific RN-to-patient staffing ratios with additional staff based on individual patient acuity, whistle-blower protection for RNs, and legal recognition of the right of RNs to act as advocates for their patients.

"Hospitals have a responsibility to staff properly in order for nurses to provide quality care for patients. Hospitals aren't doing that. This will save lives and allow us to provide the care that our fellow Arizonians deserve."

— Diane Baker, RN, Flagstaff Medical Center, Flagstaff, Arizona

Ohio

Ohio's NNOC RNs will be introducing the Ohio Patient Protection Act in the next legislative session in 2008. In the meantime they are fighting off efforts to pass an inferior staffing bill that doesn't include mandated ratios.

"Minimum staffing levels are essential for quality care in order to ensure the RN has adequate time to perform a thorough and ongoing assessment of each patient. This is especially essential in a state like Ohio where hospitals are not licensed by the Department of Health. It is not uncommon for an RN to be responsible for 12 patients on a medical surgical floor and 1:3 has become the norm for ICU with an occasional 1:4!"

— Mary Tatum, RN, Veteran's Administration Hospital, Cleveland, Ohio

Maine

Maine State Nurses Association/NNOC will reintroduce the Maine Hospital Patient Protection Act entitled "An Act to Increase the Safety of Hospital Patients" in the next legislative session in 2009.

"Maine RNs need strong safe staffing laws to enable us to continue our advocacy role for our patients and their families. We are overburdened with high patient loads and are not always able to do this. By having safer ratios, we could recruit new nurses as well as decrease harmful errors and injuries to patients and staff."

— Steven W. Akerley, RN, Eastern Maine Medical Center, Bangor, Maine

The CNA/NNOC RN Retention Program

The “Three R’s” for RNs: Ratios, Raises, and Retirement Benefits

California’s landmark safe staffing ratio law is one central element of a comprehensive program to protect patients and rebuild our nursing infrastructure. Hard-fought collective bargaining victories by CNA/NNOC-organized RNs have raised salaries, benefits, and patient care standards, resulting in the best RN union contracts in the nation.

However, organization nationally among RNs badly lags behind other professional occupations. Fewer than 20 percent of all RNs in the country have union rights and collectively bargained contracts. The CNA/NNOC program of aggressive organizing and effective bargaining will bring all RNs closer to achieving a real RN retention program — ratios, raises, and retirement.

Establishing a secure retirement

RNs have endured a legacy of substandard retirement plans with little, if any, post-retirement security or medical benefits after a lifetime of caring for others. In the past several years, CNA/NNOC has negotiated sweeping gains for over 80,000 RNs, guaranteeing secure pensions and retiree health benefits, and for the first time livable retirement benefits have become a community standard for RNs.

The 15,000 CNA/NNOC-represented RNs at 54 Kaiser Permanente hospitals and medical offices in California tripled their retirement benefits. A University of California RN with 20 years of service can retire at age 60 with a guaranteed, annual pension of half her or his annual salary.

New patient care protections

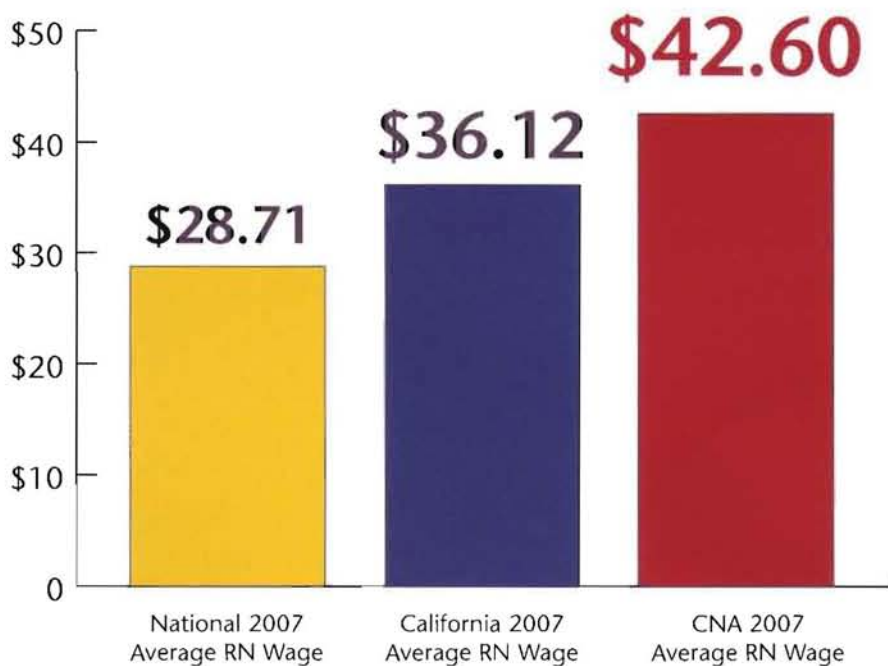
CNA/NNOC agreements break new ground with innovative approaches to strengthen hospital patient care standards that also enhance an RN’s work life and practice. CNA/NNOC and the collective, unified voice of RNs across California transformed the idea of a safer work environment and better patient care into law. We are taking that same RN unity and collective action to ensure everyday compliance of safe ratios.

- Professional practice committees — CNA/NNOC contracts negotiate staff RN-controlled committees with the authority to report unsafe practices and the power to make real changes
- Mandatory overtime bans
- Restrictions on unsafe floating
- Enforceable staffing language
- Technology protections — technology must be used to enhance, not replace, RNs’ clinical judgment



Raises: Enhanced economic security

CNA/NNOC-represented RNs have won dramatic gains in compensation intended to reverse years of inequities. CNA/NNOC members are by far the highest paid in the nation through their collective bargaining contracts.



CNA/NNOC A National Social Advocacy Movement for RNs

A strong voice for our profession and our patients

The California Nurses Association/National Nurses Organizing Committee is a national, social advocacy movement for registered nurses, advance practice nurses, and RN organizations throughout the country who want to pursue a more powerful agenda of patient advocacy that promotes the interests of patients, direct-care nurses, and RN professional practice. Representing over 80,000 members in all 50 states, it is the nation's largest and fastest-growing union of direct-care nurses, tripling in size during the past 10 years.

CNA/NNOC is recognized by RNs across the nation for our premier collective bargaining contracts which are noted for enhancing the collective voice of RNs in patient care decisions, outlawing dangerous practices such as mandatory overtime, and dramatically improving retirement security for RNs, and offering other provisions that are needed to retain career RNs at the hospital bedside and protect patients.

CNA/NNOC is a leading national advocate for universal healthcare reform, through a Single Payer style system based on an improved and expanded Medicare-for-All. The organization is campaigning for Single Payer legislation, HR 676, in Congress.

Other landmark laws sponsored by CNA/NNOC include whistle-blower protections for caregivers who expose unsafe hospital conditions, a ban on inappropriate personnel providing telephone medical advice, and increased funding for nursing education programs.

For more information visit our website at www.nnoc.net or call us at 800-540-3603.

Nurse ratio being met, officials say

Final phase of hospital staffing law in full effect

“I believe the ratios are a good thing. It’s better for the patients.”

Cyndie Cole, director of nursing
at Ventura County Medical Center

— *Ventura County Star*, January 9, 2008, Ventura, California



Ratios ended turnover of RNs on our unit and decreased the hospital RN vacancy rate from 17% to 5%

“In the years before the ratios were enacted we had complete turnover of our entire RN staff twice in three years. There were never enough RNs scheduled, and we were continually fighting for two to three more nurses to be called in at the last minute. It is extremely difficult to get nurses on short notice so we were always working short staffed and our patients suffered. Nurses got frustrated and left. When they come to work now they know that they will start the shift with enough nurses scheduled to provide better care to our patients. Now the only time nurses leave our unit is if they are moving out of the area or going back to school full time.”

*— Trande Phillips, RN
Kaiser Permanente, Walnut Creek, California*

Paving the Way

The CNA/NNOC fight to win first-in-the-nation ratios in California

It took years of rallies, protests, and public hearings, tens of thousands of letters to newspapers and legislators, and eventually taking on the nation's most famous governor, but California RNs never gave up until safe patient ratios were in place in every acute-care hospital throughout the state.

1993 CNA-sponsored the first ratio legislation in the U.S. — AB 1445.

1998 CNA sponsored ratio bill (AB 695) won approval in the Legislature for the first time. RNs mobilized in support of the bill with letters, calls, and postcards. Gov. Pete Wilson vetoed the bill after extensive lobbying by the hospital industry.

1999 AB 394 introduced by then-Assembly member Sheila Kuehl. CNA presented over 14,000 letters in support and commissioned opinion poll showing 80 percent public support for bill.

AB 394 passed by the Legislature and then signed into law by Gov. Gray Davis after CNA brought 2,500 RNs to rally on the steps of the Capitol. The bill directed the Department of Health Services to determine specific ratios.

2002 Gov. Davis announced the proposed ratios with the CNA Board of Directors. The hospital industry proposed 1:10 for medical surgical, telemetry, and oncology units, which were soundly defeated.

2004 RN staffing ratios became effective Jan. 1, 2004 in all California acute-care hospitals. A California Superior Court rejected a hospital industry lawsuit and issued a sweeping ruling upholding the law that ratios must be maintained at all times.

Gov. Arnold Schwarzenegger issued an emergency regulation which suspended portions of the ratio law in medical surgical units and emergency departments. CNA launched an immediate campaign including over 100 public protests, radio and TV ads, and RN letters to the editor, garnering extensive media coverage from around the world.

CNA President Deborah Burger commentary in *San Francisco Chronicle*: "If this governor will not stand up to the hospital corporations, be assured that nurses will."

CNA files a lawsuit against Schwarzenegger to throw out the emergency regulations charging that the governor exceeded his authority to overturn a legislative mandate to protect patient safety.

2005

More than 1,500 RNs packed the Department of Health Services hearing on the plan to make emergency regulations a permanent rule change. CNA also delivered 11,000 letters from RNs opposing the new rules.

A California Superior Court Judge issued a ruling finding that the governor broke the law and failed to present any evidence of the pretexts he used for the emergency regulation.

Viewed as the largest demonstrations in decades, 30,000 teachers, nurses, firefighters, and public workers rallied in Sacramento and Los Angeles in protest against Gov. Schwarzenegger's special election initiatives and ratio fight.

Gov. Schwarzenegger dropped his fight against the ratios. All told, tens of thousands of nurses joined together and led 107 protests in 371 days throughout California and several states.

2008

Ratios continue to improve, with a 1:3 in step down and 1:4 in telemetry and specialty units.

I am one of the many RNs who relocated to work in a California hospital because of ratios

"I worked night shift in a neuro step-down unit in a Pittsburg, Pennsylvania hospital, where in addition to being the charge nurse, I would have nine to 10 patients. I would often only get to see my patients at the beginning and end of a shift. I resigned after one really bad night, when I felt I was seriously jeopardizing my patients' safety and my license. I had heard really good things about CNA/NNOC and the ratios, so I packed up my family and headed to San Francisco where I happily work today, delivering quality patient care under the safe staffing law."

— James Darby, RN

University of California Medical Center, San Francisco, California

Appendix

Additional Studies and Data

Ratios and Patient Safety

Studies by the nation's most respected scientific and medical researchers affirm the significance of California's RN-to-patient ratios for patient safety

- A 10 percent increase in adequate staffing and resources (as reported by nurses) was associated with 17 fewer deaths per 1,000 discharged patients. — *Science Daily, January 16, 2007*
- Among critically ill patients on mechanical ventilation, the risk of pneumonia was lower when there were higher levels of nurse staffing. — *Critical Care, July 19, 2007*
- A primary mechanism by which quality is affected is nurse staffing levels. — *Health Services Research, June 2006*
- Cancer surgery patients are safer in hospitals with better RN-to-patient ratios. — *Cancer Journal of the American Cancer Society, September 2005*
- Poorer hospital nurse staffing is associated with higher rates of urinary tract infections, post-operative infections, pneumonia, pressure ulcers, and increased lengths of stay, while better nurse staffing is linked to improved patient outcomes. — *Agency for Healthcare Research and Quality — Report 2004*
- Low nurse staffing levels are a key cause of 98,000 preventable deaths each year. — *Institute of Medicine, "Keeping Patients Safe: Transforming the Work Environment of Nurses," November 2003*
- Chances of a hospital patient surviving cardiac arrest are lower during the night shift because staffing is usually lower at night. — *Annual meeting, American Heart Association, November 2003*
- Inadequate staffing precipitated one-fourth of all sentinel events. — *The Joint Commission on the Accreditation of Healthcare Organizations, August 7, 2002*
- Improved RN-to-patient ratios reduced rates of pneumonia, urinary infections, shock, cardiac arrest, gastrointestinal bleeding, and other adverse outcomes. — *New England Journal of Medicine, May 30, 2002*

Most hospitals can afford to employ sufficient numbers of RNs to provide safe ratios

- From 1993 through 2004, \$157 billion was consumed by mergers and acquisitions in the hospital industry — an average of \$402,000 per bed, the highest ever. — *Institute of Health and Socio-Economic Policy calculation of Irving Levin Associates merger and acquisition data*
- Nationally, hospitals expended \$146.3 billion from 1993 to 2003 on information technology programs while asserting that costs had to be cut elsewhere. — *Sheldon I. Dorenfest and Associates, 2004*



RN-to-patient ratios: A cost-effective solution for hospitals

RN-to-patient ratios have been demonstrated to produce significant long-term savings for hospitals by reducing patient care costs. By improving staffing conditions, ratios also help hospitals cut RN turnover and reliance on nurse registries.

- Understaffing of registered nurses increases the risk of serious infections that can add thousands of dollars to the cost of care for hospital patients. — *Critical Care*, July 2007
- Minimum ratios can avert lawsuits and higher malpractice premiums that may follow increased mortality and morbidity caused by inadequate RN staffing. A family was awarded \$2.7 million after a patient death due to inadequate nurse staffing. — *ABC News*, January 21, 2006
- Travel nurses typically cost hospitals at least 20 percent more than a nurse employee even when benefits are factored in, says Carol Bradley, chief nursing officer for California for Tenet Health System. — *USA Today*, June 9, 2005
- Increasing nurse staffing levels does not significantly decrease a hospital's profits. Furthermore, the costs associated with adverse effects that might otherwise be avoided are considerable. — *Agency for Healthcare Research and Quality*, May 3, 2004
- Hospitals spend about \$42,000 to replace each general medical/surgical unit RN, and \$64,000 to replace each specialty RN. — *Journal of the American Medical Association*, October 23/30, 2002
- Johns Hopkins University researchers found that hospitals with fewer RNs in intensive care units at night incurred a 14 percent increase in costs. — *American Journal of Critical Care*, November 2001
- Hospitals across the U.S. spent \$7.2 billion in 2001 and were projected to spend \$10.6 billion nationally for temporary employees in 2002. — *New York Times*, July 17, 2001
- Harvard researchers cite a three percent to six percent 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, Report 2001



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