Mandatory Nurse Staffing Ratios
The California Experience

Patricia McFarland, MS, RN, FANN
Emeritus CEO
Association of California Nurse Leaders
California’s Nursing Workforce

- 418,980 Licensed California RNs
- 141 pre licensure programs
- Graduate about 11,500 new RNs a year
- Issued 24,125 RN licenses in 2015-2016
- Received 38,049 applications
- Deficit of 11.5% or 44,500 RNs by 2030
- 341 Acute care facilities
ACNL’s Position

• Believed the voice of direct care RN was/is needed in determining care needs of their patients
• Determining nursing care needs is complex and requires consideration of multiple variables that influence staffing:
  - Hospital type
  - Patient population
  - Care delivery model and skill mix
  - Education, experience and competency of nursing staff
  - Layout of the unit
  - Level of ancillary support
  - Patient Acuity
• There was no data to support regulated ratio numbers. Therefore supported CALNOC – data from nurse sensitive nursing outcomes
• Ratios would result in the loss of RN autonomy over practice and care decisions
• Concerned that ratios would impact access to care

Later
• Opposed “One Size Fits All” - especially hurt our rural facilities
• Opposed “at all times” which means 24/7
California’s Environment

• October 1995 CNA disaffiliated from ANA
• Title 22 Revisions which addressed classification system were in the final state of revisions
• Healthcare business movement
  – Non-clinical “suites” were driving clinical decisions
  – Strong nurse leaders found themselves out of work
• “R” movement
  – Rightsizing
  – Re-design
  – Re-engineering
  – Re-organization
  – Republican out - California
History – Ratios Legislation

- 1978 Ratios – ICUs 1:2
- January 1993 Staffing legislation introduced
- November 1996 Ballot initiatives (CNA & SEIU) defeated
- November 1998 Davis elected Governor
- October 1999 Ratio legislation signed (AB 394)
- April 2002 Ratio numbers released
- Sept. 2002 Proposed regulations released
- June 2003 Revised regulations released
- October 2003 Davis out / Schwarzenegger in
- January 2004 Implementation
- January 2005 and 2008 – planned adjustments
<table>
<thead>
<tr>
<th>Hospital Unit</th>
<th>CDPH Regulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Medical-Surgical</td>
<td>1:5</td>
</tr>
<tr>
<td>Labor &amp; Delivery</td>
<td>1:2</td>
</tr>
<tr>
<td>Postpartum</td>
<td>1:6 (Mothers Only)</td>
</tr>
<tr>
<td>Couplets (moms &amp; babies)</td>
<td>1:4</td>
</tr>
<tr>
<td>Behavioral Health &amp; Psychiatric Units</td>
<td>1:6</td>
</tr>
<tr>
<td>Telemetry Unit</td>
<td>1:4</td>
</tr>
<tr>
<td>Step-Down Unit</td>
<td>1:3</td>
</tr>
<tr>
<td>Emergency Departments</td>
<td>1:4</td>
</tr>
<tr>
<td>Trauma</td>
<td>1:1</td>
</tr>
<tr>
<td>Critical Care</td>
<td>1:2</td>
</tr>
<tr>
<td>Pediatrics</td>
<td>1:4</td>
</tr>
<tr>
<td>Specialty Care (Oncology)</td>
<td>1:4</td>
</tr>
<tr>
<td>Post-Anesthesia Care Unit</td>
<td>1:2</td>
</tr>
<tr>
<td>Mixed Units</td>
<td>1:5</td>
</tr>
<tr>
<td>Burn Unit</td>
<td>1:2</td>
</tr>
<tr>
<td>ICU/CCU</td>
<td>1:2 - Current law/regulation</td>
</tr>
<tr>
<td>ICU/Neonatal</td>
<td>1:2 - “”</td>
</tr>
<tr>
<td>Operating Room</td>
<td>1:1 - “”</td>
</tr>
<tr>
<td>Well-Baby Nursery</td>
<td>1:8 - “”</td>
</tr>
<tr>
<td>Intermediate Care Nursery</td>
<td>1:4 - “”</td>
</tr>
</tbody>
</table>

Nurse = “Licensed Nurse” as described in AB 394

- RN
- LVN
- LPT
Literature

• CALNOC publications – Donaldson, Burns Bolton, Brown

• *California’s Nurse-to-Patient Ratios*
  
  *Eight Years Later, What Do We Know About Patient Level Outcomes?*
  
  Theresa Serratt, PhD, RN
  
  September – November 2013, JONA
Review of findings

• Further research is needed
• Impact of ratios on nurse level outcomes
  – Ratios resulted in increased nurse staffing and greater satisfaction
  – Ratios had a financial impact on hospitals but the effect on access is questionable
  – Ratios have not lead to substantial wide spread improvements in care
Where is California today?

• Early on hospitals close (20)—many factors – ratios and “at all times” were contributing factors
• ED holding with open beds
• CNA remains a loud voice at Capitol -Single Payer is their primary mission today
• Continue to support CALNOC – we need data
Where is California today?

- SEIU – is now active in ratio legislation
- Dialysis Clinics targeted in 2017-2018
- SB 1288 (Leyva) Penalty assessment “at all times” penalty negotiation
- Voice for nursing leadership at all tables where staffing decisions are made
Learnings

- Focus on quality and patient safety
- Promote professional practice environments
- Professional Nursing must have a stronger voice
- Data – CALNOC / NDNQI
- Story telling to “engage the heart”
- Pay attention to who is sitting where and who is talking to whom
- Check their facts
If nurse ratio legislation is passed...

- Pick your battle...
- Ensure **NO** “at all times”
- Ensure **difference** in nurse patient ratios from:
  - day to night shift
  - weekends
  - type rural, community, university, trauma, etc.
- Ensure **flexibility** language for “sudden influx” of patients
- Ensure **level of care** not unit based ratios.
Good Luck!

THANK YOU