

RN STAFFING RATIOS

A Necessary Solution to
the Patient Safety Crisis
in U.S. Hospitals



Our Patients. Our Union. Our Voice.



RN STAFFING RATIOS ARE SAVING LIVES AND BRINGING RNs BACK TO THE BEDSIDE



NNU stands ready to help you bring ratios to your state

Dear colleague,

To be a nurse is to care for people in their most vulnerable moments, to bring comfort to those in pain, and to bring hope and compassion to those who feel hopeless or forgotten. To be a nurse is to watch for subtle changes and to attend to tiny details. It is a job that requires endless stamina, an iron will, and the time to get it right. As registered nurses who work at the bedside, we know the importance of attending to the needs of a sick child, a frightened cancer patient, or a patient in the throes of a mental health crisis. We also know the pain of feeling you don't have the support you need to provide the care that your patients need. With all the cutbacks, we know that the solution lies in our fight back.

NNU's proposal for minimum, mandated, nurse-to-patient staffing ratios protect our patients' right to nursing care. We know that every patient deserves a single standard of high-quality care. The ratios, coupled with nurses' powerful voice of advocacy secured in collective bargaining, protect our patients from complications that arise from missed care such as medical errors, health care disparities, infections, and so much more. We have also learned from the California experience that the pathway to winning lies in building a powerful organization where nurses have the right to advocate to their fullest potential.

Currently, California is the only state to enact an RN-to-patient staffing law, thanks to the determined, multi-year efforts of members of the California Nurses Association (CNA). Since the law went into effect in all California acute-care hospitals in 2004, nurses have come back to the bedside to provide patient care that more fully reflects the art and science that our profession is founded upon.



CNA was the author, sponsor, and driving force behind the landmark law, which was signed in 1999. The hospital industry and its allies have tried repeatedly to overturn or weaken the law, but CNA members continue to successfully defend ratios.

When CNA founded National Nurses Organizing Committee (NNOC) in 2005 to represent and advocate for nurses outside of California, NNOC continued the fight to expand the protections of ratios across the nation. Today, CNA/NNOC and the national nursing union it belongs to, National Nurses United, fight to pass ratios laws at both the state and federal level.

A seminal 2010 University of Pennsylvania study showed that the California law saves thousands of patient lives, and that if California's 1:5 ratios were matched, surgical units in New Jersey hospitals would have 14 percent fewer deaths and Pennsylvania 11 percent fewer deaths. Consequently, we worked with NNU members across the nation and with federal legislators to introduce bills that would make these same lifesaving protections the law from coast to coast.

As elected leaders of NNU, we are proud to stand side by side with nurses across the nation who have been inspired to rise up together and demand the best care for their patients by joining with NNU to have the right to fight for ratios through collective bargaining. We have watched with great hope as nurses from coast to coast build a movement for safe staffing starting in their own facilities and continuing on to our nation's capital.

As the authority on nurse-to-patient ratios, NNU is poised to broaden the victories won by California nurses and patients. Now is the time for every nurse to become a part of the NATIONAL MOVEMENT FOR SAFE STAFFING! Visit our website at www.NationalNursesUnited.org to become a part of our efforts to win mandated RN-to-patient ratios in every state and for every patient.

Deborah Burger, RN; Jean Ross, RN
Zenei Triunfo-Cortez, RN; Nancy Hagans, RN
Council of Presidents, NNU

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

California's historic first-in-the-nation safe staffing ratios, sponsored by CNA, have been in effect since January 2004 despite continued efforts of the hospital industry to overturn the law.

The bill was enacted in 1999 following an extensive grassroots campaign by RNs with broad support from patients and the general public that included thousands of letters, calls, and a massive CNA rally on the steps of the state Capitol in Sacramento on the day of the final legislative vote. A concurrent public opinion poll found that 77 percent of Californians believed it is "a good idea to have a certain safe number of trained registered nurses per patient to protect the quality of care" and 69 percent "would expect" the governor to sign the bill. Shortly after, Gov. Gray Davis signed the bill into law.

Hospital executives lobbied to defeat the law, tried to persuade state health officials to adopt unsafely high ratios, filed a lawsuit to try to block enforcement of the ratios at all times, encouraged hospital managers to evade the letter and spirit of the law, and recruited compliant allies to propose measures to overturn it. All those efforts have failed, thanks to the determination of California's nurses to defend safe patient care.

Safe RN ratios have improved quality of care and nurse recruitment and retention in California hospitals. A recent Texas Center for Nursing Workforce study on hospital nurse staffing vacancy and turnover rates for registered nurses showed RN turnover rates in California to be dramatically lower than states without ratios, such as Florida and Texas (*Texas Center for*

Nursing Workforce Studies, 2016). According to Pricewaterhouse Coopers in its report, "What Works: Healing the Healthcare Staffing Shortage", the cost of replacing one registered nurse is between \$40,000-\$85,000; given this, it is evident that ratios implementation saves individual hospitals from both the expense and clinical disruption of a rapid turnover of its nursing staff.

CALIFORNIA RATIOS

Staffing is based on individual patient acuity of which the mandated ratio is the minimum

Operating Room
Trauma Patient in ER  **1** to **1** 

Intensive/Critical Care
Neonatal Intensive Care
Post-anesthesia Recovery
Labor & Delivery • ICU Patient in ER  **1** to **2**  

Step Down  **1** to **3**   

Antepartum • Postpartum Couplets
Pediatrics • Emergency Room
Telemetry • Other Specialty Care  **1** to **4**    

Medical/Surgical  **1** to **5**     

Postpartum Women Only
Psychiatric  **1** to **6**      

Ratios 101

A.B. 394 — the CNA-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 ratios is the *minimum*.

MANDATES MINIMUM, SPECIFIC, NUMERICAL RATIOS

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

REQUIRES A PATIENT CLASSIFICATION SYSTEM — ADDITIONAL RNS ADDED BASED ON PATIENT ACUITY AND NEED

Additional RNs must be added to the minimum ratios 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 protecting RN scope of practice and patient safety.

RESTRICTS UNSAFE “FLOATING” OF NURSING STAFF

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

APPLIES AT ALL TIMES

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

PROHIBITS AVERAGING

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

BARS CUTS IN ANCILLARY STAFF AS A RESULT OF RATIOS

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

NNU RNs SPONSOR NATIONAL RATIOS LEGISLATION

Nurse staffing standards for Hospital Patient Safety and Quality Care Act – S. 1113, Senator Sherrod Brown; H.R. 2530, Representative Jan Schakowsky

After a landmark report was published by University of Pennsylvania researchers validating the lifesaving impacts of the California ratios law, which demonstrated that if ratios were implemented nationally thousands of lives could be saved, NNU members across the nation worked with legislators to write a federal nurse-to-patient ratios law. As a result of continued advocacy efforts of our members, each year more legislators agree to support this vital legislation.

UNIFORM NATIONAL PROFESSIONAL STANDARDS

1. **Patient advocate duty and right**
2. **Minimum, specific, numerical, unit specific, direct-care, RN-to-patient staffing ratios for acute-care hospitals**
 - » Additional staff required based on individual acuity
3. **Whistle-blower protection**
4. **Prohibition against averaging of ratios**
5. **Prohibition against mandatory overtime**
6. **Protection for refusal of unsafe patient assignments**
7. **Tough monetary fines for violations of ratios and employee and patient rights**
8. **Registered nurse workforce initiative**
 - » Preceptorship and mentorship demonstration project

PROPOSED FEDERAL RN-TO-PATIENT SAFE STAFFING RATIOS

Based on patient acuity, with the most critical receiving one-to-one care

Operating Room
Trauma Patient in ER  1 to 1 

Intensive/Critical Care
Neonatal Intensive Care
Post-anesthesia Recovery
Labor & Delivery • Burn Unit
ICU Patient in ER • Coronary Care
Acute Respiratory Care  1 to 2  

Antepartum • Combined L&D and
Postpartum • Postpartum Couplets
Pediatrics • ER • Step Down
Telemetry  1 to 3   

Intermediate Care Nursery
Medical/Surgical • Psychiatric
Other Specialty Care  1 to 4    

Rehabilitation
Skilled Nursing Facility  1 to 5     

Well Baby Nursery  1 to 6      

Drawing on the lessons from California

RNs in states throughout the country are actively working with CNA/NNOC and NNU to win their own mandated direct-care, RN-to-patient staffing ratios. Building upon the success achieved in California, RNs across the country including New York, Pennsylvania, and Ohio are pursuing mandated nurse-to-patient safe-staffing ratios legislation 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.



“One of the best natural experiments occurred when California enacted mandated nurse-to-patient ratios. When it was implemented on Jan. 1, 2004, the hospitals that were not in compliance to the staffing ratios had to change on that day and they did. Our research has shown that staffing did change substantially in California hospitals — even in safety net hospitals, which have been very difficult to get to change on hospital nurse staffing.

Almost 15 years later, California still has the best nursing-staffed hospitals in the country. The state has seen steeper declines in mortality and improvements in other indicators than other states.

Our findings suggest that registered nurse staffing in California hospitals increased considerably as a consequence of the implementation of the state’s nurse staffing mandate. We found no evidence that the policy resulted in lower nursing skill mix, including a higher proportion of licensed vocational nurses. To the contrary, skill mix increased.”

— Linda Aiken, PhD, RN

Dr. Aiken is a professor of nursing, professor of sociology, and director of the Center for Health Outcomes and Policy Research at University of Pennsylvania School of Nursing. She is generally considered the nation’s foremost expert on health policy as it relates to the nursing workforce.

AHRQ (2018). Perspectives on Safety. “In Conversation With... Linda Aiken, PhD, RN”. R. M. W. MD, U.S. Department of Health and Human Services.



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

It took years of rallies, protests, public hearings, meetings with legislators, and tens of thousands of letters to newspapers, but California RNs never gave up until safe, patient ratios were in place in every acute-care hospital. The nurses' vigilance to protect ratios continues to this day.

“When ratios came, I was like ‘Hallelujah!’ because we were able to give true patient care.”

— Paula Lyn, RN, Alta Bates Summit Medical Center, Oakland, California





**Fewer patients means
more time for quality care**

“One less patient makes a big difference. The fewer patients you have, the more time you have to spend with a patient. And if you’re the patient, you want your nurse to give you all the care you need.”

— Shirley Toy, RN, University of California Davis Medical Center, Sacramento, California



Pioneering law on nurses found to save lives

“Nurses in California take care of two fewer patients on average than nurses in Pennsylvania and New Jersey in general surgery. These differences lead to the prevention of literally thousands of deaths.”

— Linda Aiken, PhD, RN, director of Center for Health Outcomes and Policy Research, University of Pennsylvania School of Nursing

More nurses, less death

“Linda Aiken, who led the study and directs the Center for Health Outcomes and Policy Research at Penn, said improved nurse staffing likely could save ‘many thousands a year’ nationally...Aiken said the new study followed decades of research showing that patient outcomes were better when nurses cared for fewer patients.”

— *Philadelphia Inquirer*, April 20, 2010



GROUNDBREAKING STUDY ON RATIOS SUCCESS STORY

Lives saved — improved patient care

A 2010 landmark research project, the most comprehensive study done on the California RN staffing ratios law, proved what California nurses have long known — California's ratios are the single most effective nursing reform to protect patients and keep experienced RNs at the bedside.

University of Pennsylvania researchers led by Linda Aiken, PhD, RN, director of the Center for Health Outcomes and Policy Research at the University of Pennsylvania School of Nursing, interviewed 22,000 RNs in California and two comparable states, Pennsylvania and New Jersey. Their findings, published by the policy journal, *Health Services Research*, documented that:

- » New Jersey hospitals would have 14 percent fewer patient deaths and Pennsylvania 11 percent fewer deaths if they matched California's 1:5 ratios in surgical units.
- » California RNs have far more time to spend with patients, and more of their hospitals have enough RNs on staff to provide quality patient care.
- » Fewer California RNs miss changes in patient conditions because of their workload than New Jersey or Pennsylvania RNs.
- » In California hospitals with better compliance with the ratios, RNs cite fewer complaints from patients and families and the nurses have more confidence that patients can manage their own care after discharge.
- » California RNs are far more likely to stay at the bedside, and less likely to report burnout than nurses in New Jersey or Pennsylvania.





**Everything you ever
wanted to ask about ratios**

Q. Where will the RNs come from?

A. The number of actively licensed RNs in California has increased by nearly 130,000 following enactment of the staffing ratios law in 1999.

Strong, effective, ratios laws have been a critical factor in helping to mitigate the effects of the nursing shortage. It is well documented that poor nurse work environments create burnout, desire to leave the profession, and high RN turnover rates. After nurse-to-patient ratios were fully implemented, nurses returned to the bedside and reported improved job satisfaction.

California and the state of Victoria in Australia, both with mandated ratios, prove this point.

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

- » Vacancies for RNs at Sacramento-area hospitals plummeted 69 percent since early 2004 when the ratios were first implemented. Throughout the state, many of California's biggest hospital systems have seen their turnover and vacancy rates fall below 5 percent, far below the national average.
 - *Sacramento Business Journal*, January 11, 2008
- » The number of actively licensed RNs grew by an average of 10,000 a year, compared to under 3,000 a year prior to the law's passage.
 - *California Board of Registered Nursing*
- » There has been a 60 percent increase in RN applications since the law was signed in 1999.
 - *California Board of Registered Nursing*

Victoria, Australia, which adopted nurse-to-patient ratios in 2000:

- » Experienced a 24.1 percent increase in the number of employed nurses.
- » There are no vacancies in urban hospitals because better staffing levels lured more than 7,000 inactive nurses back into the workforce.

Q. Didn't hospitals make cuts to other staff after the ratios were implemented?

A. No.

The number of unlicensed personnel in California hospitals increased by 64 percent from 2005 (the first full year the ratios were implemented) to 2011 (the last year that data was available). This compares favorably to the 40 percent increase of unlicensed hospital personnel nationally over the same period.

Q. Have ratios caused an increase in hospital closures?

A. No.

In 2005, when the hospital industry sought to overturn the ratios law, they failed to produce in court any evidence linking ratios to hospital closures. 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 ratios law.

Nationally, 996 hospitals closed from 1987 to 2007, none as a result of California's safe staffing law.

Q. What if my patients need more care than the minimum ratios?

A. California's ratios law sets a floor and is not a "one-size-fits-all" standard. It accounts for additional staffing to meet individual patients' needs.

It is routine for the industry to respond to patient, nurse, and legislator calls for minimum safe nurse staffing laws with threats of staffing cuts, reduced hiring standards, or cuts to programs. As described above, however, these industry threats are merely a thinly veiled attempt by hospitals to protect their profits despite the harm.





Q: Won't hospitals just take away all of our support staff? We need them too!

A: No.

There are specific protections in the law that block the hospital from doing this. The most recent survey of nurse employers performed by the University of California San Francisco (UCSF) reports that "the share of current staff represented by per diem RNs, LVNs, and unlicensed aides/assistants has been relatively consistent over the past seven years".¹

Q: What is the link between staffing, better patient outcomes, and decreased mortality?

A: Nurses, who are with patients constantly, understand this link very well.

When there are not enough nurses to take care of patients' needs, care is often missed or left undone. When lifesaving nursing care is rationed by the hospital, patients suffer more complications and preventable death. Missed nursing care is never acceptable. After decades of studies, it is no longer disputed that ratios save lives. Despite this evidence, hospitals continue to ration nursing care in understaffed hospitals.

Q: Will ratios save hospitals money?

A: YES!

California's ratios law demonstrates that compliance with minimum nurse-to-patient staffing laws is undoubtedly feasible, resulting in improved nursing work environments and hospital savings.

High RN turnover is extremely costly

The average cost of turnover for a bedside RN remains consistent at an average of \$49,500 and ranges from \$38,000 to \$85,000. RN turnover will cost a hospital from \$4.4–\$7 million annually. Each percent change in RN turnover will cost the average hospital an additional \$337,500. Shockingly, despite the tremendous expense of high turnover, 87 percent of hospitals are not tracking the cost of recruiting RNs lost to high turnover.

Ratios improved RN working conditions, recruitment, and retention

A comparative study of California to New Jersey and Pennsylvania found that California's ratios have positively affected nurses' overall work environment and their corresponding ability to deliver patient care. The study went on to find that "[n]urse workloads in California hospitals in 2006, two years after the implementation of mandated nurse staffing ratios, were significantly lower than in New Jersey and Pennsylvania hospitals."³

Combining medical savings with increased productivity, the addition of 133,000 RNs would result in an economic value of \$57,700 for each of the additional RNs.⁴

Overall, compared to their nurse counterparts in New Jersey and Pennsylvania, nurses in California care for an average of one fewer patients and reported more favorable outcomes with respect to every work environment measure analyzed, including reasonable workload, adequate support staff, and enough RNs to provide quality patient care.⁵

After the implementation of California's ratios law, nurses in California experienced burnout at significantly lower rates than those in New Jersey and Pennsylvania, and reported less job dissatisfaction.⁶ Both burnout and job dissatisfaction are precursors to turnover.

A 2009 study estimated that adding 133,000 RNs to the U.S. hospital workforce — the number of RNs needed to increase nursing staff to the 75th percentile — would produce medical savings of \$6.1 billion, not including the value of increased productivity when nurses help patients recover more quickly.⁷

Mandatory, minimum, nurse-to-patient staffing levels are feasible, resulting in better nurse workloads and hospital savings from lower turnover rates and dramatically fewer costly complications for our patients.

1 Chu, L.; Spetz, J.; & Bates, T. (July 13, 2017) Survey of Nurse Employers in California, Fall 2016. (p. 31) Retrieved August 14, 2018, from <http://bit.ly/CA-NurseEmployersSurvey-2016>

2 NSI Nursing Solutions, Inc. (2018) 2018 National Healthcare Retention & RN Staffing Report. Retrieved August 14, 2018, from <http://www.nsinursingsolutions.com/files/assets/library/retention-institute/nationalhealthcarearnretentionreport2018.pdf>

3 Aiken, L. H., et al. (2010) Implications of the California Nurse Staffing Mandate for Other State. *Health Services Research*, 45(4). (pp. 904-921) Retrieved August 14, 2018, from <http://bit.ly/CA-NurseStaffingMandate>

4 Dall, T. M., Chen, Y. J., Seifert, R. F., Maddox, P. J., & Hogan, P. F. (January 2009) The Economic Value of Professional Nursing. *Med Care*, 47(1), (pp. 97-104) Retrieved August 14, 2018 from <http://bit.ly/EconValueOfProfNursing>

5 Aiken, L. H., et al. (2010) Implications of the California Nurse Staffing Mandate for Other State. *Health Services Research*, 45(4). (pp. 904-921) Retrieved August 14, 2018, from <http://bit.ly/CA-NurseStaffingMandate>

6 *ibid.*

7 Dall, T. M., Chen, Y. J., Seifert, R. F., Maddox, P. J., & Hogan, P. F. (January 2009) The Economic Value of Professional Nursing. *Med Care*, 47(1), (pp. 97-104) Retrieved August 14, 2018 from <http://bit.ly/EconValueOfProfNursing>

Beware of “staffing” bills masquerading as ratios

NNU RNs KNOW ONLY THE STRONGEST LANGUAGE WILL PROTECT OUR PATIENTS

In an effort to derail mandated, RN-to-patient, ratios laws, the hospital industry along with its allies has 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 health care personnel.”
- » No public disclosure.
- » No enforcement.
- » No rights for the RN as patient advocate, no whistle-blower protection.
- » 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 ratios 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 that are improved upon per patient need as determined by the independent judgment of the direct-care RN.

In states where “staffing plan” style legislation has passed, there has been little to no change in the nurse-to-patient ratios. In many cases, the hospitals do not even create a nurse staffing plan because there is no penalty for noncompliance.

Nurses must unite and demand nothing short of minimum, mandated, nurse-to-patient ratios. The industry will continue to push policymakers to adopt toothless reforms. However, nurses have the power to use our voice as the most trusted profession to push for meaningful, lifesaving alterations.

NNU RNs are able to advocate for the strongest protections because we have built a powerful union run by and for direct-care RNs, not giant corporations like some other groups who claim to represent direct-care nurses.

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 ratios 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



NNU: A NATIONAL SOCIAL ADVOCACY MOVEMENT FOR RNs

A strong voice for our profession and our patients

National Nurses United is a national union and professional organization with a powerful agenda of patient advocacy. It is the nation's largest and fastest-growing union and professional association of direct-care nurses, tripling in size during the past 10 years.

NNU is recognized by RNs across the nation for our premier, collective bargaining contracts which enhance the collective voice of RNs in patient care decisions, outlaw dangerous practices such as mandatory overtime, dramatically improves retirement security for RNs, and offers other provisions that are needed to retain career RNs at the hospital bedside and protect patients.

NNU is a leading national advocate for universal health care reform through a single-payer-style system based on an improved and expanded Medicare for All. The organization is campaigning for single-payer legislation in Congress; H.R. 1384 and S. 1129 (Medicare for All Act of 2019). Nurses believe in a single, high-quality standard of care for everyone. Additionally, we also know that when our health care system values boosting profits over quality care, the result is compromising patient care — including nurse staffing. A Medicare for All-type system places patients first.

This legislation would secure the right to health care for everyone and change the values of our current health care system from corporate values to nurses' values. When nurses' values drive health care decisions, safe staffing, quality nursing care, dignity, and humanity become priorities that are not sacrificed to boost health care profits.

CNA/NNOC and NNU championed to victory the first-of-its-kind comprehensive workplace violence protections in California. This standard has been heralded by OSHA. Using the momentum from that victory, NNU again worked with legislators to bring those protections to all nurses across the nation. We are pleased that our federal workplace violence prevention legislation enjoys bipartisan support.

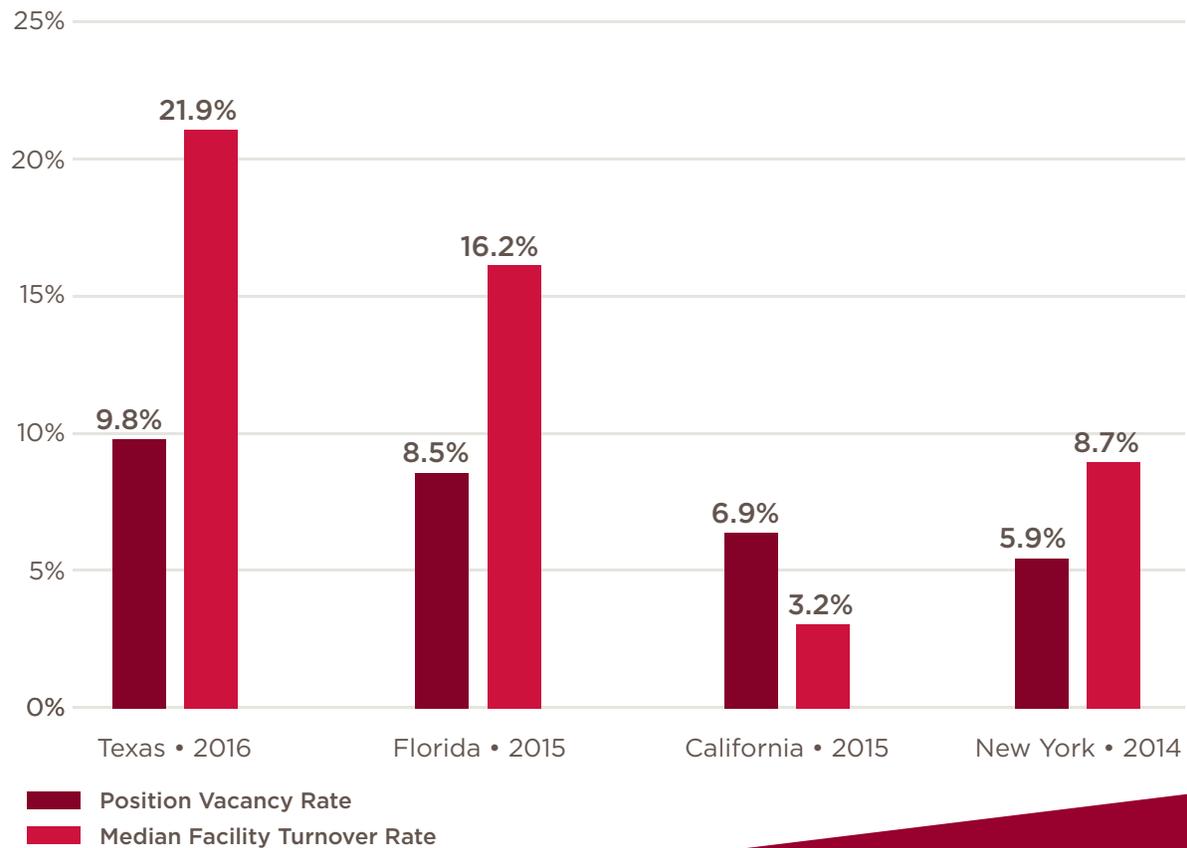
Other landmark laws sponsored by NNU include whistle-blower protections for caregivers who expose unsafe hospital conditions, comprehensive workplace violence prevention, a ban on inappropriate personnel providing telephone medical advice, and increased funding for nursing education programs.

For more information, visit our website at www.NationalNursesUnited.org.

RN VACANCY AND TURNOVER RATES BY STATE AND YEAR

A Texas Center for Nursing Workforce study on hospital nurse staffing vacancy and turnover rates for registered nurses showed RN turnover rates in California to be dramatically lower than states without ratios, such as Florida and Texas

(Texas Center for Nursing Workforce Studies, 2016)



NURSES FROM COAST TO COAST CAMPAIGN FOR STATE-BASED LEGISLATION MODELED AFTER THE SUCCESS OF THE CALIFORNIA LAW

CALIFORNIA'S RATIOS LAW SETS A FLOOR AND IS NOT A "ONE-SIZE-FITS-ALL" STANDARD BY ACCOUNTING FOR ADDITIONAL STAFFING TO MEET INDIVIDUAL PATIENTS' NEEDS

Contrary to the deceptive refrain by industry, laws establishing minimum nurse-to-patient staffing ratios are just that — baseline on nurse-staffing levels that ensure safe patient care. The ratios law as enacted is akin to other workplace and public health statutes and regulations that set minimum standards to protect the health and safety of both caregivers and the patients they serve. The ratios law demands merely what patients deserve — quality care when they seek health care at hospitals.

NURSE-TO-PATIENT RATIOS INCREASE NURSE AUTONOMY AND STRESS THE PROFESSIONAL JUDGMENT OF THE DIRECT-CARE REGISTERED NURSE

Nothing in the California minimum nurse-to-patient ratios law involves reduction in health care employer hiring standards or cuts in programs. Rather, the California minimum nurse-to-patient ratios law demands, among other things, that the individual care needs of each patient and the skill mix of health care staff be assessed by the assigned RN to determine whether circumstances require additional staffing above the minimum staffing ratios.

THE CALIFORNIA RN STAFFING RATIOS LAW HAS IMPROVED NURSES' HEALTH AND SAFETY, NOT JUST PATIENT SAFETY

A 2015 study, which examined occupational injury and illness rates before and after the California RN staffing ratios law was passed, showed what RNs already know — safer nurses mean safer patients (Leigh, Markis, Losif, & Romano, 2015).

Researchers examined the rates of occupational injury and illness to registered nurses in California before and after the RN staffing ratios law was passed, looking at a range of years from 2000 to 2009. They compared this data to the occupational injury and illness rates for registered nurses in the other 49 states and District of Columbia that have not adopted minimum numerical staffing ratios laws. They found that the California RN staffing ratios law was associated with a 31.6 percent reduction in occupational injuries and illnesses among RNs working in hospitals in California.

STUDIES CONFIRM THE LIFESAVING IMPACT OF NURSING CARE

A study of more than 11,000 patients over a two-year period in 75 hospitals in four states across the country (Pennsylvania, New Jersey, Florida, and California) found that “better work environments and lower patient-to-nurse ratios on medical-surgical units were associated with increased odds of survival after in-hospital cardiac arrest, even after taking into account other likely explanations. The likelihood of survival was 16 percent lower for patients cared for in hospitals with poor nursing work environments. In addition, the odds of survival were 5 percent lower for each additional patient per nurse on medical-surgical units.”

McHugh, M. D., et al. American Heart Association's Get With The Guidelines-Resuscitation, I. (2016). Better Nurse Staffing and Nurse Work Environments Associated With Increased Survival of In-Hospital Cardiac Arrest Patients. Med Care, 54(1), (pp. 74-80) Retrieved August 14, 2018 from doi:10.1097/MLR.0000000000000456

The odds of patient mortality increased by 7 percent for every additional patient in the average nurse's workload in the hospital and that the difference from four to six and from four to eight patients per nurse would be accompanied by 14 percent and 31 percent increases in mortality, respectively.

Aiken, L. H.; Clarke, S. P.; Sloane, D. M.; Sochalski, J.; & Silber, J. H. (2002) Hospital nurse staffing and patient mortality, nurse burnout, and job dissatisfaction. JAMA, 288(16), (1987-1993) Retrieved August 14, 2018 from doi:10.1001/jama.288.16.1987

When emergency nurses cared for three additional patients in 24 hours, the time to diagnostic evaluation in trauma emergency departments doubled from approximately half an hour to one

hour, and in non-trauma emergency departments, time to diagnostic evaluation increased by approximately 15 minutes.

Shindul-Rothschild, J.; Read, C. Y.; Stamp, K. D.; & Flanagan, J. (2017) Nurse Staffing and Hospital Characteristics Predictive of Time to Diagnostic Evaluation for Patients in the Emergency Department. Journal of Emergency Nursing, 43(2), (pp. 138-144) Retrieved August 14, 2018 from doi:10.1016/j.jen.2016.07.003

Minimum nurse-to-patient ratio policies are a feasible approach to improve nurse staffing and patient outcomes with good return on investment.

Matthew D McHugh, Linda H Aiken, Douglas M Sloane, Carol Windsor, Clint Douglas, Patsy Yates, May 11, 2021.

Substantial NICU nurse understaffing relative to national guidelines is widespread. Understaffing is associated with an increased risk for VLBW nosocomial infection.

Rogowski, J. A., et al. (2013) Nurse staffing and NICU infection rates. JAMA Pediatrics, 167(5), (pp. 444-450) Retrieved August 14, 2018 from doi:10.1001/jamapediatrics.2013.18

Our findings suggest that the most vulnerable hospitalized patients, unstable newborns requiring complex critical care, do not receive recommended levels of nursing care. Even in some of the nation's best NICUs, nurse staffing does not match guidelines.

Rogowski, J. A., et al. (2013) Nurse staffing and NICU infection rates. JAMA Pediatrics, 167(5), (pp. 444-450) Retrieved August 14, 2018 from doi:10.1001/jamapediatrics.2013.18



At ALL times

In New Jersey, weekend presentation to the ED with a diagnosis of acute myocardial infarction was associated with an increase in patient mortality. Investigators recommend that nurse staffing should continue to remain consistent across all the days of the week.

de Cordova, P. B.; Johansen, M. L.; Martinez, M. E.; & Cimiotti, J. P. (2017) Emergency Department Weekend Presentation and Mortality in Patients With Acute Myocardial Infarction. Nursing Research, 66(1), (pp. 20-27) Retrieved August 14, 2018, from doi:10.1097/nnr.0000000000000196

A national study on the rate of death from cardiac arrest in hospitals found that the risk of death from cardiac arrest in the hospital is nearly 20 percent higher on the night shift. The authors highlight understaffing during the night shift as a potential explanation for the death rate. “Most hospitals decrease their inpatient unit nurse-patient ratios at night. Lower nurse-patient ratios have been associated with an increased risk of shock and cardiac arrest.”

Peberdy, M. A., et al. National Registry of Cardiopulmonary Resuscitation, I. (2008) Survival from in-hospital cardiac arrest during nights and weekends. JAMA, 299(7), (pp. 785-792)

Ratios help ensure a single standard of care

Nurses in NICUs face inadequate staffing. They are more likely to miss required nursing care. Improving staffing and workloads may improve the quality of care for the infants born in high-black hospitals.

Lake, E. T., Staiger, D., Edwards, E. M., Smith, J. G., & Rogowski, J. A. (2017). Nursing Care Disparities in Neonatal Intensive Care Units. Health Services Research. Retrieved August 14, 2018, from doi:10.1111/1475-6773.12762

Our findings suggest that disparities in IHCA survival between Black and white patients may be linked to the level of medical-surgical nurse staffing in the hospitals in which they receive care and that the benefit of being admitted to hospitals with better staffing may be especially pronounced for Black patients.

Better Nurse Staffing Is Associated With Survival for Black Patients and Diminishes Racial Disparities in Survival After In-Hospital Cardiac Arrests, Medical Care, February 2021, Volume 59, Issue 2, (pp. 169-176). Brooks Carthon, Margo PhD, APRN, FAAN; Brom, Heather PhD, APRN; McHugh, Matthew PhD, JD, MPH, RN, FAAN; Sloane, Douglas M. PhD; Berg, Robert MD; Merchant, Raina MD, MHSP, FAHA; Girotra, Saket MD, SM; Aiken, Linda H. PhD, FAAN, FRCN.

Older black adults who undergo elective hip or knee replacement are more likely to experience a 30-day unplanned readmission than their white counterparts. For all older adults, being cared for by a nurse with a heavier workload is associated with greater odds of readmission, although the deleterious effects of less-favorable staffing is more pronounced for older black adults. Efforts to reduce unplanned readmissions after elective joint replacement should include heightened attention to the role of nursing care, particularly for older minority populations.

Silber, J., et al. (2015) Examining Causes of Racial Disparities in General Surgical Mortality: Hospital Quality Versus Patient Risk. Medical Care, 53(7), (pp. 619-629) Retrieved August 14, 2018, from doi:10.1097/mlr.0000000000000377



Ratios make nurses healthier too!

A 2015 study, which examined occupational injury and illness rates before and after the California RN staffing ratios law was passed, showed what RNs already know — safer nurses means safer patients. Examining data from all 50 states, the study also found that the California RN staffing ratios law was associated with a 31.6 percent reduction in occupational injuries and illnesses among RNs working in hospitals in California.

Leigh, J. P.; Markis, C. A.; Losif, A. M.; & Romano, P. S. (2015) California's Nurse-to-Patient Ratios Law and Occupational Injury. International Archives of Occupational and Environmental Health, 88(4) (pp. 477-484) NICU infection rates. JAMA Pediatrics, 167(5), (pp. 444-450) Retrieved August 14, 2018 from doi:10.1001/jamapediatrics.2013.18

An increased patient load per nurse was associated with significantly higher likelihood for neck, shoulder, and back musculoskeletal disorders.

Lipscomb, Trinkoff, Brady, & Geiger-Brown, 2004

Risk for workplace violence injuries was twice as high for lower-staffed hospitals as compared to higher-staffed hospitals.

Lee, Gerberich, Waller, Anderson, & McGovern

There is NO substitute for nursing care

What's the link between nurse staffing and patient mortality? Simple: missed nursing care. Decades of studies have shown that more nurses equate to lives saved and fewer complications. After ratios were implemented, research demonstrated that ratios were working. Now, researchers have been focusing on the link between increasing RN staffing and improved outcomes. It's no surprise to us that, once again, more studies have echoed what nurses have always said, "Care is being left undone."

In fact, in 2018, results from an observational study exploring the relationship between nurse staffing, missed care, and mortality published in the *International Journal of Nursing Studies* validates this link. The authors report that "Research spanning decades has reported that lower registered nurse (RN) staffing is associated with higher levels of case-mix adjusted patient mortality. Lower RN staffing is also associated with a greater risk that necessary nursing care is missed due to lack of time." The study found that "missed nursing care is a mediator in the relationship between nurse staffing and mortality." The authors note that the study is "building on earlier previously published findings from an observational study of 422,730 patients who underwent common surgeries in 300 European hospitals, this paper provides evidence of an association between missed nursing care and post-surgical mortality."

Ball, Jane E., et al. Post-Operative Mortality, Missed Care and Nurse Staffing in Nine Countries: A Cross-Sectional Study. International Journal of Nursing Studies, Vol. 78, (pp. 10-15)

Our Patients. Our Union. Our Voice.

It is up to us to protect our patients' right to lifesaving nursing care

Disturbingly, hospitals continue to resist the need to provide RNs in numbers that meet their obligation to provide safe, competent, therapeutic care for patients. The industry is searching for ways to side-step this obligation and search for what they call “innovative” ways to provide care without providing necessary hands-on care by RNs. These methods include increased use of technology, robots, artificial intelligence, unlicensed personnel, scheduling programs, alarms, and more. We know there is no substitute for nursing care!

