

When Policy Precedes Science: Mandated Staffing Ratios in Healthcare

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What Are Mandated Nurse-to-Patient Ratios?



Nurse Staffing Ratios

Key Elements of Intent

- Hospitals will be staffed with licensed nurses according to specific nurse-to-patient ratios
- The ratios represent the *maximum* number of patients assigned to any nurse at any time during a shift
- Ratios may be met by licensed nurses providing direct care (RNs and LVNs)



Key Elements of Intent

Continued

- Staffing ratios represent the minimum staffing standard for every shift
- Ratios co-exist with existing requirements for a patient classification system (PCS)
- Staffing must flex up if indicated by the PCS, but it cannot flex down
- Ratios are the same for each shift
- Ratios must be maintained *at all times*



Licensed Nurse-to-Patient Ratios

■ Med/Surg	1:6	■ Combined L/D and PP	1:3
2005	1:5	■ Pediatrics	1:4
■ Telemetry	1:5	■ Psychiatry	1:6
2008	1:4	■ Specialty (Oncology, etc.)	1:5
■ Stepdown	1:4	2008	1:4
2008	1:3	■ ER Basic	1:4
■ Critical Care	1:2	Critical Care	1:2
■ Labor and Delivery	1:2	Trauma	1:1
■ Postpartum (couplet)	1:4	■ PACU	1:2
(moms)	1:6	■ OR 1 RN circ / 1 scrub/room	



Why Have Mandated Nurse-to-Patient Ratios?



Reasons for Staffing Ratios

- Declining Healthcare Reimbursement
- Actual or Perceived Staff Reductions
- Problems with Managed Care
- Concern about Quality of Patient Care
- Interest in Job Protection
- Lack of Evidence-Based Staffing



Other Contributing Factors

- Lack of trust
- Lack of knowledge



Historical Timeline

- **AB 1445 (Ratios)** 1992-1993, failed
- **Prop 216 (Ratios)** 1996, not passed
- **AB 695 (Ratios)** 1997-1998, vetoed
- **Title XXII (PCS Regs)** 1997, passed
- **AB 394 (Ratios)** 1999, passed
- **Ratios Implemented** 2004



The Science Supporting Ratios

- **Nursing Literature**

- **DHS Study**



How Are Ratios Working?



Intended Effects of Ratios

- Hospitals are generally compliant with ratios at the beginning of the shift



Unintended Effects of Ratios

- The critical shortage of nurses causes difficulty with “at all times” requirement
- Large number of temporary “traveling” nurses seeking licensure
- Costs of complying much greater than projected



Unintended Effects of Ratios

Continued

- Reductions in support staff to offset costs
- Change in work patterns due to same ratios on each shift - a new reality
- Change in meal/break patterns due to “at all times” requirement



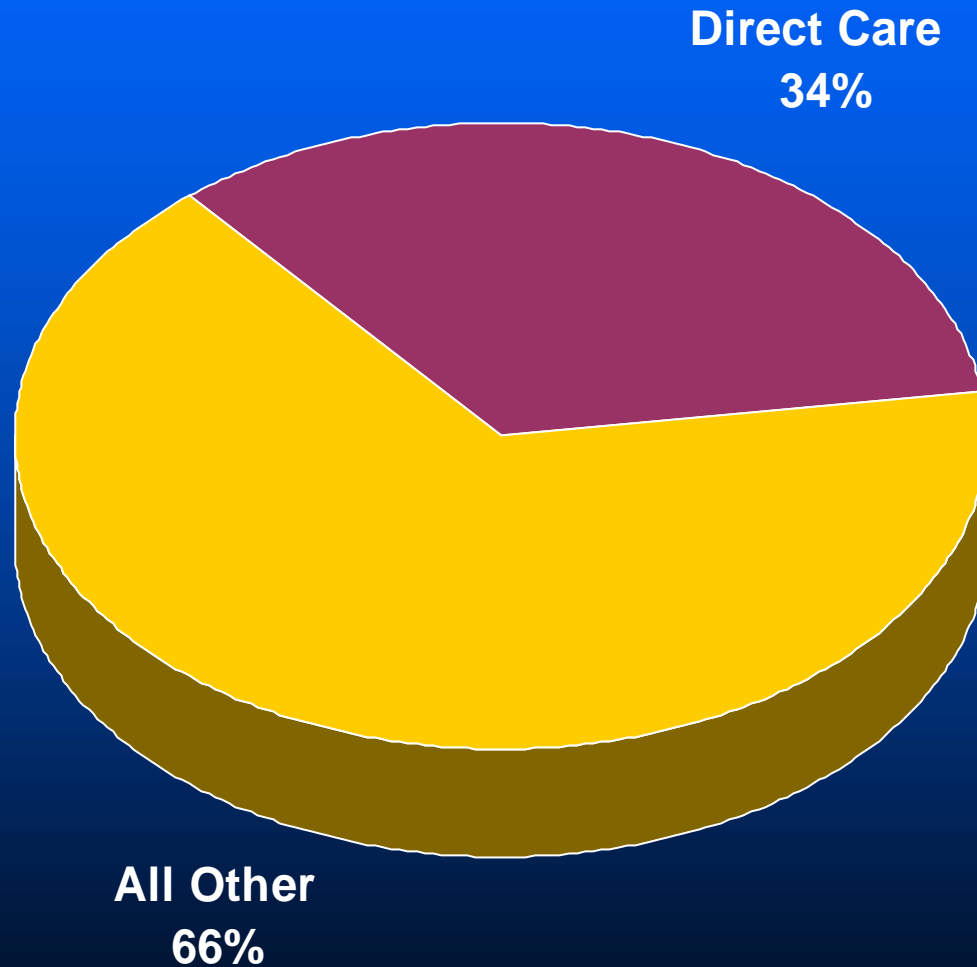
Unintended Effects of Ratios

Continued

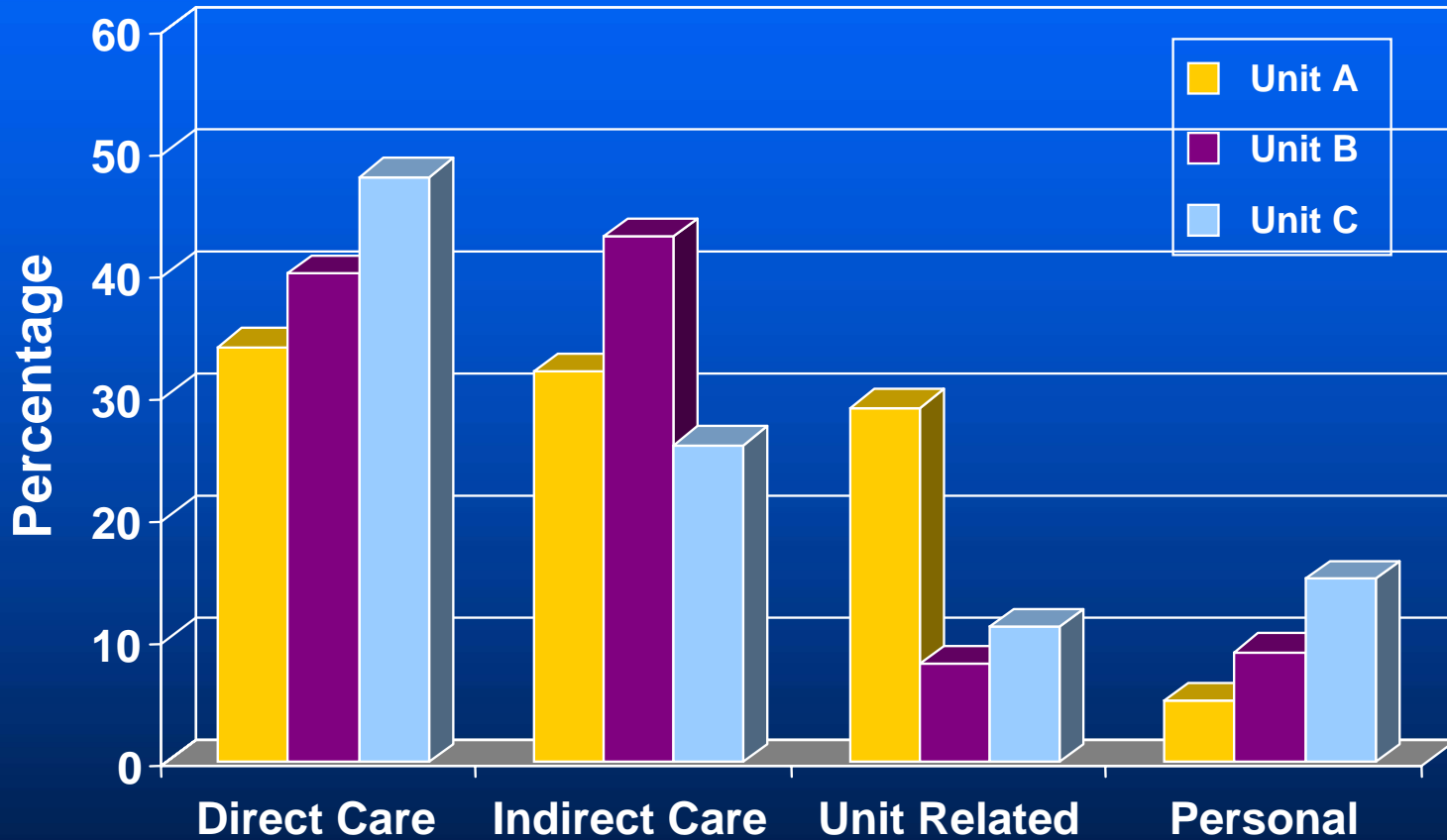
- **Projected increase in non-nursing work**
- **Potential decrease in direct patient care**
- **Possible decrease in job satisfaction**



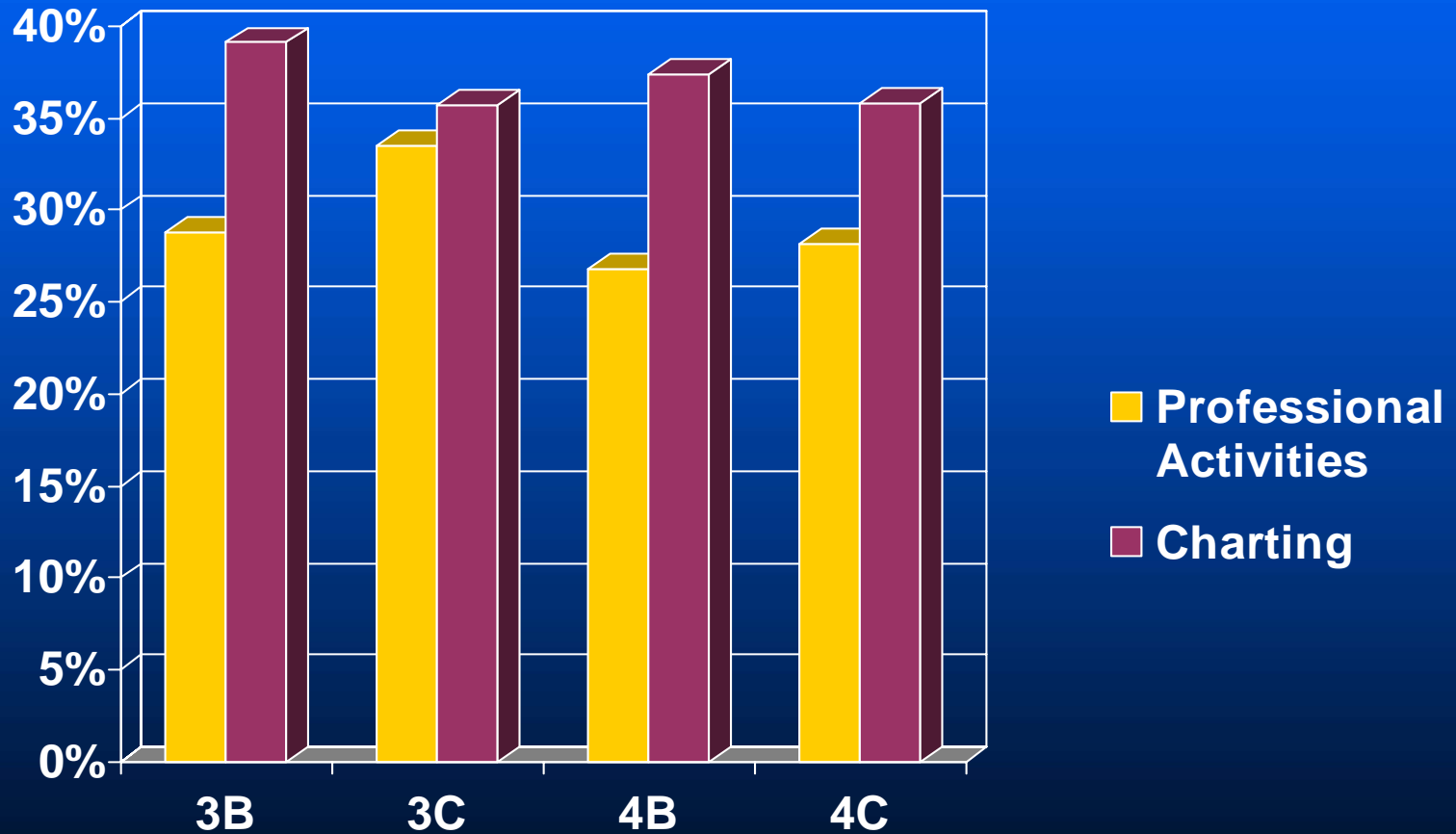
Day Shift RN Activity Medical-Surgical Units



Day Shift RN Activity



Professional Activities vs. Charting RN Example



What's Next?

- Pending legislation
- Complete implementation
- Evaluation in 5 years



What is the moral of the story?

When policy precedes science, you may get more than you asked for.



No problem can be solved from the same consciousness that created it. We must learn to see the world anew.

Albert Einstein

