FILLING THE GAPS?
NURSE STAFFING
RATIOS IN THE U.S.

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Nursing Shortage

- National vacancy rate of 8.1%
  - 135,000 unfilled positions
- 55% of nurses will retire by 2020
- Shortage of 500,000 – 1 million nurses by 2020
- Causes: population growth, aging population, increased demand, shortage of graduates, shortage of educators, and closing of educational programs
State-Level Approaches

- Mandate specific nurse:patient ratios
  - CA, (FL), ME, DC*

- Require hospitals and other facilities to adopt nurse staffing plans
  - OH, CT, WA, OR, RI, TX, NV
  - Example: In Nevada, hospitals >70 beds must establish staffing committees, 50% nurses, to develop plans

- Require public disclosure of staffing levels
  - VT, NJ, IL
  - Example: Vermont’s pt bill of rights allows pts to see hospital staffing ratios

Thirteen states have adopted legislation or regulations to address nurse staffing. (ANA 2009)
State-Level Approaches - 2009

- Mandate specific nurse:patient ratios
  - AZ, FL, IL, NY, NV, CT
- Require hospitals and other facilities to adopt nurse staffing plans
  - TX, FL, NH, MA, PA, MI, MO
- Require public disclosure of staffing levels
  - MN, MO, NY

The American Nurses Association’s Nationwide State Legislative Agenda

NURSE STAFFING PLANS AND RATIOS

June 2009

Enacted legislation/adopted regulations to date: (13 states plus DC) CA, CT, DC*, IL, ME*, NJ, NV, OH, OR, RI, TX, VT, WA

*legislation was either waived or modified from that which was enacted

Introduced in 2008-9; (15 states): AZ, CA, CT, FL, IL, MI, MN, MO, NV, NH, NJ, NY, OR, PA, TX
California’s Nursing Shortage

- 585 nurses : 100,000 patients
  - National average: 798 : 100,000
- Non-cyclical shortage*
- State pop. predicted to increase 52% by 2025
  - Additional 110,000 RNs needed by 2010
  - Additional 25,000 LVNs needed by 2010
- Elimination of nurse education programs
  - Just 5,000 nursing graduates / year

California Assembly Bill 394

- First comprehensive legislation in U.S. to establish minimum nurse staffing levels
  - Ratios apply to all licensed nurses in acute care general hospitals
  - LVNs can’t comprise >50% nurse workforce
  - Hospitals must be in “continuous compliance”
  - Nurse staffing ratios are considered minimum levels
  - DHS tasked with developing ratios
Assembly Bill 394

- Passed and signed into law 1999
- Ratios originally scheduled to take effect Jan 2001
  - 2000 law delayed date to Jan 2002
  - DHS finalized ratios Fall 2003
- Ratios scheduled to go into effect January 2004

**Ratios**

*Source: Spetz 2007*
“Emergency” Regulations

- Implemented Nov 2004
- “At all times” clarification
  - CHA lawsuit
  - Initially, nurses on phone calls or restroom breaks had to be replaced by other staff (in effect late 04)
- Delayed time-line for lower ratios to go into effect
  - January 1, 2005 → January 1, 2008
  - Nurses protest

Current Ratios

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<tbody>
<tr>
<td>Transitional units between ICU and general (aka step-down)</td>
<td>1:4</td>
<td>1:3</td>
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<tr>
<td>Telemetry</td>
<td>1:5</td>
<td>1:4</td>
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<tr>
<td>Specialty care (eg, cancer care)</td>
<td>1:5</td>
<td>1:4</td>
</tr>
<tr>
<td>Medical-surgical</td>
<td>1:6</td>
<td>1:5</td>
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Implementation

Increase the number of qualified nurses
- $34 million allocated by Gov. Davis; additional $30 million allocated by Gov. Schwarzenegger
- Expand nursing education
- Reduce attrition from nursing programs
- Hospitals and health care systems offered scholarships in exchange for service

Implementation

- Day-shift workers moved to night shifts
- Layoffs of patient care associates
- Traveler nurses converted to staff
- Foreign-born recruits
- Full-time recruiters hired
Implementation - Challenges

- ER wait times
  - ER patient traffic difficult to predict
  - Pts forced to wait so as not to exceed ER ratio
  - Pts held in ER until units had enough staff to meet ratios
- Surgical procedures referred to other hospitals
- Elective procedures rescheduled
- Night shifts difficult to fill

Challenges

Limited Enforcement
- DHS lacks resources to monitor / fine non-compliant hospitals
- State budget shortfalls → cutbacks on routine inspections
- Unions have voluntarily monitored compliance
  - LA nurses sued county
  - SD nurses filed complaints with DHS
Compliance - 2004

<table>
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<tr>
<th>California Nurses Association:</th>
<th>California Hospital Association:</th>
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<tbody>
<tr>
<td>59% of hospitals were <em>generally</em> in compliance</td>
<td>89% of state hospitals have been out of compliance <em>at some point</em></td>
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- 84% of non-compliant hospitals were part of “hospital safety-net”
  - High proportion of uninsured / Medicaid patients
  - Government-owned
  - Non-teaching, urban
Compliance Today

Active RN Licenses
Nearly 100,000 New Licenses Since 1999

Source: www.calnurses.org

Compliance - Today

- All hospitals in CA compliant
- Role of economic recession
An ongoing debate

Nurses and labor unions say the ratios…
- Improve patient care
- Improve working conditions, leading to ↑ job retention, ↑ job applicants

Hospital industry says the ratios…
- Undermine hospital financial stability
- Limit access to care
- Force cutbacks on services
- Close units and even some hospitals
An ongoing debate

Pros
- Reverses nursing shortage
- Workforce stability
- Simple implementation
- Ensures compliance
- Studies link lower ratios to better care*

Cons
- Lack of evidence
- Inflexibility
- Obsolescence
- Difficult to enforce
- Costly – eg., no increase in reimbursement

Evidence of Success?


- Patient Mortality
  - Each additional patient per nurse →
    - 7% increase in likelihood of 30d mortality
    - 7% increase in odds of failure to rescue

- Working Conditions
  - Each additional patient per nurse →
    - 23% increase in likelihood of burnout
    - 15% increase in likelihood of job dissatisfaction
Evidence of Success?

Needleman J et al, “Nurse-Staffing Levels and the Quality of Care in Hospitals,” NEJM 2002
- Higher number of hours of care by RN per day
  - ↓ LOS
  - ↓ UTI, upper GI bleeding
  - ↓ pneumonia, cardiac arrest
  - ↓ failure to rescue

Evidence of Success?

Kane RL et al, “The Association of Registered Nurse Staffing Levels and Patient Outcomes,” Medical Care, 2007
- “increased nurse staffing in hospitals is associated with improvements in patient care outcomes and quality of care”
  BUT
- “arguments for a causal relationship are mixed”
In sum…

- Fierce battle between labor and industry
- Staffing has increased
- Reversal of shortage may be temporary
- Causal relationship between mandatory ratios and outcomes unclear
- Nonetheless…other states continue to mimic CA’s policy approach

Key Sources