The Ratio Solution

NNU’s RN-to-Patient Ratios Save Lives — Better Outcomes and More RNs
Dear Colleague,

Today in California, RN-to-patient staffing ratios are the law, thanks to the determined, multi-year efforts of members of the California Nurses Association (CNA)/National Nurses United (NNU). Since the law went into effect in all California acute-care hospitals in 2004, there are nearly 130,000 additional actively licensed RNs in California, and staffing and patient outcomes have improved dramatically.

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/NNU members continue to successfully defend ratios.

As elected leaders of NNU, we were extremely proud when a seminal 2010 University of Pennsylvania study showed that the California law saves thousands of patient lives; surgical units in New Jersey hospitals would have 14 percent fewer deaths and Pennsylvania 11 percent fewer deaths if they matched California’s 1:5 ratios.

Patients and nurses experience the effects of the sharp deterioration in staffing standards in hospitals across the country. 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 are also entitled to minimum safety standards and public protection.

The first victory came in 2004 when RNs in Arizona, supported by NNU, won their own 1:2 intensive care unit ratios.

California’s law is the first time that RN-to-patient ratios are mandated and enforceable throughout acute-care facilities. Nurses have also made gains through union contracts that create staffing protections.

RNAs across the country have taken inspiration from the California law and are working for mandated state ratios proposed by NNU. States where RNs are working to win ratio laws include Florida, Illinois, Massachusetts, Minnesota, Missouri, Pennsylvania, Texas, and the District of Columbia.

This brochure includes facts, statistics, and a research appendix to demonstrate how safe RN ratios enhance patient care while bringing significant cost savings. There is also a state guide to half-measure staffing legislation that currently exists.

As registered nurses, we can broaden the victories won by California nurses and patients. Visit our website at www.NationalNursesUnited.org to become a part of our campaign to win mandated RN-to-patient ratios in every state and for every patient.

Deborah Burger, RN; Karen Higgins, RN; Jean Ross, RN; co-presidents, NNU
California’s historic first-in-the-nation safe staffing ratios, sponsored by the California Nurses Association, took 13 years to win and 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 by 77 to 13 percent, 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 they “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.

Safe RN ratios have improved quality of care and nurse recruitment and retention in California hospitals. Staffing continued 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

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 ratio 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 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 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.

Prevents Hospitals from Using LVNs in Place of RNs
LVNs are not in the ratio count and are assistive to the RN.
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**
   - Basic educational assistance benefit and living stipend
   - Preceptorship and mentorship demonstration project

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**Proposed RN Ratios**

| Unit                              | Ratio
<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Intensive/Critical Care</td>
<td>1:2</td>
</tr>
<tr>
<td>Neonatal Intensive Care</td>
<td>1:2</td>
</tr>
<tr>
<td>Operating Room</td>
<td>1:1</td>
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<tr>
<td>Add at least one additional scrub assistant</td>
<td></td>
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<tr>
<td>Post-anesthesia</td>
<td>1:2</td>
</tr>
<tr>
<td>Labor and Delivery</td>
<td>1:2</td>
</tr>
<tr>
<td>Antepartum</td>
<td>1:3</td>
</tr>
<tr>
<td>Combined Labor &amp; Delivery, &amp; Postpartum</td>
<td>1:3</td>
</tr>
<tr>
<td>Well Baby Nursery</td>
<td>1:6</td>
</tr>
<tr>
<td>Postpartum Couples</td>
<td>1:3</td>
</tr>
<tr>
<td>Intermediate Care Nursery</td>
<td>1:4</td>
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<tr>
<td>Pediatrics</td>
<td>1:3</td>
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<tr>
<td>Emergency Room</td>
<td>1:3</td>
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<tr>
<td>Trauma Patient in ER</td>
<td>1:1</td>
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<tr>
<td>ICU Patient in ER</td>
<td>1:2</td>
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<tr>
<td>Step Down</td>
<td>1:3</td>
</tr>
<tr>
<td>Telemetry</td>
<td>1:3</td>
</tr>
<tr>
<td>Medical/Surgical</td>
<td>1:4</td>
</tr>
<tr>
<td>Coronary Care</td>
<td>1:2</td>
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<tr>
<td>Acute Respiratory Care</td>
<td>1:2</td>
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<tr>
<td>Burn Unit</td>
<td>1:2</td>
</tr>
<tr>
<td>Other Specialty Care Units</td>
<td>1:4</td>
</tr>
<tr>
<td>Psychiatric</td>
<td>1:4</td>
</tr>
<tr>
<td>Rehabilitation</td>
<td>1:5</td>
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<tr>
<td>Skilled Nursing Facility</td>
<td>1:5</td>
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Drawing on the lessons from California

RNs in states throughout the country are actively working with CNA/NNU to win their own mandated direct-care RN-to-patient staffing ratios. Building upon the success achieved by CNA/NNU in California, RNs in Illinois, Florida, Missouri, Texas, the District of Columbia, 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
Nurses from coast-to-coast campaign for state-based legislation modeled after the success of the California law

District of Columbia

“Patients in our nation’s capital deserve world-class care. Unfortunately, hospital corporations continue to place an emphasis on the bottom line, and care suffers. As patient advocates, nurses in the District of Columbia fight daily battles with hospital management to ensure that there are enough nurses to care for patients. Management consistently opposes our efforts to win better staffing for our patients. It’s time for a legislative solution; it’s time for statutorily enforced RN-to-patient ratios.”

— Lori Marlowe, RN, Washington, D.C.

Florida

The Florida Hospital Patient Protection Act has been introduced in the Florida legislature every year since 2009. It would mandate RN-to-patient ratios at all times, guarantee the right of patient advocacy, and provide whistle-blower protection. Over 3,000 community supporters have signed pledges to support the legislation and 22 municipalities have passed resolutions calling on their legislative delegations to pass this important life-saving law.

“When patients are denied access to a medically-appropriate level of nursing care, their outcomes suffer. It’s that simple, and it is totally preventable. Many hospitals understaff their units, denying access to RNs, and undermining patient safety in the name of hospital profits. The Florida Hospital Patient Protection Act will extend to my patients the level of care they deserve.”

— Barbra Rivera, RN, St. Petersburg, Florida

Missouri

“It is the hope and dream of hospital RNs across Missouri to have safe staffing levels so that when you need one of us, we can be there for you. Our NNOC/NNU campaign for RN-to-patient ratios in Missouri continues. When we set limits on how many patients RNs are required to care for, patients have better outcomes and receive the safe, therapeutic care that we all expect in a hospital. When a call light goes on, medications are needed, and very personal questions need to be answered. We want the time to be there.”

— Cathy Stephenson, RN, Kansas City, Missouri
Massachusetts

The *Patient Safety Act* calls upon the Department of Public Health to set a safe limit on the number of patients assigned to a nurse at one time, based on an evaluation of evidenced-based research. In addition, the bill calls for staffing to be adjusted based on acuity and the patient’s needs, bans the practice of mandatory overtime, and includes language to improve reporting of nurse-sensitive measures so that meaningful quality of care comparison can be made.

“Understaffing is part of the healthcare crisis facing this nation and the state of Massachusetts. Registered nurses are being forced to care for too many patients at one time, and patients endure the consequences in the form of preventable medical errors, avoidable complications, increased length of stay, and readmissions. We need to pass safe staffing legislation to protect our patients and the integrity of our nursing practice.”

— Donna Kelly-Williams, RN, president, Massachusetts Nurses Association

Illinois

The *2012 Nursing Care and Quality Improvement Act*, H.B. 2548.

“When nurses are short staffed, our patients suffer. Ratios are key to the quality care our patients deserve.”

— Dorothy Ahmad, RN, Chicago, Illinois

Minnesota

The *2012 Staffing For Patient Safety Act* would set a maximum patient assignment for registered nurses based on factors including nursing intensity and patient acuity, and would require hospital administrators to work directly with nurses to ensure that adequate resources are provided to keep patients safe. It would also increase transparency surrounding the staffing process.

“After years of broken promises from hospitals to work directly with nurses to address patient safety issues that resulted from inadequate staffing, we’ve been left with no choice but to take our concerns to the state legislature. We need legislation like this to hold hospital administrators accountable and keep our patients safe.”

— Linda Hamilton, RN, president, Minnesota Nurses Association

Pennsylvania

S.B. 438/H.B. 1874 would establish minimum RN-to-patient ratios, based on the California law, along with whistle-blower protections. Only direct-care nurses can be counted in the ratios, and the ratios would cover all shifts. Nothing would preclude any facility from implementing higher nurse staffing levels.

“Many of the issues we are faced with on the job are a direct result of poor staffing levels. When there is not enough staff, workplace violence against nurses is harder to prevent, talented RNs leave the profession because they simply burn out, and the quality of patient care is at risk because we just don’t have the time to do everything we would if we had safe ratios.”

— Patricia Eakin, RN, president, Pennsylvania Association of Staff Nurses and Allied Professionals
A 2010 landmark research project, the most comprehensive study done on the California RN staffing ratio 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, RN, PhD, 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.

“The differences between California and the other states are striking,” said Linda Aiken. “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.”

— San Francisco Chronicle, April 20, 2010
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.

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
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 ratio law in 1999. Strong, effective ratio laws have been a critical factor in helping to mitigate the effects of the nursing shortage. RNs do not remain in unsafe, understaffed hospitals. A study published in the *Journal of the American Medical Association* in October 2002 linked higher RN-to-patient-ratios with a 15 percent increase in nurse dissatisfaction with their jobs. Today’s shortage is the direct product of more than 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:

- 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*.

- The ratios have helped fuel a dramatic growth in student interest in nursing in California. In the last six years, the number of RN graduates has jumped by 45 percent — *Annual School Report, Board of Registered Nursing, 2005–2006*.

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.
Number of licensed RNs increased by 40% in California since ratio law passed in 1999

Q. Have ratios caused an increase in hospital closures?

A. No.

In 2005, when the hospital industry sought to overturn the ratio 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 ratio law. Virtually all of the few hospitals closed since January 2004 had reported years of financial losses.

Nationally, 996 hospitals closed from 1987 to 2007, 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 are more than 60 studies that directly link 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.

- 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 — Health Services Research, August 2010.

- Increasing the number of full-time RNs on staff per day by one, there were 9 percent fewer hospital-related deaths in intensive care units, 16 percent fewer in surgical patients, and 6 percent fewer in medical patients — Healthcare Risk Management, February 2008.

- Cancer surgery patients are safer in hospitals with better RN-to-patient ratios. A study of 1,300 Texas patients undergoing a common surgery for bladder cancer documented a cut in patient mortality rates of more than 50 percent — Cancer Journal of the American Cancer Society, September 2005.

Q. Can LPNs/LVNhs be counted in the ratios?

A. No. RN and LPN/LVN practice and 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 diagnosis, designing 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. RNs advocate in the exclusive interest of their patients.
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, improved patient outcomes, and shorter patient lengths of stay.

- Adding 133,000 RNs to the U.S. hospital workforce would produce medical savings estimated at $6.1 billion in reduced patient care costs — Medical Care, January 2009.

- Preventing medical errors reduces loss of life and could reduce healthcare costs by as much as 30 percent. Insurers paid an additional $28,218 (52 percent more) and an additional $19,480 (48 percent more) for surgery patients who experienced acute respiratory failure or post-operative infection — Health Services Research, July 2008.

- 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 — $52.9 billion in 2010. 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 $4.4 billion in profit in 2010, according to data from the Office of Statewide Health Planning and Development.

RN-to-Patient Ratios:
» Save lives
» Help solve the nursing shortage
» Are Cost effective
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
- 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
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 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 improve retirement security for RNs, and offer other provisions that are needed to retain career RNs at the hospital bedside and protect patients.

NNU 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, H.R. 676, in Congress.

Other landmark laws sponsored by NNU 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.NationalNursesUnited.org.

“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, Jan. 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/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 the ratios continues to this day.

1976
CNA wins first state-mandated ratios for intensive care units 1:2.

1993
CNA proposes the first hospital-wide ratio legislation in the U.S. — A.B. 1445.

1998
CNA-sponsored ratio bill (A.B. 695) wins approval in the Legislature for the first time. RNs flood the state Capitol with letters, calls, and postcards. Gov. Pete Wilson vetoes the bill after extensive lobbying by the hospital industry.

1999
A.B. 394 is introduced by Assemblymember Sheila Kuehl. CNA presents 14,000 letters in support and commissions an opinion poll showing 80 percent public support for bill.

After 2,500 CNA RNs rally, Legislature passes A.B. 394 and Gov. Gray Davis signs into law. The bill directs the California Department of Health Services to determine specific ratios.

2002
In a joint press conference with the CNA Board of Directors, Gov. Davis presents the ratios that are ultimately adopted. The hospital industry’s proposal of 1:10 for medical surgical, telemetry, and oncology units is soundly defeated.

2004
January 1, RN staffing ratios become effective in all California acute-care hospitals. A California Superior Court rejects a hospital industry lawsuit and upholds the law ruling that ratios must be maintained at all times, including during meal and rest breaks.

Gov. Arnold Schwarzenegger issues an emergency regulation which suspended portions of the ratio law in medical surgical units and emergency departments. CNA’s campaign of public protests, radio and TV ads, and RN letters to the editor, garners extensive worldwide media.

CNA files a lawsuit against Schwarzenegger’s emergency regulations, charging that the governor exceeded his authority by seeking to overturn a legislative mandate to protect patient safety.
More than 1,500 RNs packed the California Department of Health Services hearing on the plan to make emergency regulations a permanent rule change. CNA also delivers 11,000 letters from RNs opposing the new rules.

A California Superior Court judge finds that the governor broke the law and failed to present any evidence of the pretexts he used for the emergency regulation.

Gov. Schwarzenegger drops 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.

Final step of implementation sees ratios drop to 1:3 in step-down and 1:4 in telemetry and specialty units.

Safe staffing ratios result in an increase of 100,000 new active licensed RNs in California.

University of Pennsylvania research study documents that California ratios save thousands of patient lives compared to similar states.

California Hospital Association, working with a local union, proposes to suspend ratio requirements when RNs are on meal and rest breaks. CNA/NNU RNs react strongly and quickly. No legislator agrees to carry bill and state labor federation opposes proposal.

2005

2008

2009

2010

2012

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
Appendix

Additional Studies and Data

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

- As a result of the ratios, California has far fewer patient deaths than comparable hospitals in Pennsylvania and New Jersey, RNs have more time for patients and miss fewer changes in patient conditions — *Health Services Research, August 2010.*

- Understaffing of nurses is a key factor in the spread of methicillin-resistant staph infection (MRSA), the most dangerous type of hospital-acquired infection — *Lancet Infectious Disease, July 2008.*

- Patients cared for in hospitals with higher RN staffing levels were 68 percent less likely to acquire a preventable infection, according to a review of outcome data of 15,000 patients in 51 U.S. hospitals — *Medical Care, June 2007.*

- A 10 percent increase in adequate staffing and resources is associated with 17 fewer deaths per 1,000 discharged patients — *Science Daily, Jan. 16, 2007.*

- Improved RN staffing ratios are associated with a reduction in hospital-related mortality, failure to rescue, and lengths of stay. Every additional patient assigned to an RN is associated with a 7 percent increase in the risk of hospital-acquired pneumonia, a 53 percent increase in respiratory failure, and a 17 percent increase in medical complications — *Agency for Healthcare Research and Quality, May 2007.*

- 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.*

- 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.*

- Up to 20,000 preventable patient deaths each year can be linked to low RN staffing. For each additional patient assigned to an RN, above four, the likelihood of death within 30 days increased by 7 percent — *Journal of the American Medical Association, October 22, 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 — *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.

- RN understaffing in hospital intensive care units increases the risk of pneumonia and other preventable infections that can add thousands of dollars to the cost of care of hospital patients — *Critical Care, July 19, 2007.*

- 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.*

- 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, Jan. 21, 2006.*

- 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.*

- 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.*

- 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.*

- Harvard researchers cite a 3 percent to 6 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.*
Our Patients
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