



## WORKFORCE

### Nursing Arithmetic

*Nurse-to-Patient Ratios May Improve Quality and Nurse Retention*

by Sherree Geyer

A recent article in *Nursing Spectrum* indicates that as baby boom generation nurses begin to retire in 2010, the current shortfall of nurses could grow to between 450,000 and 800,000.

To ease its statewide nursing shortage, the California Department of Health Services (CDHS), Sacramento, Calif., recently proposed mandatory nurse-to-patient ratios for all units of acute care, acute psychiatric and specialty hospitals. The ratios, to be implemented in January 2004, affect registered and licensed vocational nurses who provide direct care, but exclude nurses without specific care assignments, such as nurse administrators, nurse supervisors and charge nurses.

The proposed ratios establish the maximum number of patients to be assigned to a single nurse during a single shift and range from 1 to 1 in the trauma unit to 1 to 6 in the medical-surgical unit, according to the CDHS. They apply to units with pre-existing staff ratios, such as ICUs and critical care units; well-baby nurseries and operating rooms; and unregulated areas of the hospital, such as medical-surgical, pediatric, telemetry and step-down units. They also require additional staff to be added to these minimums based on a patient's illness and the nurse's clinical judgment.

California's pending ratio laws represent the nation's first effort to regulate nurse staffing in all hospital units. Frequently the bellwether of health care legislation, California initiated the first nurse-to-patient ratios for ICUs in 1976 that later became mandatory in all U.S. hospitals, says Jill Furillo, R.N., director of government

relations, California Nurses Association, Oakland. She believes the new ratios will reduce hospital bureaucracy by providing a clear-cut rule for doctors and administrators.

Glenda Canfield nursing policy director for the SETU Nurse Alliance in Sacramento, Calif., believes "the ratios are just a floor below which hospitals can't go" and says her group "continues to lobby and look for improvements in the staffing ratios." SEIU, which stands for Service Employees International Union, represents 30,000 registered nurses and 5,000 licensed vocational nurses in California.

"We want the numbers to be richer in some hospitals. The most vulnerable patients are not covered. For instance, in the step-down unit, a 1-3 nurse-to-patient ratio is more consistent with the hospitals we represent than the current 1-4 nurse-to-patient ratio," says Canfield.

According to the CDHS, "many hospitals already meet or exceed the proposed standard." Kaiser Permanente, an integrated health care organization in Oakland, Calif., established its own staff ratios last year as part of a workforce initiative to improve "working conditions and professional opportunities for its nurses." Kaiser Permanente Northern California claims this initiative, called Nursing Pathways, "increased the number of hires by 71 percent and reduced voluntary terminations by 47 percent."

Although nursing advocates hail California's staffing regulations as a way to reinvigorate their profession and prevent burnout, Jan Emerson,

vice president of external affairs, California Healthcare Association, Sacramento, questions the state's ability to meet its proposed ratios given a per capita nursing population that ranks among the lowest in the nation.

"State statistics show that 80 percent of nurses with active licenses are currently working, and 29 percent of nurses work in outpatient facilities. Even if those nurses returned to a hospital environment, who's going to replace the outpatient nurses? It's like robbing Peter to pay Paul," she explains.

Emerson further notes that the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), Oakbrook Terrace, Ill., doesn't endorse nurse-to-patient ratios because they fail to "focus on patient outcomes." Last year, JCAHO issued "Staffing Effectiveness Standards" to provide "an objective and evidence-based approach to assessing the number, competency and skill mix of [hospital] staff by linking staffing effectiveness to clinical outcomes."

An October 2002 article in *The Journal of the American Medical Association (JAMA)* further complicates the ongoing debate about the relationship between nursing ratios and patient safety. The article, "Hospital Nurse Staffing and Patient Mortality, Nurse Burnout, and Job Dissatisfaction," states that, each additional patient per nurse was associated with a 7 percent increase in the likelihood of [the patient] dying within 30 days of admission and a 7 percent increase in the odds of failure-to-rescue." While Furillo feels the JAAM study provides "a co-relation between the number of patients a nurse has and the number of patient deaths that occur," Emerson calls the JAMA story "credible methodology" that stops short of endorsing mandatory ratios.

To help meet the state's proposed staffing ratios, California Gov. Gray

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## ABOVE BOARD

Davis last year earmarked \$2 1.1 million in grants to fund nursing programs. Leslie Holpit, R.N., M.S.N., manager of nurse retention and recruitment, San Francisco General, calls the figure “a drop in the bucket” compared with the funds needed to hire teachers and run clinical programs, adding that California’s “chopped-up” system of community colleges and state universities should first be overhauled to graduate nurses in a timely fashion.

“If you go to a city college to become an RN, it takes at least two or three years to fulfill the prerequisites and another two years to get into the nursing program,” Holpit says.

States with pending nurse-to-patient ratio bills include Florida, Pennsylvania, New York and Massachusetts. Emerson fears the “unintended consequences” to patients that could result from using ratios, such as long waits for hospital admission, but Canfield says “the cost savings of better staffing in terms of less overtime and fewer employee injuries on the job haven’t been determined.”

Larry Kidd, chief nursing executive at Kaiser Permanente Medical Center in Los Angeles, believes ratios help hospitals project their human resource needs and give staff members the tools “adequate to do their job.” He adds that “a happier workforce” reduces medication errors and improves patient satisfaction.

“We circulate a customer survey to our patients to determine if they’d refer us to a friend or relative. Patients don’t comment on whether they received the right surgery or the right drugs because they expect that when they come to a hospital. They reflect on the care experience Kidd says.

Kaiser Permanente Medical Center in Los Angeles enjoys an enviable nurse vacancy rate of 2 percent compared with a national industry average of between 12 percent and 15 percent, Kidd reports. He also underscores the high price hospitals pay to recruit nurses.

“Turnover can cost as much as 30 percent of a nurse’s salary, depending on [his or her] specialty. In some hospitals, this figure is as high as 40 percent. We have to find them, orient them and

bring them up to speed,” he explains.

Marilyn Chow, R.N., vice president of patient care services at Kaiser Permanente, says hospital boards interested in establishing nurse-to-patient ratios should “ask for reports on a facility’s turnover rate and quality indicators linked and staff leadership,” advises Chow. Chow, who sits on JCAHO’s board of commissioners, encourages CEOs and trustees to reference the organization’s white paper, entitled, “Health Care at the Crossroads: Strategies for Addressing the Evolving Nursing Crisis” for staffing recommendations. The paper’s executive summary states that hospitals should “create organizational cultures of retention” and “foster a work-place that empowers and is respectful of nursing staff.”

“It’s very important for trustees to give authority to their nursing executives and staff leadership,” advises Chow. “Studies have shown that nurses do better when they have more say in their work circumstances.”

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