

Key Points on Hospital Ratios in California

- 30 years of experience: OR's and ICUs since 1975
- "Professional judgment" is a myth: nurses are not allowed to exercise sufficient professional judgment on a shift by shift basis to determine staffing for that shift.
- Acuity systems or patient classification systems: not sufficient. Work well COMBINED with ratios: do not work stand alone.
 - Before 1993: did not have them
 - 1993-2003: hospitals had them but did not abide by them OR never validated changes OR never sought input of working nurses (as required by regs).
- Worsening staffing in California.
 - From "near misses" in early 1990s to patient deaths in late 1990s.
 - Workload up, support staff down, care unsafe.
- California hospitals: profitable and revenues growing.
 - \$40 billion revenues in 2003 for 450 hospitals, grown from \$28 billion in 1995.
 - Profits of \$2.7 billion, 6.6% profit.
 - 23 "non-profit" hospitals had profits of MORE than 10% in 2003.
- Ratio estimated impact:
 - About 350,000 licensed nurses in California
 - 4000 FTEs estimated by DHS.
 - SEIU had academics re-analyze DHS data: found DHS used assumptions that created high estimate. Equally valid estimate: 2000 FTEs needed.
 - Cost: Between 0.5% and 1% of revenue.
- Rural hospitals:
 - Staffing richer in rural hospitals as documented by DHS data analysis.
 - Rural hospitals more likely to be in compliance with proposed regulations.
 - Hospitals least likely to be in compliance: Urban for-profit hospitals.
- Hospital Closures: Few in Number, Two Primary Causes:
 - Small urban hospitals that had been financially ailing for a number of years.
 - Consolidation and market share maneuvers: large hospital systems closed hospitals that did not fit their business plan or that competed with other hospitals in same system. Several hospital systems in California have 30-40 hospitals each.
 - Ratios are an excuse, not a reason, for these closures.
- Nursing Shortage: Created by the Hospitals, Historic Factors
 - Historically California has only educated half as many nurses (and doctors) as we needed. Have relied on health professionals coming from other states.
 - In early 1990's, hospitals lobbied to eliminate overtime pay for 12 hour shifts, resulting in real wage cuts of 15%-20%, especially in Southern California.

- Wage cuts happened when staffing was also being cut and workloads increased—and women had other career choices. A nursing shortage emerged—no surprise!
- Since ratios signed into law, more than 48,000 new RNs—ten times as many as needed to meet the ratios.
- Nursing education: up from 5000 slots per year to 6600 (of 10,000 needed for replacement).
- Nurse Involvement in Development of Ratios
 - SEIU Submitted First Proposal in Jan. 2000.
 - SEIU proposal developed by our nurses in manner similar to any other professional association (ER docs, OBs, peds): committees of nurses by unit with mix of hospitals (north/south, public/private, Kaiser/not Kaiser).
 - SEIU nurses defined units, described the work done on each unit, and identified appropriate ratios.
 - Nurse comment on DHS proposal: 10% of nurses submitted comments (30,000 or so), including several thousand detailed letters explaining unsafe care due to short staffing as well as some dozens of letters from nurses who had left hospital nursing because the care was just too unsafe for them to continue in good conscience.
 - Much of the specific academic work comes AFTER these efforts.
- Current Status: Slow Startup but In Effect
 - Ratios took effect 1/1/04. We expected slow start-up—but after waiting 30 years, a year of transition did not seem unreasonable.
 - Start-up was further slowed by expectation of many in hospital industry that new Governor Schwarzenegger would “repeal” or “suspend” the ratios. There was no legal basis for this.
 - Start-up was also delayed by litigation by the hospital industry to re-interpret the ratios to make them meaningless and inconsistent with how the ratios had been enforced for 30 years. They lost.
 - The Schwarzenegger Administration did attempt to use emergency regulations to revise the ratios, delaying an improvement in them, and lost decisively and repeatedly in court.

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