Nurse Ratio Implementation At Kaiser Permanente

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Since the early 1990's SEIU nurses in California have been advocating for nurse-patient ratios. As front-line caregivers we know from first hand experience what it takes to provide safe, high quality care.

With the introduction and passage of ratio legislation in California, the SEIU Nurse Alliance developed a ratio proposal. We set up groups of nurses from individual specialty areas, i.e. Med-Surg, Telemetry, Pediatrics, etc.. from public, private, not-for-profit, and for-profit hospitals who based on their working experience and available research, developed a ratio proposal.

Kaiser and its labor partners met and after extensive discussion decided to implement the SEIU ratios, which were better than those mandated by the State.

There were several reasons why we chose to implement better ratios than mandated by the state, two of which I will mention.

First, the SEIU ratios, were validated by research indicating that the better the nurse-to-patient ratio, the lower the rate of pneumonia, urinary tract infection, medication errors, failure to rescue, as well as readmission rates.

Secondly, like many other employers, Kaiser was seeing a revolving door of nurses being recruited, hired, trained, and oriented and then leaving, because they felt they could not provide the kind of care they wanted. On average this was costing $45,000 for a medical-surgical nurse, and $75,000 for a critical care nurse. This led to the remaining nurses being burdened with heavier loads. We had a vicious cycle of high overtime utilization, high sick leave utilization and high workers comp injuries. We needed to intervene in some way to solve this problem.

We came to agreement to implement the ratios, in order to accomplish two of the goals of the Labor Management Partnership, which were to make Kaiser the best place to receive care and the best place to work.

We believe that by implementing the ratios we would see an increase in clinical quality outcomes, decreased costs for recruitment and retention, workers comp, overtime, and staff satisfaction. So far we have been right.

Process For Implementing Nurse Patient Ratios

Prior to implementing we went through an extensive planning process.

In the budget for the year following the decision, money was set aside for the additional costs.

On every nursing unit a team of staff and managers reviewed financial, census and patient acuity data for the year to date and projections for the coming year. From there we developed a staffing plan, budget requirements, and a timeline which was put into a business case. This business case was approved, after review, by a Labor-Management Ratios Oversight Team.

We decided to begin implementation with the Medical-Surgical units at each of our 11 hospitals.

We increased our staff of recruiters and educators, so that we could move quickly and efficiently when we began to receive applications. We looked closely at our recruiting process and streamlined it.

We advertised aggressively in newspapers, nursing journals, with nursing interest groups, etc... emphasizing that we were hiring to staff a 1:4 ratio in medical surgical units. That's right we used our ratios to recruit nurses. As I will explain later, it has worked very well.

We attended nursing schools and encouraged students to come to Kaiser after graduation and detailed our New Grad Program. We implemented a New Grad program in each facility.

We developed a "re-entry program" for nurses who might have been out of the workforce for several years and needed reorientation.

We developed a region-wide, standardized preceptor program and recruited and trained our staff nurses so that they could act as mentors to new hires.

There was considerable upfront financial investment to do this, but we believed that ultimately we would see quality, financial, and staff satisfaction benefits. Thus far we have been proven correct.

Currently our ratios are as follows: Labor and Delivery 1:2; Antepartum 1:3; Post Partum 1:3 couplets; NICU 1:2; ICU/CCU 1:2; Well Baby Nursery 1:6; Intermediate Nursery 1:3; Peds 1:3; PICU 1:2; Med-Surg 1:4; Telemetry/Step Down 1:3, Pre-Op 1:4; PACU 1:2; OR 1:1; ER-Trauma 1:1; ER-ICU 1:2; and ER-Visit 1:3.

The Results

The facility at which I work has been at ratio in all unit for approximately 15 months now. Two years ago we had 120 traveling nurses, today we have 18. There have been periods of time where we had none.

Two years ago our vacancy rate was in the 14-16% range, the current national average. For the past year it has averaged 2.5%, and as of June 30th, it was 2%.

Our turnover rate, which was once as high as 12%, is now between 2 and 3.5%.

Overtime costs have been consistently dropping over the past 18 months, by approximately 50%.

Furthermore, we are no longer offering bonuses - because we don't have to.

Our worker's compensation injuries are also dropping. With the implementation of lift teams (we are able to do this because we have more nurses) we have seen a 50% reduction in back injury reports so far this year from RNs.

Most importantly, we are keeping nurses at the bedside. This would have been a miserable failure if we recruited all of these nurses, only to lose them because of bad working conditions.

By retaining nurses we are not only improving our working conditions, we are also improving the quality of patient care we are delivering at our facilities. We are only beginning to measure our quality improvements, but

many study's have shown and nurses have experienced the link between the number of nurses at the bedside and improved patient outcomes.

While we need to increase the pool of nurses by funding education, reaching young people at an early age, developing career ladders to move health workers into nursing positions, what's even more important is to ensure that once nurses enter the profession and work at the bedside, that they stay there.

I strongly encourage Nevada to follow California's and Kaiser's examples and enact legislation that guarantees nurse to patient ratios that provide patients with the care they deserve. Kaiser has shown that by implementing nurse to patient ratios, it was able to recruit an adequate number of nurses, and more importantly, keep them at the bedside.