IMPACT OF LEGISLATED RATIOS THE CALIFORNIA EXPERIENCE Nevada State Legislature

Nevada State Legislature
Health Committee
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EXHIBIT E Committee Name HealthCare Document consists of 18 Slides

☑ Entire document provided.

☐ Due to size limitations, pages _______ provided. A copy of the complete document is available through the Research Library (775/684-6827) or e-mail library @ leb.state.nv.us. Meeting Date: 8-04-04

Intent of AB 394 (Kuehl- Santa Monica)

 To increase the number of licensed nurses in those acute care hospitals that appeared under staffed, thereby improving quality of care

AB 394, Kuehl, (D-Santa Monica)

Mandated the California
Department of Health Services
develop nurse-to-patient
staffing ratios

AB 394 did not specify nurse-to-patient ratio numbers or other details

Ratios have resulted in:

- 1) less than 1 in 9 hospitals in compliance with the law
- 2) increased diversion of patients arriving by ambulance (Los Angeles Local Emergency Medical Services Agency reports diversions up from 24.6% to 36% in first quarter of 2004)

3) 963 surgeries postponed year to date (as of 7/05/04)

4) At least 7 L.A. hospitals have closed or downgraded their psychiatric units resulting in the loss of 176 beds

CHA Nurse Staffing Ratio Survey Results

	Data Summary Report	Weeks of 01/05/04 – 0628/04	Weeks of 06/28/04 - 07/05/04
	Total Records in Sample	6645	230
1.0	Take beds out of service or close entire unit or service Any Unit or Service	Yes = 32% No = 68% N = 6625	Yes = 26% No = 74% N = 230
2.0	ED went on diversion, or requested to do so	Yes = 38% No = 62% N = 4178	Yes = 29% No = 71% N = 139
3.0	Average ED wait time compared to similar week last year	Longer = 36% About the same = 58% Shorter = 6% N = 4895	Longer = 33% About the same = 61% Shorter = 7% N = 166
4.0	Ratio requirements always met in Every Unit, Every Shift	Always = 15% Not Always = 85% N = 6626	Always = 14% Not Always = 86% N = 227
5.0	Approximate number surgeries postponed	Average = 0.16 N = 963	Average = 0.11 N = 23
6.0	Unable to transfer patients from ED	Yes = 26% No = 74% N = 5168	Yes = 18% No = 82% N = 170
6.1	Due to inability to meet ratios	Yes = 57% No = 43% N = 748	Yes = 36% No = 64% N = 22 CHA 6

- 5) cost of \$1 billion per year (maybe low due to increasing salaries and cost of travelers)
- 6) Increase in demand resulted in
 - worse shortage
 - increased salaries
 - increase in overall health care costs

- 7) Physicians concern access to care disrupted
 - 1999 CMA supported AB 394
 - 2004 post-implementation, evidence of delay in service, CMA sent letter to Schwarzenegger administration
- 8) Licensed nurses voice concern over lack of autonomy and lack of control over practice

- 9) Conflict with existing laws and regulations
 - EMTALA
 - Possibility of claiming adult abuse and
 - Unfair competition

EMTALA

"Emergency Medical Treatment and Active Labor Act"

- Enacted to ensure access to emergency services
- Ratios in ED (1:1, 1:2 & 1:4) require hospitals to turn patients away "whether or not hospitals break the law isn't at issue: we are given the choice only to decide which law to break" California Hospital CEO

Adult Abuse

- Elder Abuse and Dependent Adult Civil Protection Act
- (California W&I Code, Sections 15600-15659)
- The Act applies to:
 - Elders 65 or older
 - Dependent adults 18-64
 - Any person between 18-64 admitted as an inpatient in an acute care facility

Unfair Competition

California Business & Professions Codes, Section 17,200

- Lawsuits requires plaintiff and damages
- Section 17,200 allows attorneys to sue without either
- Current California case against SNFs
- Concern if not meeting ratios

Myths

 30,000 additional RNs have come into California since 1999 when ratios law enacted

 Kaiser hospitals have exceeded the ratios at 1:4

Staff nurses support the ratios

Outgoing & Incoming Endorsements History (CalStars Reports)

OUTGOING ENDORSEMENTS HISTORY(CalStars Reports)

projection based on first 8 mos

FISCAL YEAR	1991/92	1992/93	1993/94	1994/95	1995/96	1996/97	1997/98	1998/99	1999/00	2000/01	2001/02	2002/03	2003/04
TOTAL	5,469	6,111	6,787	5,873	6,267	5,551	4,819	6,136	6,193	8,277	8,589	10,454	8,147

INCOMING ENDORSEMENTS HISTORY (CalStars Reports)

FISCAL YEAR	1991/92	1992/93	1993/94	1994/95	1995/96	1996/97	1997/98	1998/99	1999/00	2000/01	2001/02	2002/03	2003/04
TOTAL	5,376	3,509	2,865	2,927	2,099	4,044	4,301	5,278	6,225	9,451	10,252	10,585	9,629

DIFFERENCE OF RNs INTO STATE VERSUS RNs LEAVING

TOTAL	00	0.000	2 000	0.040	4.400	4 507	540	050	20	4 474	4 000	404	4 400
IOIAL	-93	-2,602	-3,922	-2,946	-4,168	-1,507	-518	-858	32	1,174	1,663	131	1,482

"AND, these numbers do not reflect:

- RNs from other states who obtain California licenses and stay temporarily for a short time
- RNs allowing their licenses to expire
- RNs who die or retire
- International RNs who obtain California licenses as pass-thru (No CGFNS required)
- RNs who maintain California license but live in another state

Ratios do not take into consideration:

Competence of nurse

Environment in which care is provided – no two hospitals are alike

Patients diagnoses and co-morbidities

Patient Centered Care

- Staffing should always be about the patient
- Focused on the individual
- Based on professional input, not confined to numbers
- Outcome is the key

One size does not fit all!

