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IT'S TRUE: SAFE STAFFING LEGISLATION IN CALIFORNIA IS SUCCEEDING

- ✓ Nurse staffing has increased
- ✓ Patient outcomes have improved
- ✓ Ancillary staffing has been maintained
- ✓ Hospitals have thrived



In 2004, California became the first state to implement statewide minimum nurse-to-patient staffing requirements. Prior to the adoption of these standards, the hospital industry argued that the legislation would close hospitals, damage them financially, gut support staff—all without improving patient outcomes.¹ Today, New York hospital management is making similar predictions—but the California experience proves safe staffing works for nurses, patients, and hospitals.

Safe staffing legislation increased nurse staffing across California hospitals—including safety-net hospitals.

- Nurses in California now care for fewer patients, on average, than they did prior to the legislation and fewer patients than nurses in other states.²
- The legislation even increased nurse staffing in safety net hospitals, “in which an improvement in staffing has historically been most difficult and most improvement was needed.”³

California hospital financial performance improved after passage of the law.

- Despite threats otherwise, no hospitals have closed in California due to the implementation of its safe staffing law.⁴
- The median operating margin for California hospitals tripled from 1 percent in 2003, the year before the ratios went into effect, to 3.1 percent in 2010.⁵

Increased staffing under the law improved outcomes significantly, despite increasing acuity.⁶

- Failure to rescue rates saw greater improvement in California hospitals than in comparable hospitals in other states.⁷
- Emergency room wait times fell after the new requirements went into effect,⁸ and fewer patients left emergency departments without being seen.⁹

Hospitals maintained support staffing even as they increased RN staffing.

- A 2012 study found that there was little change in LVN, nurse aide, or clerical staffing between 2000 and 2006. Additionally, the study observed an increase in diagnostic radiology and respiratory therapy staffing.¹⁰
- In a survey, most nurse respondents reported that house-keeping, clerk, and nursing assistant staffing increased or stayed the same after implementation.¹¹

Hospitals with safe staffing are less likely to be penalized under new reimbursement models.

Under new reimbursement models, New York hospitals have even more reason to implement safe staffing. Under the Affordable Care Act (ACA), Medicare’s Value-Based Purchasing programs reward hospitals that provide quality care, by tying reimbursements to rates of hospital readmissions, hospital-acquired infections, and patient outcomes¹²—all of which have been linked to nurse staffing.

While New York hospitals are currently being penalized under the Medicare Value-Based Purchasing programs for high rates of potentially avoidable infections and complications such as blood clots, bedsores and falls,¹³ a 2013 study found that **hospitals with higher nurse staffing had 25 percent lower odds of being penalized compared to otherwise similar hospitals with lower staffing.**

ENDNOTES

1. California Department of Health Services, “Final Statement of Reasons” for regulations pursuant to AB 394, March 25, 2003.
2. B. Mark, et al, “California’s Minimum Nurse Staffing Legislation: Results from a Natural Experiment,” *Health Serv Res* 2013;48(2 Pt 1):435-54, 447-48. M.D. McHugh, M. Brooks Carthon, D.M. Sloane, E.S. Wu, L. Kelly, L.H. Aiken, “Impact of nurse staffing mandates on safety-net hospitals: Lessons from California.” *The Milbank Quarterly* 2012;90, 160-186. L. Aiken, et al, “Hospital Staffing and Patient Mortality, Nurse Burnout, and Job Dissatisfaction,” *JAMA* 2002;288(16):1987-93.
3. M.D. McHugh, M. Brooks Carthon, D.M. Sloane, E.S. Wu, L. Kelly, L.H. Aiken, “Impact of nurse staffing mandates on safety-net hospitals: Lessons from California.” *The Milbank Quarterly* 2012;90, 160-186.
4. In 2005, the Superior Court of California found that, despite the California Department of Health Services’ report that the ratios were cited as a cause in hospital closures, there was no evidence that the ratios requirements were the proximate cause of any closures. See *California Nurses Association v. Schwarzenegger*, et al, Superior Court of California for Sacramento County, case number 04CS01725. See also R. Nelson, “California’s Ratio Law, Four Years Later,” *American Journal of Nursing* 2008;108(3):25-26.
5. California Healthcare Foundation, “California Hospitals: Buildings, Beds, and Business,” January 2013. P. 30.
6. L. Aiken, et al, “Hospital Staffing and Patient Mortality, Nurse Burnout, and Job Dissatisfaction,” *JAMA* 2002;288(16):1987-93.
7. J. Spetz, et al., “Using Minimum Nurse Staffing Regulations to Measure the Relationship Between Nursing and Hospital Quality of Care,” *Med Car Res & Rev* 2013;70(4):380-399.
8. T. Chan, et al, “Effect of Mandated Nurse-Patient Ratios on Patient Wait Time and Care Time in the Emergency Department,” *Academic Emerg Med* 2010;17(5):545-552.
9. L. Weichenthal and G. Hendey, “The Effect of Mandatory Nurse Ratios on Patient Care in an Emergency Department,” *J Emerg Med* 2011;40(1):76-81.
10. T. Serratt, et al, “Staffing Changes Before and After Nurse-to-Patient Ratios in California’s Hospitals,” *Policy Politics Nursing Practice* 2011;12(3) 133-140. Available at <http://ppn.sagepub.com/content/12/3/133>. See also Teresa Serratt, “Changes in Staffing Patterns Before and After California’s Nurse-to-Patient Ratios” APHA 140th Annual Meeting & Expo. San Francisco, CA. Oct. 2012. Available at: http://works.bepress.com/teresa_serratt/3/.
11. L. Aiken, et al, “Hospital Staffing and Patient Mortality, Nurse Burnout, and Job Dissatisfaction,” *JAMA* 2002;288(16):1987-93.
12. Center for Medicare and Medicaid Services, “Linking Quality to Payment.” Available at <https://www.medicare.gov/hospitalcompare/linking-quality-to-payment.html>.
13. J. Rau, “758 Hospitals Penalized for Patient Safety in 2016: Data Table,” *Kaiser Health News*, December 10, 2015. Available at <http://khn.org/news/758-hospitals-penalized-for-patient-safety-in-2016-data-table/>.