

**Testimony by Kelly Green, Regulatory Policy Specialist, California Nurses Association
Senate Health Committee Oversight Hearing
“California Department of Public Health:
Implementation of Hospital Patient Safety Legislation”
Panel IV: Enforcement of Nurse Staffing Ratios**

Good afternoon. My name is Kelly Green, and I am here today on behalf of the California Nurses Association, which represents over 86,000 registered nurses throughout the State of California. Enforcement of nurse staffing ratios in our hospitals is a critical issue for both providers and patients, and we appreciate the opportunity to participate on this panel.

Madame Chair, you were one of many legislators who helped enact the nurse staffing standards we have today, and due to the leadership and vision of many in the legislature, California remains the only state in the nation with state-mandated nurse-to-patient ratios.

When nurses are assigned too many patients, their ability to quickly and adequately respond to patient needs and to provide safe and quality care diminishes. Thus, the premise of nurse-to-patient staffing ratios is a simple one: by establishing minimum staffing standards, nurses are afforded a more manageable patient assignment. As such, they are better able respond to patient needs and patient care and safety is improved.

We know that non-compliance with nurse staffing ratios can be dangerous and deadly to patients. We are aware of too many cases in which patients have been harmed, for example by medication errors, falls, or other preventable adverse events, when nurses are assigned patient loads that exceed minimum staffing standards.

Additionally, there is a growing number of research studies that have found a positive correlation between nurse staffing and patient safety and care quality, including research conducted by the federal Agency for Healthcare Research and Quality, the Joint Commission, and most recently, a study led by Linda Aiken, a professor at the University of Pennsylvania, School of Nursing, which, based on California’s nurse staffing standards, concluded that improved nurse staffing results in better patient outcomes, including lower mortality rates, and improved nurse retention.

For these reasons, proper enforcement of staffing ratios by the Department of Public Health is vital to patient safety and protection. We appreciate the department’s efforts to properly enforce nurse staffing ratios in our hospitals, and from our experience, do believe that improvements in the enforcement process can be made in order to ensure better compliance.

We think that the department could better exercise its enforcement authority by including audits of staffing compliance during every routine inspection. Currently, the department only conducts such audits when problems with quality of care are identified. By ensuring staffing audits are conducted with each routine inspection, the department may uncover noncompliance with staffing ratios that may otherwise go undetected.

One of your questions, Madame Chair, pertained to tools and authority that could aid the department in its enforcement efforts. The department may wish to explore the greater authority in the use of administrative fines as a deterrent to, and penalty for, noncompliance with staffing ratios.

Further, the department needs its staff ready and available to respond to complaints and to conduct investigations in a timely fashion. As such, we must state our dismay with the staff furloughs imposed against the department by the governor. Considering that the Licensing and Certification Program is funded through licensing fees, and not General Fund dollars, the imposition of furloughs on Licensing and Certification staff is nonsensical with regard to saving the state money. In this case, the furloughs only served to divert staff time away from health facility inspections, putting patient safety at risk.

Lastly, Madame Chair, you posed the question of why we continue to hear stories of patients harmed by the failure of hospitals to meet nurse staffing ratios. We think there are a number of factors that contribute to non-compliance with nurse-to-patient ratio requirements. For example, there should be continued recognition that California's staffing ratios set *minimum* standards, and staffing should be set according to patient acuity. We believe that adequate coverage must be provided during meal and break periods, and that hospitals properly orient and validate the competency of nurses who are brought in to shore up staffing levels.

With judicious enforcement, we think that these and other issues that lead to noncompliance with staffing requirements can be abated.