

Two new safe staffing bills have been introduced in New York and Ohio. Democratic Senator Michael Skindell from Ohio has proposed SB 324 to the Ohio legislature. This bill mirrors the staffing ratios set in California in 2004. New York Assemblywoman Aileen Gunther has proposed A01532 titled the Safe Staffing for Quality Care Act. This bill also sets ratios and also addresses the issues of long term care facilities by determining staffing according to a minimum of care hours per resident per day for RNs, LPNs and CNAs. For RNs it would be figured at 0.75 divided among all shifts 24 hours a day divided amongst all shifts for seven days a week. For LPNs it is 1.3 hours and CNAs are at 2.8 hours.

The lobbyists for the hospitals argue staffing ratios put restrictions on their abilities to staff according to the ever changing needs of the patients. They also point to the Bureau of Statistics figures that say there is a national nursing shortage. According to their data 1.2 million vacancies will exist between 2014 – 2022. California has not experienced any hospital closings or reductions related to their staffing ratio law.

Nurses are experiencing heavy patient assignments that do not allow them to care for their patients safely. This burden causes stress and burnout making bedside nursing an increasingly undesirable position. Many are turning to home care positions or clinics. A great many are pursuing advanced degrees to allow them to be Nurse Practitioners or Physician Assistants which they consider less stressful than bedside nursing.

The OPEIU Nurses Council supports the nurse patient ratios proposed in these bills and will be actively pursuing legislation that would make them the law in each state. Many OPEIU nurses have staffing ratios negotiated in their Union contracts. When nurses can come together and collectively bargain a contract, it is possible to include staffing ratios as a part of their contract.

Proposed New York Ratios:

Acute Care Nurse to Patient Ratios in the 2013 Safe Staffing for Quality Care Act

Trauma emergency	1:1
Operating room	1:1
All Intensive care	1:2
Emergency critical care	1:2
Post anesthesia care	1:2
Labor – 1st stage	1:2
Labor – 2nd & 3rd stage	1:1
Antepartum	1:3
Non-critical antepartum	1:4
Newborn nursery	1:3
Intermediate care nursery	1:3
Post-partum couplets	1:3
Post-partum mother-only	1:4
Well-baby nursery	1:6
Emergency department	1:3
Step-down & telemetry	1:3
Pediatrics	1:3
Medical-surgical	1:4
Acute care psychiatric	1:4
Rehabilitation & sub acute	1:5

The Department of Health will establish ratios for any units not listed. All ratios are minimums to be adjusted based upon patient needs.