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**STATE HEALTH DEPARTMENT RELEASES REVISED
NURSE-TO-PATIENT RATIOS FOR PUBLIC COMMENT**

SACRAMENTO - The California Department of Health Services (CDHS) today released for public comment revised nurse-to-patient ratio regulations for general acute care hospitals. The ratios will be the first of their kind in the nation.

“The high interest in this issue is reflected in the fact that CDHS received more than 24,000 letters from organizations and individuals across the state during the initial public comment period,” noted State Health Director Diana M. Bontá, R.N., Dr.P.H. “In signing the legislation that led to the development of these ratios, Gov. Gray Davis demonstrated his commitment to quality patient care and recognition of the key role nurses play in providing that care.”

While most of the revisions are technical in nature or clarifications to make the regulations more clear, ratios for step-down, step-down telemetry, telemetry and specialty care units were changed in response to comments received during the initial public comment period in late 2002 (chart attached). The ratios would be implemented in stages beginning in 2005 to enable hospitals, especially those in rural areas, to develop strategies to meet the new ratios.

In 1999, Gov. Gray Davis signed AB 394, which required CDHS to establish minimum nurse-to-patient ratios by licensed nurse classification and by hospital unit for the state’s general acute care hospitals.

The proposed ratios are based on a complex number of factors, including information collected by state regulators during unannounced visits to 80 acute care hospitals and 10 state-operated hospitals that began in May 2001. CDHS used data from the on-site hospital visits to determine the licensed nurse-to-patient ratios in the nursing units at the hospitals.

The proposed ratios also reflect the results of a literature search, an analysis of data from the state Office of Statewide Health Planning and Development, comments from professional organizations and over 24,000 letters received from individuals across the state.

Only intensive and critical care, acute respiratory care, coronary care, well-baby nursery, neonatal intensive care unit and operating rooms currently have minimum ratios. The proposed ratios cover all other areas of a hospital, including medical/surgical units. The proposed ratios vary from 1:1 for trauma patients to 1:6 (reduced one year later to 1:5) in medical/surgical units.

The regulations are expected to take effect Jan. 1, 2004. Five years after their adoption, CDHS will evaluate the regulations and provide a report to the Legislature, as required by law.

The draft regulations, research findings and information about the process for submitting comments are available on CDHS’ Web site at <http://www.dhs.ca.gov>

CDHS will summarize all comments received and provide a formal response to each one. The regulatory package, including the responses, will be submitted to the Office of Administrative Law for approval. After approval, the regulatory package, including the responses, will be published on the CDHS Web site.

The deadline for public comments is 5 p.m. July 17. Written comments can be submitted via fax at (916) 440-7714, e-mail at <mailto:regulation@dhs.ca.gov> or

through the “Making Comments” link on the CDHS’ Web site at <http://www.dhs.ca.gov/regulation>. Comments can also be mailed to the Office of Regulations, Department of Health Services, MS 0015, P.O. Box 942732, Sacramento CA 94234-7320. (Please note that CDHS has moved to a new location in the East End Complex in Sacramento and that the U.S. Postal Service requires the use of a post office box for the delivery of mailed items.

Hospital Unit	CDHS Proposal 10/18/02	Revised CDHS Proposal 7/1/03
Intensive/Critical Care Unit Operating Room Neonatal ICU Well-Baby Nursery Postpartum	1:2* 1:1* 1:2* 1:8* 1:8 (1:4 couplets)	1:2* 1:1* 1:2* 1:8* 1:8 (1:4 couplets)
(When multiple births, the number of newborns plus the number of mothers shall never exceed 8 per nurse)	1:6 (mothers only)	1:6 (mothers only)
Labor and Delivery Post Anesthesia Care Unit Emergency Departments	1:2 1:2 1:4	1:2 1:2 1:4
(Triage, Base Radio, and other specialty nurses are to be added as additional workforce and not included in the ratio)	critical care patients 1:2 critical trauma patients 1:1	critical care patients 1:2 critical trauma patients 1:1
Burn Units (considered CCU) Pediatrics Units Behavioral Health/Psych Units	1:2 1:4 1:6	1:2 1:4 1:6
Step-Down and Step-Down Telemetry Units	1:4	1:4 (1:3 on 1/1/08)
Specialty Care (Oncology) Units	1:5	1:5 (1:4 on 1/1/08)
Telemetry Units	1:5	1:6 (1:4 on 1/1/08)
Medical, Surgical and Medical/Surgical Units	1:6 (1:5 on 1/1/05)	1:6 (1:5 on 1/1/05)
Mixed Units	1:5 on 1/1/05	1:5 on 1/1/05