

IMPLEMENTING MINIMUM NURSE-TO-PATIENT RATIOS

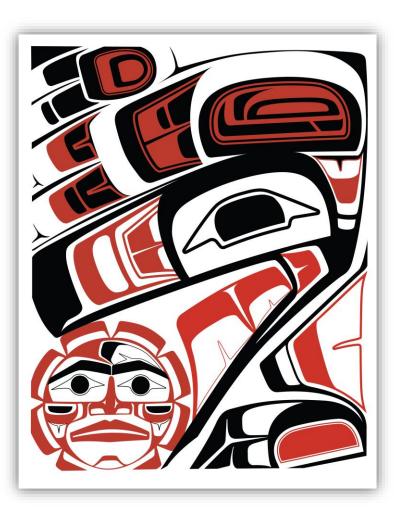


Towards improved patient outcomes and safe staffing levels

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INDIGENOUS LAND ACKNOWLEDGEMENT





WHY RATIOS?

MEMBER PRIORITIES

- > Nurses recognize that mandatory ratios create better work environments, leading to enhanced retention & recruitment
- > 84% of more than 15,000 BCNU survey respondents said ratios were a 'must have'
- > California & Australia were in a nursing shortage when they implemented ratios
- > BC has tried other methods to address workload without success



WHY RATIOS?

RECRUITMENT & RETENTION

- > 7,000 inactive nurses came back to work in Australia¹
- > 60% increase in nurse registrations in California¹
- > 69% decrease in vacancies in Sacramento hospitals¹
- > 67% say they're more likely to stay in their jobs because of ratios²

^{1.} National Nurses United (n.d.). RN staffing ratios: A necessary solution to the patient safety crisis in U.S. hospitals. Available at: https://www.nationalnursesunited.org/sites/default/files/nnu/documents/0619_Ratios_Booklet_NNU.pdf

^{2.} Aiken, L. et al (2010). Implications of the California nurse staffing mandate for other states. Health Serv Res, 45(4), doi:10.1111/j.1475-6773.2010.01114.x.



WHY RATIOS?

SAFETY FOR ALL

- > 74% of nurses say that quality of care increased because of ratios¹
- > **31.6%** fewer nurse injuries in California after implementation²
- > Additional patient per nurse represents a 12-16% increase in the risk of 30-day mortality^{3,4}

- 1. Aiken, L. et al (2010). Implications of the California nurse staffing mandate for other states. Health Serv Res, 45(4), doi:10.1111/j.1475-6773.2010.01114.x.
- 2. Leigh, J.P. et al (2015). California's nurse-to-patient ratio law and occupational injury. Int Arch Occup Environ Health, 88(4):477-84.
- 3. McHugh, M.D., Aiken. L.H. et al (2020). Case for hospital nurse-to-patient ratio legislation in Queensland, Australia hospitals: An observational study. Nursing, doi:10.1136/bmjopen-2019-036264.
- 4. Lasater, K.B., Aiken, L.H. et al (2021). Patient outcomes and cost savings associated with hospital safe nurse staffing legislation: An observational study. BMJ Open, doi:10.1136/bmjopen-2021-052899.



ACUTE CARE RATIOS

Unit Type	Ratio
Med/Surg	1:4
Rehabilitation	1:5 days, 1:7 nights
ALC	1:7
Palliative Care	1:3
Focused (Special) Care	1:3
High Acuity / Step Down	1:2
Intensive Care	1:1
NICU	1:1 to 1:3, by Tier of Service

Unit Type	Ratio
Operating Rooms	2.5 nurses per room
PACU	2:1 to 1:2, by stage of recovery
Antepartum	1:3
Labour & Delivery	1:1 active labour, 2:1 at birth
Postpartum	1:3 dyads, 1:4 birth parent only
Newborn Nursery	1:3
Emergency	1:3 acute, 1:4 fast track & short stay, 1:1 critical care & trauma



mNPR GOVERNANCE STRUCTURE & WORKING GROUPS IN BC

Ministry of Health

Executive Steering Committee (MoH, BCNU/NBA, HEABC)





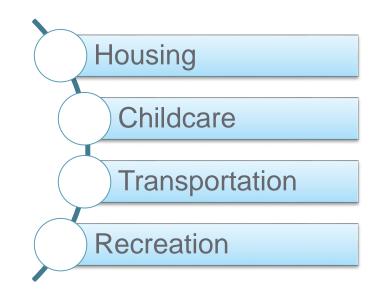
WHAT IS NEEDED TO MAKE RATIOS A REALITY?

- 1) Retain and recruit more nurses
- 2) Provide safe and health workplaces
- 3) Apply a diversity, equity and inclusion lens



WHERE DO LOCAL GOVERNMENTS FIT IN?

Nurses need more available and affordable...



- Local governments can help by creating communities that are attractive to nurses.
- > Nearly half of BC nurses are under 40, and over 90% are women; child care and other local resources that help promote work/life balance are essential.



WHAT ELSE CAN LOCAL GOVERNMENTS DO?

Be allies with us in:

- > Advocating for the provincial and federal governments to do more to retain and recruit nurses.
- > Educating the public about minimum nurse-to-patient ratios and what is needed to make them a reality.



KEEP IN TOUCH WITH YOUR REGION'S NURSE LEADERS

BCNU's elected regional leaders want to stay connected with you.

Here are your best contacts in the **Northeast Region**:

- > Danette Thomsen, Regional Council Member danettethomsen@bcnu.org
- > Raelene Stevenson, Regional Lobby Coordinator raelenestevenson@bcnu.org



QUESTIONS?

