Special REPORT
SAFE CARE

Safe ratios

Improvement of the care

Better conditions of practice

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SAFE CARE

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Demand safe ratios for patient safety

Respecting the population's right to health care requires the presence of a sufficient number of healthcare professionals. For more than a decade, this proof has been highlighted by the most credible researchers and the safe healthcare professional-to-patient ratios will certainly confirm this.

In October 2016, in collaboration with the *Secrétariat international des infirmières et infirmiers de l'espace francophone* (SIDIIEF), the FIQ held a one of its kind symposium: the International Symposium on Safe Health Care. It brought together fellow professionals from Australia, the United States and from Québec to discuss the issues and the recent developments on this subject. Excerpts from the accounts of their experiences have moreover been put in this publication. The October 2016 symposium was an opportunity for us to discuss together the assessment to be made and the measures to be taken to ensure quality, safe and humane care for the people of Québec. What must be retained from this event is that the current situation in the healthcare network is not an "incurable" disease: the network can be cared for.

The battle that the FIQ and their members are waging for safe ratios reminds me of when I started as a nurse more than 30 years ago. At the time, like my colleagues, I had to give time to my employer between shifts in order to give the report on my patients to the team on the next shift. We thought it was normal to "volunteer" this time because we had a "vocation" as it was called at the time. Never would I have thought that one day, this shift overlap would be recognized as being an integral part of the care. However, it is a gain that we obtained thanks to our perseverance.

I hope with all my heart that in reading this Safe Care Special Report you will have a better understanding of this issue that is crucial for the healthcare professionals that we are. At the FIQ, it is clear that the healthcare professional-to-patient safe care ratios file will be a battle for years to come. We are already hearing voices raised to say that this project is impossible and, yet...

Régine Laurent, President, FIQ

INTERNATIONAL Symposium ON safe health care

See the Symposium in images at
www.flickr.com/photos/fiqsante

The planning of the teams and the safety of the care

Nancy Bédard,

Political Officer for the Task, Organization of Work and Professional Practice Sector, FIQ

"Safe care [...] is ensuring that conditions are always provided to the healthcare professionals so that they are able, through their clinical assessment and their judgment, to adapt the care [...] to the needs of the patients, in order that we can always ensure that the patients receive the care that they need without compromising the physical and mental health of the healthcare professionals. Safe care also means that the patients have an adequate care team, in both its composition and its number, in order that they can meet their specific needs."

It is no surprise that the safety of the care has been written about extensively for several years now. The concept has involved a growing number of people in the health field, such as the Canadian Patient Safety Institute (CPSI)[1], the SIDIIEF[2] and the *Ordre des infirmières et infirmiers du Québec* (OIIQ)[3], for the position it recently took in favour of the safe delivery of nursing care.

Québec is the province which spends the least money on healthcare services, per resident, in Canada[4]. For many years, it has been dealing with a series of reforms which greatly affect the services offered and the conditions of practice for the healthcare professionals. The cost of medication, the compensation of physicians and the increased role of the private sector in health care drain an ever growing part of the healthcare budgets[5]. Thus:

- The Québec Ombudsman listed numerous problems resulting from the reorganization reform and the governance of the network that was put into effect in 2015[6].

- In his consultation report, to which the FIQ contributed[5], the Health and Welfare Commissioner found that the basket of services, already incomplete, is eroding and shows the inefficiency of the offer of services or, in other words, the poor use of resources[7].

- The OIIQ indicated significant weaknesses in the conditions of practice of the nurses in a residential and long-term care centre (CHSLD), mainly as concerns the insufficient number of nursing staff[8]. **Even more shocking, the OIIQ pointed out that the time dedicated to the activities not related to the care and the increase in the number of patients per nurse are creating situations that can compromise the safe delivery of nursing care[3].**

- The *Ordre des infirmières et infirmiers auxiliaires du Québec* (OIIAQ), in its recent position announcement, pointed out that a realistic point of view on the care team ratios must be adopted[9].

- In 2016, the *Commission de la santé et des services sociaux* recommended an updating of its standards on ratios to the Ministry of Health and Social Services (MSSS), in order to ensure adequate delivery of care in a CHSLD[10].

The situation has deteriorated so much over the last few years that we are no longer talking about all the other basic aspects of the care that the professionals are forced to abandon due to lack of time, such as the teaching of the patients and the family.

Already in 2006, it had become obvious that the staffing methods for nursing personnel had to be reviewed, in other words, the workforce planning, as it

could lead both the patients and the healthcare professionals to make concessions that are almost too much to tolerate[11]. However, still today, the managers deploy staffing strategies, the pertinence of which remain to be proven on the level of the care, like the use of overtime, often compulsory, and the instability of the care at the discretion of the budgetary constraints[3, 12].

In terms of safe staffing, the evidence is generally ignored by the managers, at the expense of the safety of the healthcare professionals and the patients, as the following pages will show.

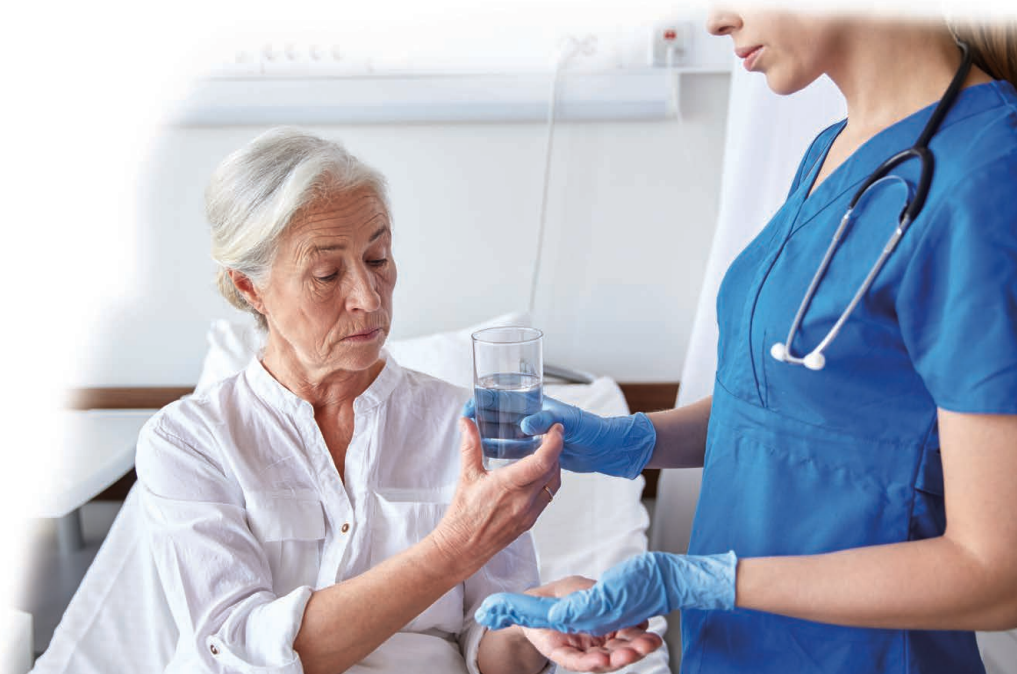
Édith Fournier,
caregiver

"I kept my husband at home for seven years, so I brought him to a place where we would spend some time. I didn't know how much time, I didn't think it would be seven years. [...] My first big astonishment was the workload of the staff. And seeing that workload, I said to myself: I will do my part, and I will compensate for it, at least as concerns my case. It is one thing I can do, but at some point, I realized that my greatest concern when I went to see my husband was to help out the staff by lessening their workload. But, that shouldn't be the reason that I am going to see him. I should be going to see him for him. For me."

Guillaume Carette,
Licensed Practical Nurse, *Centre intégré universitaire de santé et de services sociaux de l'Estrie – Centre hospitalier universitaire de Sherbrooke (CIUSSS de l'Estrie – CHUS)*

"One of the biggest problems that we see every day is the lack of organization of work. Often, the managers do not really take a position, they don't really do any workforce planning to know if the right professional is in the right place."

Québec is the province which spends the least money on healthcare services, per resident, in Canada.



The chronic staff shortage and its adverse effects on the patients

A very close link has been shown between the presence of a sufficient number of healthcare professionals and the adverse events for the patients. The results of pioneer work on the mortality rate speak for themselves:

- For every additional patient added to the average workload of four patients per nurse (1:4) in medicine-surgery, the probability of mortality in the 30 days of admission is increased by 7%. In the same way, the probability of death following preventable complications (failure to rescue) was increased by 7%. **Thus, with eight patients instead of four, the mortality risk is increased by 31%**[13].

- **In looking at the patient outcomes in a hospital recognized for its excellence, researchers have proven that the mortality rate increased on each shift by 2%, when the staffing of the teams was under the recommended standard**[14].

- **The hospitals with the greatest number of nurses per patients systematically have better patient outcomes than the hospitals with fewer nurses.** The patients in the hospitals with more patients per nurse have an increased mortality rate of 26%[15].

In 2007, in comparing the results of 90 scientific studies, researchers concluded that a strong link exists between the staffing of the nursing teams and the patient outcomes. The results take into account the mortality rate, the mortalities following complications, the length of the hospital stay, etc.[16]

Therefore, there is no lack of evidence for supporting better staffing of the nursing teams. The studies have also targeted the patient outcomes which are susceptible to the care provided by the nurses. They have shown that insufficient nursing staff had an impact on nosocomial infections, falls, risk of readmission and pressure ulcers[17-22]

Anne Lemay,

Executive Director for Support Programmes, Administration and Performance, *CIUSSS du Centre-Ouest-de-l'Île-de-Montréal*

"I am convinced [...] that if we work on the safety, if we manage to reduce the negative impacts on our patients, which in some cases can be death, or complications [...], that will allow us to use resources that are mobilized to correct the problems which we have inflicted on our clientele, because we have safety problems."

Amélie Perron,

Professor, School of Nursing Sciences, University of Ottawa

"The nurses are the last line of defense, which is in the process of being eroded. Being capable of accepting that the healthcare professionals, in particular, the nurses, have been trained to take care of the patients, they know what they have to do, they have the knowledge to do it, the technical, scientific, experience, ethical knowledge and also the intuitive knowledge. All of that knowledge contributes to giving the care, and must have a place, and must be valued in the workplaces to give care which is complete, integral, which is also flexible, and which is individualized for each one of the patents. There are no standardized patients in the workplaces."

The healthcare professionals constitute the vital monitoring system of the patients. They are always at their bedside, they are the ones who can best prevent or act quickly in the event of accidents or incidents that are likely to happen. However, by evolving in a context of a chronic staff shortage, they cannot focus all of their expertise when taking decisions related to the care, and they are not in a position to decide on how the nursing teams should be deployed for providing humane, quality and safe care. Nevertheless, the healthcare professionals aspire to preserve the dignity of their patients and to carry out their role of advocate, for defending their rights and their interests.

A tool for the healthcare professionals

100% HEALTHCARE PROFESSIONALS

When the conditions of practice do not allow quality, safe and humane care to be provided to the patients

FÉDÉRATION INTERPROFESSIONNELLE DE LA SANTÉ DU QUÉBEC

The healthcare network is the target of repeated budget cutbacks. The healthcare professionals are personally suffering the consequences and see first-hand the disastrous impacts that these cutbacks have on the patients.

The nurses, licensed practical nurses, respiratory therapists and the clinical perfusionists must be able to throw light on the unreasonable situations that they face and they must be able to do it without fear of reprisals from their employers. They can now move on to action, to defend the rights and the interests of the patients.

The FIQ is making the Safe Staffing Form available to them, an online form, accessible at all times, which will be handled with the utmost discretion.

The Federation is asking their members to report the situations where the conditions of their practice do not allow them to provide quality, safe and humane care, each time that this happens. It can be related to problems linked to the composition of the teams, the healthcare professional-to-patient ratios, the greater needs of the patients for care, etc. Specific interventions with the administrations of the institutions or any other appropriate body, can then be undertaken.

It is by putting all of these situations together that the FIQ, in the name of their 66,000 healthcare professional members, can effect change.

You can get involved in the movement too!

The ratios, a basis for the safety of the care

Solutions exist for ensuring safe staffing of the nursing teams. However, the solution that stands out is without a doubt the setting up of “safe healthcare professional-to-patient ratios”. These ratios, in ensuring minimum safe staffing of the nursing teams, will save lives, optimize healing, prevent adverse events and respect the dignity of the patients. This solution ends the financial discrimination and wherever they exist, entice the healthcare professionals because of their daily positive impacts[23].

Judith Shindul-Rothschild,
Professor, Cornell School of Nursing, Boston College

“In my State [Massachusetts] [...] we put limits on the number of children that can be in a classroom, in the number of babies that can be cared for in a daycare. And yet when its life and death we can’t get our heads wrapped around that we should put limits on the number of patients that nurses can care for? Absolutely, we need it. Absolutely!”

What is a “safe healthcare professional-to-patient ratio?”

It is the presence, at all times, of a minimum team to give the care in a safe manner to a group of patients with a given clinical profile. It is the establishment of a “bottom line” of minimum staffing below which safe care is being seriously compromised, both for the patients and the healthcare professionals. This minimum is adjustable in order to meet the increase in the intensity of the care required by the patients. The ratios can apply in all the practice settings: hospitals, long-term care and home care, in front-line care.

Where are the ratios at in Québec?

The FIQ is a leader in the field on healthcare professional-to-patient safe ratios, because of this important solution that they were able to include in their last collective agreement. Formed in the fall of 2016, a provincial joint committee on the ratios, with the Federation and the MSSS, will have the mandate to study the pertinence and the feasibility of the ratios by setting up pilot projects. These will demonstrate the direct impact of the ratios on the workload and the conditions of practice of the healthcare professionals, conditions essential for patient safety as the scientific literature has suggested for many years now.

Why are safe ratios the best option in Québec?

Other avenues have been explored elsewhere for improving the safety of the care. One of them was to set up joint committees for workforce planning. These committees were tried out in Australia, without success, and it turned out that forming these committees could not guarantee, by itself alone, significant results for the healthcare professionals and the patients in terms of the safety of the care.

Another avenue consisted of making the information on the staffing of the nursing teams in the institutions public. However, that solution involved significant developments in computerization. Several American states adopted this retrospective method. Unfortunately, it does not prevent, but simply points out the unsafe staffing cases.

These efforts demonstrate that, in the context of Québec, the solution of safe ratios seems more promising.

Manon Goulet,
patient at the SABSA Clinic

"We get to the Emergency Department, already suffering, and when we get there moral drops even lower."

Marylène Lessard,
Physician, *Centre intégré de santé et de services sociaux de l'Abitibi-Témiscamingue*

"When I started practising, there were two nurses in perinatal care. They removed one since the merger and not very long ago, there was a delivery – and it always takes two nurses during a delivery, and the only other nurse available who was skilled in birthing was in intensive care. So, they were forced to take from intensive care to send her to help with the delivery."

The experience of the ratios in the United States and in Australia

The safe healthcare professional-to-patient ratios have been successfully installed in certain regions of the world which inspires the FIQ and the work that they have been conducting for several years now[24]. The ratios in effect in the state of California, in the United States, and the State of Victoria, in Australia, are presented in the following table.

These ratios are a reality, the daily standard for the California and Victorian healthcare professionals. As in Québec, their healthcare systems have seen reforms which have increased the pace of work, shortened hospital stays and created a staffing shortage making the workplaces difficult[25]. The solution brought by the healthcare professionals for providing safe, quality care has taken the form of **safe healthcare professional-to-patient ratios**.

Unit	California, United States (at all times)	Level 1 institutions State of Victoria, Australia * +1 charge nurse		
		day	evening	night
Ante-partum	1:4	1:4*	1:4*	1:6
Delivery Room	1:2	2:3		
Post-partum	1:4 (mothers and babies) 1:6 (mothers only)	1:4* (ratios applicable to midwives only)	1:4*	1:6
Other specialty units	1:4	n/a		
Operating Room	1:1	3:1		
Geriatrics – long-term care	n/a	1:7*	1:8*	1:15
Medicine/Surgery	1:5	1:4*	1:4*	1:8
Pediatrics	1:4	n/a		
Nursery	1:6	n/a		
Psychiatry	1:6	n/a		
Rehabilitation	n/a	1:5*	1:5*	1:10
Emergency Department • Trauma • Critical Care	1:4 1:1 1:2	1:3*+1 triage nurse (add 1 nurse to triage for evening shift)		
Recovery Room	1:2	1:1		
Intensive Care	1:2	1:2*	1:2*	1:2
Palliative Care	n/a	1:4*	1:5*	1:8
Telemetry	1:4	n/a		
Coronary Care Unit	n/a	1:2*	1:2*	1:3*
Geriatric Evaluation Unit	n/a	1:5*	1:6*	1:10
Intermediate care unit	1:3	n/a		
Neonatal Unit	1:2	1:2*		

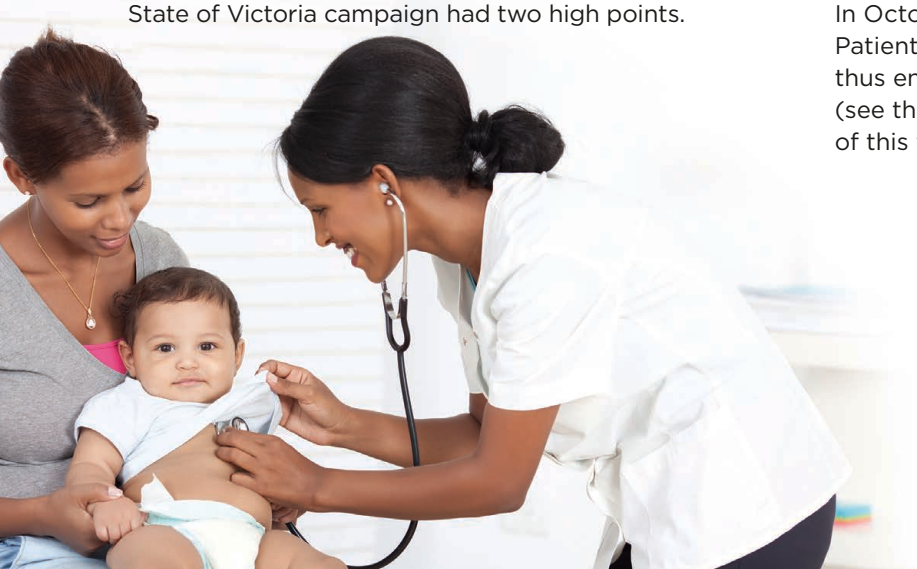
The California Nurses Association, pioneer of the healthcare professional-to-patient ratios

At the beginning of the 1990's, the California Nurses Association (CNA), the largest nurses' union in California, initiated a historic battle to obtain a law enacting the ratios on all the units in hospitals. In 1999, the solution of ratios garnered sufficient support to become a draft bill, applied on January 1, 2004. As a world debut, this law stipulated basic ratios (see the previous table) for the nurses and licensed practical nurses, modifiable in real time thanks to the evaluation of the acuity of care systems in place.

According to the California approach, a "ratio" represents the maximum number of patients under the responsibility of a healthcare professional, at all times, for every shift. It is the safe limit, based on the acuity of the required care, which can however be raised as needed. Take the example of the medicine-surgery units where the ratio is set at one healthcare professional for five patients (1:5). It is possible that the acuity of the care required at a given time requires a higher ratio (1:3 for example), but it can never exceed the safe limit of 1:5.

The blitz campaign of the Australian Nursing and Midwifery Federation

The daily routine of the healthcare professionals in the State of Victoria, in Australia, shared several similarities with that of California: reduction in the quality of the care, dissatisfaction of the professionals, staff shortage during the shifts, etc. At the end of the 1990's, the Australian Nursing and Midwifery Federation (ANMF-State of Victoria), the State union of nurses and midwives, estimated the number of healthcare professionals refusing to work in the public healthcare network at twenty thousand[26]. The lack of success of the joint mechanisms on workforce planning that were set up showed the necessity for a more structured solution: safe healthcare professional-to-patient ratios. The ANMF-State of Victoria campaign had two high points.



The first high point took place in 2000, when the State Administrative Labour Tribunal implemented the ratios. **Faced with an abundance of testimony from patients, families and healthcare professionals, gathered by the union party, and faced with the argument from the employer party for the *status quo,* the Commissioner decided to include the ratios in the State collective agreement.** To respect this new compulsory standard, 3,400 healthcare professionals were recruited, including more than 40% from the private sector[26].

The second high point happened as of 2014, when the ratios were recognized by the government as a public health issue and, in this respect, were once again removed from the bargaining table to become a law. In October 2015, the Safe Patient Care Act (Nurse to Patient and Midwife to Patient Ratios) went into effect, thus ensuring the durability of the ratios in the State (see the previous table). It was the second legislation of this type in the world.

According to the approach of Victoria, a "ratio" represents an average number of patients under the responsibility of a professional, in a given unit. For example, the ratio in medicine-surgery is set at one healthcare professional for four patients (1:4) on days, without counting the unit charge nurse. Based on the clinical judgment of the members of the nursing team, it is possible for the professionals to divide up the workload based on the acuity of the care for certain patients. One member of the team could be responsible for five patients (1:5) to allow another to take three (1:3) who require more acute care.

An important fact to note, these ratios also apply to the nurses and the licensed practical nurses in long-term care: 1:7 on days, 1:8 on evenings and 1:15 on nights. These ratios will surprise the Québec healthcare professionals, used to an example of ratios in long-term care being cited that are vastly different from these[27].

Positive effects on several levels

Numerous projects have clearly demonstrated that the ratios have attained their two-fold objective: make the healthcare professionals available to their patients and, in turn, improve the quality and safety of the care. The healthcare professionals whose workload is safe and viable are able to give better care. Thus:

- **The ratios increased the time that the healthcare professionals spend at their patients' bedsides every day up to 60 minutes[28].**
- It has demonstrated that the mortality rate and the probability of death due to preventable complications (failure to rescue) were lower in California than elsewhere[29]. Concretely, the healthcare professionals in the units studied had an average of two patients less under their responsibility than the others, which will have certainly influenced these significant results.
- The existence of ratios is associated with a reduction of the "revolving door" phenomenon, that is, the number of readmissions in the 30 days following discharge, for the patients hospitalized particularly for a cardiac problem or pneumonia[30, 31].
- **The waiting time in Emergency increased by 10% and the time before receiving care in Emergency climbed to 32% when the ratios were not respected**[32].

These findings support the argument often raised by the healthcare professionals that the excessive workload is reflected in the care not given[33]. However, we know that when all the care required is available and that the teaching is adequate, the patient outcomes persist over time[31, 34].

In addition, the ratios appear to be beneficial for the professionals themselves:

- In the point of view of 74% of the healthcare professionals and 68% of the managers surveyed, the quality of the care improved following the implementation of ratios[29].
- Dissatisfaction at work and the number of burnouts decreased after the implementation of ratios in California[29].
- **In comparing the period preceding the ratios (1999-2003) and the four first years after the ratios were implemented (2005-2009), a 31.6% reduction in work accidents was seen for nurses and 38.2% for the licensed practical nurses**[35]**.**

These statistics are significant when we know that the perspective of remaining healthy at work is one of the main criteria of retention of the healthcare professionals[36] and the recruitment of a new professional can cost from $24,000 to $48,000, in direct and indirect costs for an organization[36].

For all of these reasons, safe healthcare professional-to-patient ratios seem to be a promising solution for the future for the health and social services network of Québec. In light of the experiences seen, the potential benefits for the patients, their families, the healthcare professionals and the healthcare organizations seem to be considerable.

Lisa Fitzpatrick,

General Secretary, *Australian Nursing and Midwifery Federation - Victorian Branch*

"Nurses need to stand up for elderly citizens and those in the long term care. Importantly, when you become a nurse, it is not just about taking care of your patients. Your patients rely on you to advocate for them and make sure that the standard of care that you deliver is one that you can be proud of."

Deborah Burger,

President, California Nurses Association

"Overnight, ratios made a huge difference in how nurses practised nursing. They were finally able to give the care their patients deserve. They were finally able to think and plan for the care of their patients."

ACCREDITED TRAINING ACTIVITY

Offered free to all the healthcare professionals

Subject: - Patient advocacy: The defence and promotion of the patients' rights and interests
- Advocacy 2: Moving on to action

Brief description:

- Patient advocacy
As nursing and cardio-respiratory professionals, you have the professional responsibility to see to the defence of the patients' rights and interests in an environment of changing practice.

By attending this accredited training activity of the FIQ, you will be able to better understand this role, consistent with your professional and ethical responsibilities, as well as the legal framework surrounding the health and social services network.

- Advocacy 2
Participate in the collective movement of advocacy so that the healthcare professionals can provide humane, safe and quality care to the patients.

By attending this second accredited training activity of the FIQ on advocacy, you can become familiar with an online union work tool: the Safe Staffing Form. The objective of the form is to report the at-risk situations for the quality and the safety of patient care and for your conditions of practice to your local union team.

Length: 60 minutes each

These activities are recognized in the number of mandatory training hours by the professional orders.

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The FIQ, ambassador of safe ratios in Québec

The FIQ is continuing their role as an agent of change by proposing safe healthcare professional-to-patient ratios in the Québec healthcare network in order to ensure more humane and safe care for the population. What could be better than the healthcare professionals who are at the patients' bedside day, evening and night, speaking out about the issues surrounding the quality and safety of the care?

The FIQ was the first labour organization to make gains in this respect during the most recent negotiations. Although the Federation is the ambassador of safe ratios in Québec, this must not be seen solely as a union demand. **It is, above all, a vital social project, on which depends the safety of the patients and the healthcare professionals.**

As healthcare professionals, this Special Report is another step towards our objective, both simple and ambitious: demand better for our patients by obtaining ratios, because **the ratios save lives**. The population of Québec must no longer be deprived of a solution which has proven itself elsewhere in the world.

In waiting for the implementation of safe ratios in the Québec healthcare institutions, demand more humane conditions of practice, inform your union team about the difficult situations that you experience and share the potential of this project with your family.

In Solidarity,

Nancy Bédard, 4th Vice-President, Political Officer for the Task, Organization of Work and Professional Practice Sector, FIQ

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