

Safe ratios: A Gauge for the Quality and Safety of Care

ARGUMENT SHEET

The results of a survey conducted in June 2023 among Quebec healthcare professionals are worrisome: a number of care tasks to which patients are entitled are not **completely carried out according to professional standards**. That means that healthcare professionals are not providing care in the way they were trained. Why? 83% say it is because the workload is too great.

For example:

- ▶ Assessing or helping to assess a patient, a core nursing care activity, **is only fully done in 53% of cases**
- ▶ Comforting and communicating with patients and their families **is only fully done in 33% of cases**
- ▶ Quickly administering medication as needed after the patient's request **is only fully done in 43% of cases**
- ▶ Teaching and promoting health with patients and their loved ones **is only fully done in 28% of cases**
- ▶ Developing, updating, or contributing to nursing care plans, etc. **is only fully done in 21% of cases**

The difficult working conditions are the reason why not all care is provided: **work overload, fatigue, understaffing, disregard for areas of expertise.**

¹To see the results of the Missed Care Survey, go to fiqsante.qc.ca/non-faits

Care that is not provided up to professional standards is neither safe nor of quality. What can be done to turn things around? There's a tried and tested solution: implementing safe healthcare professional-to-patient ratios

What are safe ratios?

It is a team with a minimum number of healthcare professionals caring for a group of patients with similar health conditions. This minimum can be increased according to the patients' needs and circumstances.

For example, 1 nurse and 1 licensed practical nurse in charge of 20 patients in a CHSLD on the day shift.

Making this standard the law guarantees patients safe, quality care because there will be enough staff to provide it. The government and employers will be legally obligated to respect the safe ratios and will be accountable.

British Columbia chose to go the route of ratios earlier this year to become "the best place to work as a nurse." Health Minister Adrian Dix believes that ratios are THE international solution for retaining nursing staff.

In Quebec, where labour shortages are comparable to those in British Columbia, Health Minister Christian Dubé is instead proposing a different structural reform that will centralize the network and accelerate its privatization.

But he has everything wrong: according to science and experience, you must gradually implement safe ratios so that healthcare professionals are motivated to work in the public network because they will have the time to provide their patients with care that meets their professional standards.

A number of studies in the last 20 or so years show the advantages for patients when they can count on a fully staffed care team.

Fully staffed care team	Understaffed care team
<ul style="list-style-type: none"> ▶ More prevention and health promotion ▶ Less hospital readmissions ▶ Less infections acquired during care (nosocomial) ▶ Better pain management 	<ul style="list-style-type: none"> ▶ Prioritize certain care tasks over others ▶ No leeway for adapting to unforeseen situations and patient needs ▶ Increased mortality rate and deaths following avoidable complications ▶ Higher number of falls ▶ Higher risk of contracting COVID-19 and dying of it

Abroad: Better quality and safer care thanks to ratios

California, U.S.

- Stands out from other American states with its lower mortality rate after surgery
- Has less hospital readmissions after 30 days
- Offers better quality care, according to the vast majority of nurses in direct patient care

State of Victoria, Australia

- Stands out with much faster care access, especially for urgent and semi-urgent elective surgeries

State of Queensland, Australia

- Reduced mortality risks at the hospital and readmission risks, just like the length of stay

Lessons from the 16 ratio pilot projects in Quebec, from 2018-2019

- An adequate workload in different units
 - ▶ Time to provide all the care: the percentage of healthcare professionals who say they are unable to perform all of their activities fell from 60% to 26.5%
- A more widely practiced area of expertise, which means they can put all of their skills to work for patients
 - ▶ From 52.2% to 70.9% among nurses
 - ▶ From 62.8% to 70.4% among licensed practical nurses

According to healthcare professionals who were part of the projects, safe ratios mean time to care for patients correctly and satisfactorily

Professional values

“Having more time with patients means being in a situation that shows a lot more respect for what motivated us to choose our profession and professional values. Providing care on a human scale, using all of one’s skills and being able to work with all members of the care team is more satisfying and better for patients.”

Scope of practice

“It’s frustrating to not be able to play the role we were trained for because of the work overload. Fully performing our scope of practice means our colleagues and patients become familiar with it and it also means we are using our autonomy and professional judgement, which benefits everyone.”

Patient advocacy

“Defending and promoting patients’ rights are a major part of our work. Having a reasonable workload enables us to better understand their needs and to take action to promote their rights and interests. It’s an essential role in society that allows us to improve healthcare environments, to use clinical judgement and to fulfil ethical obligations.”

Best practices

“Having time means further integrating practice standards in one’s everyday and obtaining clinical support, guidance and the training we need.”