

## Paper Session A4: Contemporary Issues in RN Staffing

### *Nurse Staffing Mandates and the Impact to Safety-Net Hospitals: Lessons from California*

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**Purpose:** In 1999, California became the first state to pass minimum nurse staffing legislation through Assembly Bill 394 [AB 394]. Early studies of AB 394 have shown improvements in patient outcomes as a result of the mandate. Few studies however, have assessed the unintended consequences of the new policy particularly to safety net hospitals who, by virtue of mission provide more uncompensated care, may be less able to invest in licensed nursing personnel due to fiscal constraints. The purpose of this paper is to investigate whether pressures to maintain legislated staffing ratios have forced safety net facilities in California to rely more heavily on less skilled and less costly nursing staff. Conceptual framework. Newhouse Theory of Non-Profit Institutions.

**Methods:** We conducted a time-series design to estimate the effects of AB 394 on safety net hospitals compared to non-safety net hospitals in California from 1997-2006 using data from financial data files at the California Office of Statewide Health Planning and Development, the U.S. Bureau of Labor Statistics, and the Centers for Medicare and Medicaid Services. Using covariates to control for hospital characteristics, patient mix, and hospital financial conditions associated with safety net status, the outcomes for analysis were registered nurse (RN) staffing, licensed vocational nurse (LVN) staffing, and nursing skill mix.

**Results:** RN staffing increased for all hospitals, however, the difference between safety net and non-safety hospitals was significant ( $-.26[.09SD]$ ). Skill mix in safety net hospitals decreased slightly, with safety net hospitals experiencing a significant increase in LVN staffing ( $.09[.03SD]$ ) while non-safety net hospitals significantly decreased LVN staffing ( $-.06[.02SD]$ ).

**Conclusions and Implications:** Nurse staffing policies hold tremendous promise for improving patient outcomes; they are not however, without consequence. Although this study reveals that staffing improved across all hospitals in California following the mandate, safety nets were more apt to fill positions with a lower skilled staffing complement. This practice may pose a risk for poor patient outcomes attendant with low RN staffing and may exacerbate racial and socioeconomic health disparities. Policymakers in states contemplating similar legislation must consider additional mechanisms to improve the overall skill mix of staff across all hospitals while also improving the nurse-to-patient ratio.