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OUR PATIENTS. OUR UNION. OUR VOICE.

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April 15, 2025

Governor Gavin Newsom
c/o Richard Figueroa, Deputy Cabinet Secretary, Office of the Governor Gavin Newsom
State Capitol, 1021 O Street, Suite 9000
Sacramento, CA

RE: Emergency Regulations on Acute Psychiatric Hospital Safe Mandatory Minimum Registered Nurse-to-Patient Ratios

Dear Governor Newsom:

California Nurses Association/National Nurses United (CNA), representing more than 100,000 registered nurses (RNs) who provide direct patient care in California including nurses who work in acute psychiatric hospitals (APHs), writes to you about the distressing understaffing crisis in our state's psychiatric facilities. CNA applauds your ongoing work and dedication to expanding and prioritizing behavioral health care for patients across California. By fully implementing safe registered nurse-to-patient ratios throughout acute psychiatric care facilities in California, your administration has the ability to lead our state to an historic victory in this imperative effort to ensure all Californians can access high-quality behavioral health care services. To this end and to protect behavioral health patients, RNs, and other health care workers in our acute psychiatric care facilities, CNA urges you to order by executive action that the California Department of Public Health (CDPH) issue emergency regulations mandating unit-specific minimum numerical registered nurse-to-patient ratios in acute psychiatric facilities throughout the state.

As nurses, CNA members know that one of the most effective ways to protect patients is through safe and effective staffing. Staffing levels of registered nurses that facilitate safe, competent, therapeutic, and effective care are vital to the safety of patients in our hospitals. For decades, research has demonstrated that safe nurse-to-patient staffing ratios are associated with lower mortality, lower nurse burnout, and better nurse retention.[1] The only way to ensure that all

[1] See Lasater K., Muir K. J., Sloane D., McHugh M., Aiken, L. (2024). "Alternative Models of Nurse Staffing May Be Dangerous in High-Stakes Hospital Care." *Med Care*, 62(7): 434-40. https://doi.org/10.1097/MLR.0000000000001990.

hospitals—including APHs—have safe staffing levels that are consistently adhered to is through legally mandated minimum registered nurse-to-patient ratios. California's legislature recognized this in 1999 when it passed A.B. 394 (Kuehl) and mandated that California's health services agency promulgate regulations on numerical nurse staffing ratios for all hospitals in the state, including APHs.

While California's general acute care hospitals (GACH) safe staffing regulations have successfully been in effect for over two decades, state regulators have yet to promulgate rules to mandate minimum safe nurse staffing ratios for our patients in acute psychiatric hospitals. Although our state should have issued APH safe nurse staffing ratios promptly after A.B. 394 went into effect, the recently revealed dire state of patient care in APHs emphatically demonstrates the urgent need to issue these regulations. For these and the reasons below, CNA urges you to promptly order the emergency promulgation of APH minimum numerical registered nurse-to-patient staffing ratios.

- **Over Two Decades Have Passed Since State Law Mandated that Safe Nurse-to-Patient Ratios be Enacted for Acute Psychiatric Hospitals.**

California's experience demonstrates that mandatory minimum registered nurse-to-patient ratios in our GACHs have increased patient safety and quality of care. Implementing this necessary protection is sound, life-saving healthcare policy, which our state legislature determined over 25 years ago for both general acute care hospitals and acute psychiatric hospitals.

In October 1999, the California legislature passed A.B. 394 (Kuehl), which was signed by Governor Davis, to mandate that the California Department of Health Services, now CPDH, promulgate regulations to establish unit-specific mandatory minimum numerical nurse-to-patient staffing ratios for all acute care hospitals in the state, including APHs. With A.B. 394, a new Health and Safety Code, § 1276.4, went into effect, requiring that the state public health agency adopt rules to establish not only safe nurse-to-patient ratios for general acute care hospitals but also for acute psychiatric hospitals.

The enactment of A.B. 394 in 1999 was followed by a three-year rulemaking process and years of litigation over the establishment and adoption of safe nurse-to-patient ratios in general acute care hospitals. In January 2004, California's safe staffing regulations for GACHs went into effect under Cal. Code Regs., Title 22, § 70217. With the promulgation of these regulations, our state became the first jurisdiction in the country to legally mandate unit-specific minimum numerical nurse-to-patient ratios throughout general acute care hospitals. However, as

gubernatorial administrations changed after the adoption of staffing ratios for GACHs, the legislative mandate that CDPH also promulgate minimum nurse-to-patient staffing ratios for APHs has yet to be fulfilled.

Today, it has been over two decades since California's regulations on GACH safe nurse staffing ratios went into effect and over 25 years since the state legislature passed law to ensure that all hospitals in the state have minimum safe nurse-to-patient ratios to protect our patients and health care workers, but no regulations ensuring that safe nurse-to-patient staffing ratios are established and enforced in acute psychiatric hospitals have been proposed or promulgated.

- **The Understaffing Crisis in California APHs Impedes the State's Goals to Expand Access to Behavioral Health Care.**

As a critical part of California's efforts to expand access to behavioral health care, acute psychiatric facilities in our state are meant to provide important, lifesaving care for Californians with behavioral health needs on a 24-hour inpatient basis. However, without the necessary safeguards of mandatory minimum nurse-to-patient staffing ratios, acute psychiatric hospitals have been permitted to make decisions on staffing levels based on budgeting and revenue rather than safe and effective patient care. For example, without regulatory mandates to provide minimum numerical staffing ratios, APHs may engage in nurse staffing cuts to save money, thereby adversely affecting patient outcomes.

Today, in California, there are 119 facilities that are licensed as acute psychiatric hospitals—43 facilities that are standalone acute psychiatric hospitals and 76 acute care hospitals that provide acute psychiatric services as a "distinct part" that are licensed as acute care hospitals.[2] In total, these 119 facilities licensed as APHs are licensed to provide care for over 14,000 beds throughout the state. Of these facilities, 52 are for-profit APHs, 41 are non-profit APHs, and 26 have public (state, county, health district, or University of California) or exempt ownership.

However, a recent *San Francisco Chronicle* investigative series on the current state of APH's in our state, "Failed to Death", revealed shocking stories of assault, abuse, and neglect in the care of vulnerable behavioral health patients resulting from inadequate staffing in our acute

[2] See Cal Health Find Database, California Department of Public Health, https://www.cdph.ca.gov/Programs/CHCQ/LCP/CalHealthFind/Pages/SearchResult.aspx (Accessed Mar. 18, 2025).

psychiatric hospitals.[3] Journalists Joaquin Palamino and Cynthia Dizikes were puzzled by the lack of staffing standards for APHs despite our quarter-century old legislation that directed CDPH to adopt numerical minimum staffing standards for all California hospitals. Palamino and Dizikes wrote:

> [F]or-profit psychiatric hospital operators have taken advantage of lax state staffing regulations to generate hundreds of millions of dollars in earnings. Although California law required CDPH to set minimum nurse-to-patient ratios in psychiatric hospitals, the agency has failed to do so, contributing to understaffing, violence and deadly neglect.[4]

The investigative series cite numerous deficiency notices that were given by CDPH to for-profit APH operators for staffing inadequacies resulting in patient harm but describe no evidence of improvement in hospital staffing standards. But the inability of CDPH to enforce failures in safe staffing in APHs does not come as a surprise given that the Department can only enforce regulations that are in effect. With virtually no staffing standards in effect in APHs, CDPH has limited tools to ensure safe staffing at APHs despite the statutory mandate in Health and Safety Code, § 1276.4 to adopt minimum numerical licensed nursing standards to protect patients in all hospital settings.

Additionally, Palomino and Dizikes describe the dangerous working conditions in APHs, which is driving nurses and other psychiatric workers to leave these facilities. They described the dangerous understaffing conditions and extreme risks for workplace violence at Aurora Behavioral Healthcare Santa Rosa that lead to a riot in the facility where police were called after "patients were kicking, scratching and spitting on employees as staff members struggled to pin them down and quell the riot" and "[a] girl ripped a block of sheetrock from the wall and hurled it at workers."[5] The report goes on to describe how hospital administrators were nowhere to be found leaving only a handful of underprepared staff to desperately try to care for their adolescent patients.

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[3] Joaquin Palomino and Cynthia Dizikes, "Violence and neglect plague a Bay Area psychiatric hospital. California has lefts its patients in danger," *San Francisco Chronicle* (Mar. 19, 2025), https://www.sfchronicle.com/projects/2025/california-psychiatric-hospitals-patients/.

Joaquin Palomino and Cynthia Dizikes, "California is embracing psychiatric hospitals again. Behind locked doors, a profit-driven system is destroying lives," *San Francisco Chronicle* (Mar. 5, 2025), https://www.sfchronicle.com/projects/2025/california-psychiatric-hospitals-crisis/.

Joaquin Palomino and Cynthia Dizikes, "The mystery shocked San Francisco. This is the story of the 15-year-old girl found dead in a driveway," *San Francisco Chronicle* (Feb. 26, 2025), https://www.sfchronicle.com/projects/2025/california-psychiatric-hospitals-jazmin-pellegrini-death/.

[4] Palomino and Dizikes (Mar. 19, 2025), supra, note 3.

[5] *Id.*

The stories from Aurora Behavioral Health Care underscores that improvement in the staffing levels and working conditions will be an essential element of both ensuring that patients receive the high-quality care that they deserve and retaining RNs and other licensed health care workers to continue their work in the environment of inpatient behavioral health care. Given the current understaffing and lack of enforceable mandatory minimum numerical nurse-to-patient ratios at APHs, increasing the numbers of behavioral health patients admitted to California's acute psychiatric hospitals does not equate with and ultimately impedes the state's goal of improving access to behavioral health care.

- **For-Profit APHs are Dangerously Understaffed Compared to Public and Unionized APHs.**

Another important revelation from the *San Franciso Chronicle* investigative series is the dangerously low staffing standards at for-profit APHs when compared to their public and non-profit APH counterparts.

Evaluating data on the number of registered nurse hours per patient day (RN HPPD) in 2023 among APHs, provides a stark picture of the wide-ranging levels of RN staffing in APHs throughout the state. For example, the University of California San Francico (UCSF) operated APH, Langley Porter Psychiatric Institute, provided the highest number of RN HPPD at 12.68 while 27 APHs provided less than 3 RN HPPDs in 2023.[6] By comparison, UCSF Langley Porter provided nearly seven times as many RN staffing hours for patients than Aurora Behavioral Healthcare Santa Rosa, the APH analyzed in the *San Francisco Chronicle* series, which only provided 1.89 RN HPPD in 2023.[7] Notably, while UCSF Langley Porter is not lawfully mandated to comply with the GACH psychiatric unit nurse-to-patient ratios, registered nurses at UCSF Langley Porter are unionized workers, represented by CNA. Unionization has allowed RNs to speak without fear of retaliation regarding understaffing and thereby uphold higher staffing levels.

Additionally, the use of unlicensed staff in for-profit APHs and many non-profit APHs mirrors the staffing of GACH hospitals during the 1990s, prior to the adoption of GACH nurse-to-patient ratios, where some hospitals dangerously increased levels of unlicensed staff to substitute RNs.[8] For example, today, UCSF Langley Porter staffs with 60.3% registered nurses and only has 20.5% unlicensed staff. In contrast, Aurora Behavioral Healthcare Santa Rosa's

[6] Department of Health Care Access and Information (HCAI), "Financial & Utilization Reports," https://reports.siera.hcai.ca.gov/ (Accessed April 8, 2025).
[7] *Id*.
[8] See A.B. 394 (Kuehl), Senate Floor Analysis (Sept. 3, 1999).

APH utilizes only 32.3% registered nurses but utilizes 66.2% unlicensed staff.[9] Examining APHs across the state, for-profit APHs tend to have dramatically lower RN HPPDs when compared to publicly owned or operated APHs and tend to staff more unlicensed personnel.[10]

Only through the implementation of mandatory minimum nurse-to-patient staffing ratios at APH can California reverse this dangerous trend of understaffing at for-profit APHs and use of woefully unprepared and unlicensed staff, which jeopardizes both the quality of care and safety of patients at APHs.

- **Safe Nurse-to-Patient Staffing Ratios Have Saved Lives in California's General Acute Care Hospitals.**

After over two decades California's implementation of its nurse-to-patient ratios law, both California nurses' experience and the research literature indisputably demonstrate that legislative and regulatory mandates on minimum nurse-to-patient staffing improves patient care and saves lives. Research has shown overwhelmingly that safe staffing levels and ratios help improve patient outcomes in mortality, adverse events, complications, failure to rescue, quality of care, costs, and length of stay.[11] Safe staffing levels also help decrease nurse burnout and job dissatisfaction.[12] In short, lawfully mandated minimum nurse staffing levels at general acute care hospitals in California have been proven to save lives and enhance patient care.

A seminal study from 2010 on the impact of California's ratios compared California hospitals' post-implementation of the state's minimum nurse-to-patient ratios law to hospitals in New Jersey and Pennsylvania.[13] The study found, unsurprisingly, that if New Jersey and Pennsylvania had matched California's ratios in medical surgical units, New Jersey would have 13.9 percent fewer patient deaths and Pennsylvania 10.6 percent fewer deaths. Compared to states without ratios, the study found that California RNs reported having more time to spend with patients and that hospitals were more likely to have enough RNs on staff to provide quality patient care. The study also found that California nurses were significantly less likely than their New Jersey and Pennsylvania counterparts to report that workload causes them to miss changes in patient conditions.

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[9] See HCAI, note 7.

[10] *Id*.

[11] See also National Nurses United. "The Science of Ratios." National Nurses United (Accessed Apr. 10, 2025). https://www.nationalnursesunited.org/science-of-ratios (compiling research literature on the successful implementation of mandatory minimum general acute care hospital nurse-to-patient staffing ratios in California).

[12] Bae S., Mark B., Fried B. (2010). "Impact of nursing unit turnover on patient outcomes in hospitals" *J of Nurs Scholarship*, 42(1): 40-49. https://pubmed.ncbi.nlm.nih.gov/20487185/.

[13] Aiken L. (2010). "The California nurse staffing mandate: implications for other states." LDI Issue Brief, 15(4): 904-921. https://pubmed.ncbi.nlm.nih.gov/20614653/.

A later study from 2016 that compared hospitals in Pennsylvania, New Jersey, Florida, and California confirmed the earlier findings that California's improved nurse-to-patient staffing ratios improved patient care.[14] This study focused on hospitals that saw ten or more cardiac arrest events during the time under study and found that for every additional patient assigned to a nurse, the likelihood of a patient surviving cardiac arrest decreased by five percent per patient.

The success of California's nurse-to-patient ratios law confirms what other more general studies on nurse staffing have long shown. For example, a 2013 meta-analysis of twenty-eight prior studies found a consistent relationship between higher RN staffing and lower hospital related mortality.[15] These are just a small sample of studies that reaffirm California's statutory mandate that minimum numerical registered nurse-to-patient ratios be established by regulation for all hospitals, including APHs, in our state.

- **Research Literature Demonstrates that Safe Nurse Staffing Levels Saves Lives in Acute Psychiatric Facilities and Units.**

In addition to the body of research about the importance of safe RN staffing in proving high-quality, effective patient care in hospitals generally, there are numerous studies that support the importance of RN staffing in the acute psychiatric hospital setting. Findings in the research literature include:

- Readmission rates for psychiatric disorders within 30 days were reduced with high levels of nurse staffing.[16]
- Nurse communication involves interpersonal approaches and modalities that exemplify highly developed communication and personal skills designed specifically for the acute inpatient mental health units.[17]

[14] McHugh M. et al. (2016). "Better Nurse Staffing and Nurse Work Environments Associated With Increased Survival of In-Hospital Cardiac Arrest Patients." *Med Care*, 54(1): 74-80. https://pubmed.ncbi.nlm.nih.gov/26783858/.

[15] Shekelle P. (2013). "Nurse-patient ratios as a patient safety strategy: a systematic review." *Ann Intern Med*, 158(5): 404-09.

[16] Han K., Kim S. J., Jang S., Hahm M., Kim S. J., Lee S. Y., Park E. (Oct. 2015). "The outcomes of psychiatric inpatients by proportion of experienced psychiatrists and nurse staffing in hospital." *Psych Research*, 229(3): 880-86. https://www.sciencedirect.com/science/article/abs/pii/S0165178115005089.

[17] Cleary M., Hunt G., Horsfall J., Deacon M. (2012). "Nurse-Patient Interaction in Acute Adult Inpatient Mental Health Units: a Review and Synthesis of Qualitative Studies." *Issues in Mental Health Nurs*, 33(2): 66-79. https://www.tandfonline.com/doi/full/10.3109/01612840.2011.622428.

- Increases in mental health staffing led to a reduction in suicide-related events for patients.[18]
- Lower nurse staffing results in nursing care left undone.[19]
- The nurse-to-patient staffing ratio in inpatient psychiatric settings was strongly and significantly related to the rate of work-related injuries experienced by hospital staff. Higher numbers of RNs to patients were associated with fewer work-related injuries.[20]

Attached to this letter as Attachment 1 is a complete list of research literature specifically supporting safe staffing levels for inpatient psychiatric patients.

- **Safe Staffing Ratios in GACHs have Improved Nurses' Health and Safety.**

Numerical nurse-to-patient ratios in GACHs improved not just patient safety but also improved nursing work environments and nurses' health and safety. Improved working conditions and safe staffing levels in hospitals have attracted and retained nurses to practice in the state.

California's success with implementation of its mandated minimum nurse-to-patient staffing ratios law belies industry arguments that there are not enough RNs to comply with mandated nurse-to-patient ratios. Numerous studies demonstrate that California's ratios have resulted in California nurses caring for fewer patients at a time, positively impacting both the working environment and patient care. The comparative study of California to New Jersey and Pennsylvania also found that California's ratios have positively affected nurses' overall work environment and their corresponding ability to deliver patient care. Overall, compared to their nurse counterparts in New Jersey and Pennsylvania, nurses in California care for an average of one fewer patients and reported more favorable outcomes with respect to every work environment measure analyzed, including reasonable workload, adequate support staff, and enough RNs to provide quality patient care.[21]

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[18] Feyman Y, Figueroa S., Yuan Y., et al. (Apr. 2022). "Effect of mental health staffing inputs on suicide-related events." *Health Serv Research,* 58(2): 375-82. https://onlinelibrary.wiley.com/doi/abs/10.1111/1475-6773.14064.

[19] Gehri B., Ausserhofer D. et al. (Apr. 2024). "Nursing care left undone in psychiatric hospitals and its association with nurse staffing: A cross-sectional multi-centre study in Switzerland." *Psych and Mental Health Nurs*, 31(2): 215-27. https://onlinelibrary.wiley.com/doi/full/10.1111/jpm.12978.

[20] Hanrahan N., Kumar A., Aiken L. (Jun 2010). "Adverse Events Associated With Organizational Factors of General Hospital Inpatient Psychiatric Care Environments." *Psych Services*, 61(6). https://psychiatryonline.org/doi/full/10.1176/ps.2010.61.6.569.

[21] *Id*.

A different survey of California nurses after the implementation of California's ratios law also found that California nurses reported significant improvements in working conditions and job satisfaction.[22] A more recent 2015 study, which examined occupational injury and illness rates before and after the California RN staffing ratio law was passed, also showed what RNs already know—safe staffing improves RN health and safety.[23] Other research supports these findings that RN staffing ratios mean safer RNs. These findings include:

- Nurses from units with low staffing and poor organizational climates were twice as likely as nurses on well-staffed and better organized units to report risk factors for needlestick injuries and near misses.[24]

- An increased patient load per nurse was associated with significantly higher likelihood for neck, shoulder, and back musculoskeletal disorders.[25]

- Risk for workplace violence injuries was twice as high for lower-staffed hospitals compared to higher-staffed hospitals.[26]

Safe working conditions allow nurses to focus on their patients rather than taking time off to heal themselves. In sum, safe patient workloads and safe working conditions for RNs go hand-in-hand to ensure nurses are able to provide safe and therapeutic patient care.

- **Safe Nurse Staffing Levels Improves Nurse Retention and Results in Hospital Savings.**

The experience of California in GACH also has demonstrated that the specter of outsized costs to industry to implement minimum nurse-to-patient ratios was unfounded. Improved nurse job satisfaction and patient outcomes that resulted from the implementing nurse staffing ratios reduced spending on temporary RNs and overtime costs and also resulted in savings from lower RN turnover.[27]

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[22] Spetz J. (2008). "Nurse satisfaction and the implementation of minimum nurse staffing regulations." Policy *Polit Nurs Pract*, 9(1): 15-21. https://pubmed.ncbi.nlm.nih.gov/18390479/.

[23] Leigh J., Markis C., Losif A., Romano P. (2015). "California's nurse-to-patient ratio law and occupational injury." *Int Arch Occup Environ Health*, 88(4): 477-84. https://pmc.ncbi.nlm.nih.gov/articles/PMC6597253/.

[24] Clarke S., Sloane D., Aiken L. (2002). "Effects of hospital staffing and organizational climate on needlestick injuries to nurses." *Amer J Pub Health*, 92(7): 1115-19. https://ajph.aphapublications.org/doi/10.2105/AJPH.92.7.1115.

[25] Lipscomb J., Trinkoff A., Brady B., Geiger-Brown J. (2004). "Health care system changes and reported musculoskeletal disorders among registered nurses." *Amer J Pub Health*, 1431-36. https://pmc.ncbi.nlm.nih.gov/articles/PMC1448467/.

[26] Lee S., Gerberich S., Waller L., Anderson A., McGovern P. "Work-related assault injuries among nurses." *Epidemiology*, 10(6): 685:91. https://pubmed.ncbi.nlm.nih.gov/10535781/.

[27] Bland-Jones C. (2008). "Revisiting Nurse Turnover Costs, Adjusting for Inflation." *J of Nursing Admin*, 38(1): 11-18. https://pubmed.ncbi.nlm.nih.gov/18157000/.

Minimum safe nurse-to-patient ratios both attract and retain registered nurses in direct care positions in our hospitals. After the implementation of California's ratio law, nurses in California experienced burnout at significantly lower rates than those in New Jersey and Pennsylvania, and reported less job dissatisfaction.[28] Both burnout and job dissatisfaction are precursors to turnover. More recently, the Texas Center for Nursing Workforce Studies published research on hospital nurse staffing vacancy and turnover rates for registered nurses, which showed RN turnover rates in California to be dramatically lower than states without ratios, such as Florida and Texas.[29]

Studies on the cost of RN turnover can put an actual number on the savings potential of implementing safe nurse-to-patient staffing ratios. According to a PricewaterhouseCoopers' report on nursing workforce recruitment and retention, the estimated cost of replacing one RN in 2007 was between $40,000–$85,000.[30] The report goes on to state that, "Every percentage point increase in nurse turnover costs an average hospital about $300,000 annually."[31] Considering the costs of nurse turnover, it is evident that implementing safe registered nurse-to-patient staffing ratios saves individual hospitals from both the expense and clinical disruption of a rapid turnover of its nursing staff.

An improved nurse working environment, likewise, translates into savings from improved patient outcomes[32] and shorter patient lengths of stay.[33] A 2009 study estimated that adding 133,000 RNs to the U.S. hospital workforce—the number of RNs needed to increase nursing staff to the 75th percentile—would produce medical savings of $6.1 billion, not including the value of increased productivity when nurses help patients recover more quickly.[34] Combining medical savings with increased productivity, the addition of 133,000 RNs would result in an economic value of $57,700 for each additional RN.[35] Mandatory minimum nurse-to-

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[28] Aiken (2010), supra, note 13.

[29] Texas Center for Nursing Workforce Studies (2016). "Hospital Nurse Staffing Study, Vacancy and Turnover." Texas Department of State Health Services, Publication #: 25-14909. https://www.dshs.texas.gov/sites/default/files/chs/cnws/HNSS/2016/2016HNSS_Vacancy-and-Turnover.pdf.

[30] PricewaterhouseCoopers' Health Research Institute (2007). "What Works: healing the healthcare staffing shortage." PricewaterhouseCoopers. https://heller.brandeis.edu/council/pdfs/2007/PwC%20Shortage%20Report.pdf.

[31] *Id*.

[32] Encinose W. & Hellinger F. (2008). "The Impact of Medical Errors on Ninety-Day Costs and Outcomes: An Examination of Surgical Patients." *Health Serv Research*, 43(6): 2067-85. https://pmc.ncbi.nlm.nih.gov/articles/PMC2613997/.

[33] Needleman J., Buerhaus S., Mattke M., Stewart M., Zelevinsky, K. (2002). "Nurse-staffing levels and the quality of care in hospitals." *NEJM*, 346(22): 1715-22. https://pubmed.ncbi.nlm.nih.gov/12037152/.

[34] Dall T. (2009). "The Economic Value of Professional Nursing." *Medical Care*, 47(1): 97-101. https://journals.lww.com/lww-medicalcare/fulltext/2009/01000/the_economic_value_of_professional_nursing.14.aspx.

[35] *Id*.

patient staffing levels are feasible, resulting in better nurse workloads and hospital savings from lower turnover and improved patient outcomes.

Tellingly, the implementation of California's ratios law for GACHs attracted, and continues to attract, nurses to practice in our state. There is a significant difference between the number of RNs with active licenses before the implementation of GACH minimum staffing ratios and today. California has added nearly 300,000 RNs with active licenses since 1999. In 1999, California had 244,105 registered nurses with active licenses[36] and as of April 1, 2025, there are 542,896 registered nurses with active licenses.[37] The number of licensed GACH beds in California has been remarkably stable since the GACH staffing ratios regulations when into effect on January 1, 2005. From 2004 to 2013, there was virtually no numerical change in the number of licensed GACH beds with 81,179 licensed beds in 2004 and 81,729 in 2013, meaning that there are even higher numbers of RNs to patient beds in California GACHs today.[38]

Implementing minimum nurse-to-patient ratios in GACHs not only improved nursing workforce retention but also resulted in savings for hospitals by reducing turnover rates and costs associated with negative patient outcomes. Likewise, implementation of safe nurse-to-patient staffing ratios in APH would have a similar impact of improving patient care and working conditions, retaining a dedicated and skilled behavioral health workforce, and ultimately saving money for hospitals from reduced worker turnover and improved patient care.

- **Executive Action is Needed to Ensure that Safe Nurse-to-Patient Staffing Ratios are Promulgated by CDPH Promptly as Emergency Regulations.**

The evidence overwhelmingly demonstrates that in the face of an epidemic of preventable medical errors and constant reports of workplace violence at APHs, RN staffing ratios in California acute psychiatric facilities must be implemented without delay to prevent further patient harm and preserve thousands of lives. Attached to this letter as Attachment 2, CNA has included proposed regulatory language for an emergency rulemaking on APH minimum safe staffing standards.

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[36] California Board of Registered Nursing (1999). "The BRN Report – Winter 1999." California Department of Consumer Affairs. https://www.rn.ca.gov/pdfs/forms/brn299.pdf.

[37] California Board of Registered Nursing (2025). "The BRN Report – Winter 2025." California Department of Consumer Affairs. https://www.rn.ca.gov/pdfs/forms/brnwinter2025.pdf; California Board of Registered Nursing (Apr. 1, 2025). "Monthly Statistics." Department of Consumer Affairs. https://www.rn.ca.gov/consumers/stats.shtml (Accessed Apr. 11, 2025).

[38] California Health Care Foundation (2015). "California Hospitals: An Evolving Environment." California Health Care Almanac, at 3. https://www.chcf.org/wp-content/uploads/2017/12/PDF-CaliforniaHospitals2015.pdf.

Fortunately, the work of developing regulatory language for nurse-to-patient ratios compliant with the statutory mandate in Health and Safety Code § 1276.4 and necessary for staffing ratio enforcement has already been done by CDPH under our GACH safe nurse staffing standards in Cal. Code Regs., Title 22, § 70217. The GACH rulemaking on minimum nurse-to-patient ratios was the largest rulemaking in department history and spanned more than 10,000 pages.[39] CNA's proposed regulatory language below for APH staffing standards has been adopted from the GACH rulemaking, adapted to reflect the inpatient psychiatric units and unit types found in APHs.

Patients in the APH setting are entitled to staffing protections that, at the very least, mirror those in GACHs. To the greatest extent possible, the proposed regulatory language mirrors the unit-specific numerical ratios and other implementation standards found in Cal. Code Regs., Title 22, § 70217. CNA's recommendations for pediatric/adolescent care numerical ratios mirror the GACH pediatric minimum nurse-to-patient ratio language since the population has unique developmental needs and differences than the adult/geriatric psychiatric unit population. Additionally, some APHs have supplemental services for skilled nursing facility (SNF) and/or intermediate levels of care, which are not units included in the GACH staffing ratio regulation. For these supplemental services, we have recommended APH staffing standards that recognize the unique needs of this behavioral health population and the fact that they are provided on a 24-hour basis by the APH.

Importantly, the need for highly developed communication and personal skills designed specifically for the acute inpatient psychiatric patient merits a registered nurse-to-patient ratio of RNs that is not diluted by other licensed staff. Licensed vocational nurses and licensed psychiatric technicians can play an important role in acute psychiatric care but the utilization of other licensed health care staff must supplement and not replace the minimum RN-to-patient ratios. Additionally, unlicensed staff are also an important component of care in the inpatient care setting, but the GACH rulemaking did not provide specific guidelines for unlicensed staff and Health and Safety Code § 1276.4 did not direct the Department to establish such guidelines.

Finally, in our proposed regulatory language on APH minimum registered nurse-to-patient ratios, we have used the accepted format for regulatory change by underlining new language and strikethrough of regulatory language to be deleted or repealed.

[39] See California Department of Health Services (2003). Rulemaking File for Nurse to Patient Ratios By Unit Type in General Acute Care Hospitals (R-37-01). Office of Administrative Law File No. 03-0828-02S.

- **Conclusion**

For all the above reasons, CNA urges you to issue an Executive Order directing the California Department of Public Health to promulgate, through emergency regulations, mandatory minimum safe nurse-to-patient staffing ratios for California's acute psychiatric hospitals.

If you or your office have any questions, please contact me, CNA Government Relations Director Puneet Maharaj, at pmaharaj@calnurses.org or CNA Government Relations Assistant Director Carmen Comsti at ccomsti@calnurses.org.

Sincerely,

Puneet Maharaj
Government Relations Director
California Nurses Association/National Nurses United

cc: Richard Figueroa, Deputy Cabinet Secretary, Office of the Governor Gavin Newsom
Kimberly Johnson, Secretary, California Health and Human Services Agency
Paula Villescaz, Deputy Legislative Affairs Secretary, Office of the Governor Gavin Newsom
Corrin Buchanan, Undersecretary, California Health and Human Services Agency
Brendan McCarthy, Deputy Secretary of Program & Fiscal Affairs, California Health and Human Services Agency
Dr. Erica Pan, Director & State Public Health Officer, California Department of Public Health
Susan Fanelli, Chief Deputy Director Health Quality & Emergency Response, California Department of Public Health

ATTACHMENT 1:
Research Literature on Staffing in Acute Psychiatric Facilities & Units

Studies on staffing ratios generally improving psychiatric or behavioral health patient outcomes or care

Han, Kyu-Tae, Sun Jung Kim, Sung-In Jang, Myung-Il Hahm, Seung Ju Kim, Seo Yoon Lee, and Eun-Cheol Park. 2015. "The Outcomes of Psychiatric Inpatients by Proportion of Experienced Psychiatrists and Nurse Staffing in Hospital: New Findings on Improving the Quality of Mental Health Care in South Korea. *Psychiatry Research*. 229(3): 880-86. https://www.sciencedirect.com/science/article/abs/pii/S0165178115005089.

Park, Suin, Shoee Park, Young Joo Lee, Choon-Seon Park, Young-Chul Jung, and Sunah Kim (2020). "Nurse Staffing and Health Outcomes of Psychiatric Inpatients: A Secondary Analysis of National Health Insurance Claims Data." *Journal of Korean Academy of Nursing*. 50(3): 333-48. https://koreascience.kr/article/JAKO202019550427759.page.

Studies on staffing ratios in psychiatric units or psychiatric facilities improving patient outcomes or care

Bowers, Len and Martin Crowder (2012). "Nursing Staff Numbers and their Relationship to Conflict and Containment Rates of Psychiatric Wards – A Cross Sectional Time Series Poisson Regression Study." *International Journal of Nursing Studies*. 49(1): 15-20. https://pubmed.ncbi.nlm.nih.gov/21813126/.

Butler, Michelle, Timothy Schultz, Phil Halligan, Ann Sheridan, Leigh Kinsman, Thomas Rotter, Jonathan Beaumier, Robyn Gail Kelly, and Jonathan Drennan (2019). "Hospital Nurse-Staffing Models and Patients- and Staff-Related Outcomes." *Cochrane Database of Systematic Reviews.* https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD007019.pub3/full.

Cleary, Michelle (2012). "Nurse-Patient Interaction in Acute Adult Inpatient Mental Health Units: A Review and Synthesis of Qualitative Studies." *Issues in Mental Health Nursing*. 33(2). https://www.tandfonline.com/doi/full/10.3109/01612840.2011.622428.

Coleman, James C., and Gordon L. Paul (2001). "Relationship Between Staffing Ratios and Effectiveness of Inpatient Psychiatric Units." *Psychiatric Services*. 52(10). https://psychiatryonline.org/doi/full/10.1176/appi.ps.52.10.1374.

Cutler, Natalie Ann, Jenny Sim, Elizabeth Halcomb, Lorna Moxham, and Moira Stephens (2020). "Nurses' Influence on Consumers' Experience of Safety in Acute Mental Health Units: A Qualitative Study." *Journal of Clinical Nursing.* 29(21-22): 4379-86. https://onlinelibrary.wiley.com/doi/abs/10.1111/jocn.15480.

Desmet, Karel, Piet Bracke, Eddy Deproost, Peter Goossens, Joeri Vandewalle, Lieke Vercuysse, Dimitri Beeckman, Ann Van Hecke, Lise-Marie Kinnaer, Sofie Verhaeghe (2023). "Patient-Reported Outcomes of the Nurse-Patient Relationship in Psychiatric Inpatient Hospitals: A Multicentered Descriptive Cross-Sectional Study." *Psychiatric and Mental Health Nursing*. 30(3): 568-79. https://onlinelibrary.wiley.com/doi/abs/10.1111/jpm.12895.

Feyman, Yevgeniy, Stuart M. Figueroa, Yingzhe Yuan, Megan E. Price, Aigerim Kabdiyeva, Jonathan R. Nebeker, Merry C. Ward, Paul R. Shafer, Steven D. Pizer, Kiersten L. Strombotne (2022). "Effect of Mental Health Staffing Inputs on Suicide-Related Events. *Health Services Research*. 58(2): 375-82. https://onlinelibrary.wiley.com/doi/abs/10.1111/1475-6773.14064.

Gehri, Beatrice, Dietmar Ausserhofer, Franziska Zuniga, Stefanie Backnick, Rene Schwendimann, and Michael Simon. 2023. "Nursing Care Left Undone in Psychiatric Hospitals and Its Association with Nurse Staffing: A Cross-Sectional Multi-Centre Study in Switzerland." *Journal of Psychiatric and Mental Health Nursing*. 31(2): 215-27. https://onlinelibrary.wiley.com/doi/full/10.1111/jpm.12978

Hanrahan, Nancy P., Aparna Kumar, and Linda H. Aiken (2010). "Adverse Events Associated with Organizational factors of General Hospital Inpatient Psychiatric Care Environments." *Psychiatric Services*. 61(6). https://psychiatryonline.org/doi/full/10.1176/ps.2010.61.6.569

Okumura, Yasuyuki, Nayoa Sugiyama, Toshie Noda, and Nobuo Sakata (2018). "Association of High Psychiatrist Staffing with Prolonged Hospitalization, Follow-Up Visits, and Readmission in Acute Psychiatric Units: A Retrospective Cohort Study Using a Nationwide Claims Database." *Neuropsychiatric Disease and Treatment*. Pages: 893-902. https://www.tandfonline.com/doi/full/10.2147/NDT.S160176.

Staggs, Vincent (2012). "Nurse Staffing, RN Mix, and Assault Rates on Psychiatric Units." *Research in Nursing & Health*. (36)1: 26-37. https://onlinelibrary.wiley.com/doi/abs/10.1002/Nur.21511.

Wang, Limin, Han Lu, Xu Dong, Xiuxiu Huang, Bei Li, Qiaoqin Wan, Shaomei Shang (2020). "The Effect of Nurse Staffing on Patient-Safety Outcomes: A Cross Sectional Survey. *Journal of Nursing Management*. 28(7). https://www.magonlinelibrary.com/doi/full/10.12968/bjon.2017.26.3.172.

Yurtbasi, Miriam K, Glenn Melvin, Christine Pavlou, and Michael Gordon (2021). "Nurse and Patient Factors: Predicting Seclusion in Adolescent Psychiatric Units." *Journal of Child and Adolescent Psychiatric Nursing*. 34(2): 112-19. https://onlinelibrary.wiley.com/doi/abs/10.1111/jcap.12306.

ATTACHMENT 2:

PROPOSED EMERGENCY REGULATION –

ACUTE PSYCHIATRIC HOSPITAL SAFE STAFFING RATIOS AND STANDARDS

Title 22 of California Code of Regulations is amended as follows:

§ 71211. Psychiatric Nursing Service Definition.

Psychiatric nursing service means the performance of those services directed toward meeting the objectives of an individual planned therapeutic program supervised and coordinated by a registered nurse in conjunction with the treatment plan, nursing care and other health professional care.

§ 71213. Psychiatric Nursing Service General Requirements.

(a) The psychiatric nursing service shall be under the direction of a registered nurse who shall meet at least the following qualifications:

(1) Master's degree in psychiatric nursing or related field with experience in administration; or

(2) Baccalaureate degree in nursing or related field with experience in psychiatric nursing and two years of experience in nursing administration; or

(3) Four years of experience in nursing administration or supervision and with experience in psychiatric nursing.

~~(a)~~ (b) Written policies and procedures shall be developed and maintained by the director of nursing in consultation with other appropriate health professionals and administration. Policies shall be approved by the governing body. Procedures shall be approved by the administration and medical staff where such is appropriate.

~~(b)~~ (c) The responsibility and the accountability of the nursing service to the medical staff and hospital administration shall be defined.

~~(c)~~ (d) There shall be a written organized staff education program which shall include orientation and in-service education and training.

(1) There shall be written objectives, plans for implementation and an evaluation mechanism.

~~(d) There shall be a written patient care plan developed for each patient in coordination with the total mental health team. This plan shall include goals, problems/needs and approach and shall be available to all members of the mental health team.~~

(e) There shall be a written nursing audit procedure and evidence that audit procedures are in effect.

~~(f) There shall be a method for determining staffing requirements based on assessment of patient needs. This assessment shall take into consideration at least the following:~~

~~(1) The ability of the patient to care for himself.~~

~~(2) His degree of illness.~~

~~(3) Requirements for special nursing activities.~~

~~(4) Skill level of personnel required in his care.~~

~~(5) Placement of the patient in the nursing unit~~.

~~(g) There shall be documentation of the methodology used in making staffing determinations. Such documentation shall be part of the records of the nursing service and be available for review.~~

~~(h) There shall be a written staffing pattern which shall show:~~

~~(1) Total numbers of staff including full-time and full-time equivalents.~~

~~(2) The available nursing care hours for each nursing unit.~~

~~(3) The categories of staff available for patient care.~~

~~(i) There shall be a record retained for six months of the written staffing pattern available for review by the Department at any given time.~~

§ 71213.1 Planning and Implementing Psychiatric Patient Care.

(a) A psychiatric registered nurse shall directly provide:

(1) Ongoing patient assessments as defined in the Business and Professions Code, section 2725(b)(4). Such assessments shall be performed, and the findings documented in the patient's medical record, for each shift, and upon receipt of the patient when he/she is transferred to another patient care area.

(2) The planning, supervision, implementation, and evaluation of the psychiatric nursing care provided to each patient. The implementation of nursing care may be delegated by the registered nurse responsible for the patient to other licensed nursing staff, or may be assigned to unlicensed mental health staff, subject to any limitations of their licensure, certification, level of validated competency, and/or regulation.

(3) The assessment, planning, implementation, and evaluation of patient education, including ongoing discharge teaching of each patient. Any assignment of specific patient education tasks to patient care personnel shall be made by the registered nurse responsible for the patient.

(b) The planning and delivery of patient care shall reflect all elements of the nursing process: assessment, nursing diagnosis, planning, intervention, evaluation and, as circumstances require, patient advocacy, and shall be initiated by a registered nurse at the time of admission.

(c) The psychiatric nursing plan for the patient's care shall be discussed with and developed as a result of coordination with the patient, the patient's family, or other representatives, when appropriate, and staff of other psychiatric and mental health disciplines involved in the care of the patient.

(d) Information related to the patient's initial psychiatric nursing assessment and reassessments, nursing diagnosis, plan, intervention, evaluation, and patient advocacy shall be permanently recorded in the patient's medical record.

~~§ 71215. Psychiatric Nursing Service Staff.~~

~~(a) The psychiatric nursing service shall be under the direction of a registered nurse who shall meet at least the following qualifications:~~

~~(1) Master's degree in psychiatric nursing or related field with experience in administration; or~~

~~(2) Baccalaureate degree in nursing or related field with experience in psychiatric nursing and two years of experience in nursing administration; or~~

~~(3) Four years of experience in nursing administration or supervision and with experience in psychiatric nursing.~~

~~(b) The director of nurses shall not be designated to serve as charge nurse.~~

~~(c) Sufficient registered nursing personnel shall be provided to:~~

~~(1) Assist the director of nurses for evening and night services and when necessary for day services.~~

~~(2) Give direct nursing care based on patient need.~~

~~(3) Have a registered nurse on duty at all times.~~

~~(4) Plan, supervise and coordinate care given by licensed vocational nurses, psychiatric technicians and other mental health workers.~~

~~(d) Each nursing unit shall have a registered nurse, licensed vocational nurse or psychiatric technician on duty at all times.~~

~~(e) Licensed vocational nurses and psychiatric technicians may be utilized as needed to assist registered nurses in ratios appropriate to patient needs.~~

~~(f) Mental health workers may be utilized as needed to assist with nursing procedures.~~

§ 70215 Psychiatric Nursing Service Staff.

(a) Hospitals shall provide staffing by registered nurses, licensed vocational nurses, and psychiatric technicians within the scope of their licensure in accordance with the following nurse-to-patient ratios. Staffing for care not requiring a registered nurse, licensed vocational nurse or a psychiatric technician is not included within these ratios and shall be determined pursuant to the patient classification system.

No hospital shall assign a licensed nurse or psychiatric technician to a nursing unit or clinical area unless that hospital determines that the licensed nurse or psychiatric technician has demonstrated current competence in providing care in that area and has also received orientation to that hospital's clinical area sufficient to provide competent care to patients in that area. The policies and procedures of the hospital shall contain the hospital's criteria for making this determination.

Licensed nurse-to-patient ratios represent the maximum number of patients that shall be assigned to a registered nurse, licensed vocational nurse or psychiatric technician at any one time. "Assigned" means having responsibility for the provision of care to a particular patient within his/her scope of practice. There shall be no averaging of the number of patients and the total number of licensed nurses and psychiatric technicians on the unit during any one shift nor

over any period of time. Only licensed nurses and psychiatric technicians providing direct patient care shall be included in the ratios.

Nurse Administrators, Nurse Supervisors, Nurse Managers, and Charge Nurses, and other licensed nurses shall be included in the calculation of the licensed nurse-to-patient ratio only when those licensed nurses are engaged in providing direct patient care. When a Nurse Administrator, Nurse Supervisor, Nurse Manager, Charge Nurse or other registered nurse, licensed vocational nurse or psychiatric technician is engaged in activities other than direct patient care, that person shall not be included in the ratio. Nurse Administrators, Nurse Supervisors, Nurse Managers, and Charge Registered Nurses who have demonstrated current competence to the hospital in providing care on a particular unit may relieve licensed nurses during breaks, meals, and other routine, expected absences from the unit.

Nothing in this section shall prohibit a licensed nurse or a psychiatric technician from assisting with specific tasks within the scope of his or her practice for a patient assigned to another nurse. "Assist" means that licensed nurses may provide patient care beyond their patient assignments if the tasks performed are specific and time-limited.

(1) The registered nurse-to-patient ratio in an adult acute psychiatric unit shall be 1:6 or fewer at all times. Additional registered nurses, licensed vocational nurses, psychiatric technicians and unlicensed mental health staff shall be assigned to provide additional psychiatric staffing for psychiatric patients determined to be a harm to themselves or others or based upon the patient classification system.

(2) The registered nurse-to-patient ratio in a pediatric acute psychiatric unit shall be 1:4 or fewer at all times. Additional registered nurses, licensed vocational nurses, psychiatric technicians and unlicensed mental health staff shall be assigned to provide additional psychiatric staffing for psychiatric patients determined to be a harm to themselves or others or based upon the patient classification system.

(3) The registered nurse-to-patient ratio in an adolescent acute psychiatric unit shall be 1: 4 or fewer at all times. Additional registered nurses, licensed vocational nurses, psychiatric technicians and unlicensed mental health staff shall be assigned to provide additional psychiatric staffing for psychiatric patients determined to be a harm to themselves or others or based upon the patient classification system.

(4) The registered nurse-to-patient ratio in a geriatric acute psychiatric unit shall be 1:6 or fewer at all times. Additional registered nurses, licensed vocational nurses, psychiatric technicians and unlicensed mental health staff shall be assigned to provide additional psychiatric staffing for psychiatric patients determined to be a harm to themselves or others or based upon the patient classification system.

(5) The registered nurse-to-patient ratio in a psychiatric critical care unit shall be 1:2 or fewer at all times. "Critical care unit" means a nursing unit or isolation unit of an acute psychiatric hospital including but not limited to a supplemental service psychiatric intensive care service as described in Section 71403(a)(3).

(6) The registered nurse-to-patient ratio in a post anesthesia recovery unit of the supplemental service anesthesia service, as described in Section 71403(a)(1), shall be 1:2 or fewer at all times, regardless of the type of anesthesia the patient received.

(7) In a psychiatric emergency triage/admission (ETA) unit, only psychiatrists, physicians, registered nurses, licensed clinical social workers, and psychologists shall be assigned to triage patients. Only registered nurses shall be assigned to provide direct psychiatric nursing patient care in the ETA unit. In an acute psychiatric hospital providing psychiatric ETA the registered nurse-to-patient ratio in shall be 1:4 or fewer at all times that patients are receiving treatment or being evaluated for admission to an inpatient unit. There shall be no fewer than two psychiatric registered nurses physically present in the psychiatric emergency unit when a patient is present.

The registered nurse assigned to triage patients shall be immediately available at all times to triage patients when they arrive for ETA. When there are no patients needing ETA, the registered nurse may assist by performing other psychiatric nursing tasks. The psychiatric registered nurse assigned to ETA psychiatric patients shall not be counted in the psychiatric registered nurse-to-patient ratio.

When registered nursing staff are attending psychiatric critical care patients in the ETA, the registered nurse-to-patient ratio shall be 1:2 or fewer psychiatric critical care patients at all times. A patient in the ETA unit shall be considered a critical care patient when the patient meets the criteria for admission to a critical care or isolation service area within the hospital.

(8) The licensed nurse-to-patient ratio in a supplemental service skilled nursing service psychiatric unit, as described in Section 71403 (a)(7) shall be 1:5 or fewer at all times. For purposes of supplemental service psychiatric skilled nursing service units "licensed nurses" includes psychiatric technicians in addition to licensed vocational nurses and registered nurses. Licensed vocational nurses, psychiatric technicians, or a combination of both, shall not exceed 50 percent of the licensed vocational nurses or psychiatric technicians on the skilled nursing service unit. Additional staff will be provided based upon a patient classification system.

(9) The licensed nurse-to-patient ratio in a supplemental service intermediate care unit service, pursuant to Section 71403(a)(4) shall be 1:6 or fewer at all times. For purposes of supplemental service psychiatric skilled nursing service units "licensed nurses" includes psychiatric technicians in addition to licensed vocational nurses and registered nurses. Licensed vocational nurses, psychiatric technicians, or a combination of both, shall not exceed seventy-five percent of the licensed nurse staff on the intermediate care nursing service unit. Additional staff will be provided based upon the patient classification system.

(10) In a supplemental service outpatient clinic pursuant to Section 71403 (a)(5) of an acute psychiatric hospital, a direct care psychiatric registered nurse shall be present and available at all times to provide psychiatric nursing services. Additional staff will be provided based upon a patient classification system.

(11) Identifying a unit by a name or term other than those used in this subsection does not affect the requirement to staff at the ratios identified for the level or type of care described in this subsection.

(b) In addition to the requirements of subsection (a), the hospital shall implement a patient classification system for determining psychiatric nursing care needs of individual psychiatric patients that reflects the assessment, made by a psychiatric registered nurse as specified at subsection 70213.1 (a)(1), of patient requirements and provides for shift-by-shift staffing based on those requirements. The ratios specified in subsection (a) shall constitute the minimum number of psychiatric registered nurses, psychiatric licensed vocational nurses, and psychiatric technicians, who shall be assigned to direct patient care. Additional staff in excess of these prescribed ratios, including non-licensed mental health staff, shall be assigned in accordance

with the hospital's documented patient classification system for determining nursing care requirements, considering factors that include the severity of the psychiatric illness, the potential for self-harm or harm to staff, equipment and technology, the complexity of clinical judgment needed to design, implement, and evaluate the psychiatric patient care plan, the ability for self-care, and the licensure of the personnel required for care. The system developed by the hospital shall include, but not be limited to, the following elements:

(1) Individual psychiatric patient care requirements for inpatients and outpatients.

(2) The psychiatric patient care delivery system.

(3) Generally accepted standards of psychiatric nursing practice, as well as elements reflective of the unique nature of the hospital's patient population.

(c) A written staffing plan shall be developed by the administrator of nursing service or a designee, based on patient care needs determined by the psychiatric patient classification system. The staffing plan shall be developed and implemented for each psychiatric patient care unit and shall specify psychiatric patient care requirements and the staffing levels for psychiatric registered nurses and other licensed and unlicensed personnel. In no case shall the staffing level for licensed nurses or psychiatric technicians fall below the requirements of subsection (a). The plan shall include the following:

(1) Staffing requirements as determined by the patient classification system for each unit, documented on a day-to-day, shift-by-shift basis.

(2) The actual staff and staff mix provided, documented on a day-to-day, shift-by-shift basis.

(3) The variance between required and actual staffing patterns, documented on a day-to-day, shift-by-shift basis.

(d) In addition to the documentation required in subsections (c)(1) through (3) above, the hospital shall keep a record of the actual psychiatric registered nurse, psychiatric licensed vocational nurse and psychiatric technician assignments to individual patients by licensure category, documented on a day-to-day, shift-by-shift basis. The hospital shall retain all of the following:

(1) The staffing plan required in subsections (c)(1) through (3) for the time period between licensing surveys, which includes the Consolidated Accreditation and Licensing Survey process.

(2) The record of the actual psychiatric registered nurse, psychiatric licensed vocational nurse and psychiatric technician assignments by licensure category for a minimum of one year.

(e) The reliability of the patient classification system for validating staffing requirements shall be reviewed at least annually by a committee appointed by the nursing administrator to determine whether or not the system accurately measures patient care needs.

(f) At least half of the members of the review committee shall be psychiatric registered nurses who provide direct patient care.

(g) If the review reveals that adjustments are necessary in the psychiatric patient classification system in order to assure accuracy in measuring psychiatric patient care needs, such adjustments must be implemented within thirty (30) days of that determination.

(h) Hospitals shall develop and document a process by which all interested staff may provide input about the psychiatric patient classification system, the system's required revisions, and the overall staffing plan.

(i) The administrator of psychiatric nursing services shall not be designated to serve as a charge nurse or to have direct patient care responsibility, except as described in subsection (a) above.

(j) Psychiatric registered nursing personnel shall:

(1) Assist the administrator of nursing service so that supervision of psychiatric nursing care occurs on a 24-hour basis.

(2) Provide direct patient care.

(3) Provide clinical supervision and coordination of the care given by licensed vocational nurses, psychiatric technicians and unlicensed mental health nursing personnel.

(k) Each patient care unit shall have a psychiatric registered nurse assigned, present and responsible for the patient care in the unit on each shift at all times.

(l) Unlicensed mental health personnel may be utilized as needed to assist with simple psychiatric nursing procedures, subject to the requirements of competency validation. Hospital

policies and procedures shall describe the responsibility of unlicensed mental health personnel and limit their duties to tasks that do not require licensure as a registered nurse, a licensed vocational nurse, or a psychiatric technician.

(m) Psychiatric Nursing personnel from temporary nursing agencies shall not be responsible for a patient care unit without having demonstrated clinical and supervisory competence as defined by the hospital's standards of staff performance for psychiatric registered charge nurses.

(n) Hospitals which utilize temporary nursing agencies shall have and adhere to a written procedure to orient and evaluate personnel from these sources. Such procedures shall require that personnel from temporary nursing agencies be evaluated as often, or more often, than staff employed directly by the hospital.

(o) All registered nurses, licensed vocational nurses and psychiatric technicians utilized in the hospital shall have current licenses. A method to document current licensure shall be established.

(p) The acute psychiatric hospital shall plan for routine fluctuations in patient census. If a healthcare emergency causes a change in the number of patients on a unit, the hospital must demonstrate that prompt efforts were made to maintain required staffing levels. A psychiatric healthcare emergency is defined for this purpose as an unpredictable or unavoidable occurrence at unscheduled or unpredictable intervals relating to healthcare delivery requiring immediate psychiatric medical interventions and care.

§ 71217. Psychiatric Nursing Service Equipment and Supplies.

There shall be adequate and appropriate equipment and supplies related to the scope and nature of the needs anticipated and the services offered.

§ 71219. Psychiatric Nursing Service Space.

Office space shall be provided for the director of nurses.