

## APH Stakeholder Meeting Chat Log

May 13, 2025

### 1. What is the method used by acute psychiatric hospitals to determine real-time staffing needs?

Joselito Manalad (Joel) (Unverified)11:11 AM

We follow title 22 and our acuity system.

Subhani, Khizer (Unverified)11:12 AM

Based off current patient volume + patient acuity such as a need for 1:1 or restraints for more than 1 patient.

Jaspinder Brar (Unverified)11:12 AM

We follow Title 22 if this question is specific to Nursing staff.

Kim Beard (Unverified)11:13 AM

We use a staffing matrix based on the number of patients along with an acuity form that increases staffing based on acuity; 1:1's are separate

Cameron, RN (Unverified)11:13 AM

I finally found the mic setting. Sorry

Loralie Woods (Unverified)11:15 AM

Loralie Woods: Sharp Mesa Vista Hospital: Real time staffing needs are guided by charge RN assessments using patient acuity workload scoring index in EPIC in our EMR as well as unit census. Staffing needs are modified to ensure safety and care quality, especially during behavioral escalations, admissions, or discharges.

Dorinda Mueller (Unverified)11:15 AM

We are licensed under Title XXII Staffing guidelines. We also use a staffing matrix based on the number of patients along with an acuity form that increases staffing based on acuity.

Martin Cordero (Unverified)11:15 AM

Please clarify all acronyms for the group.

Kristen Pace (Unverified)11:16 AM

John Muir Health-Acute Psychiatric Hospital utilizes patient acuity and census-based RN staffing grid.

Loney, Patrick (Unverified)11:21 AM

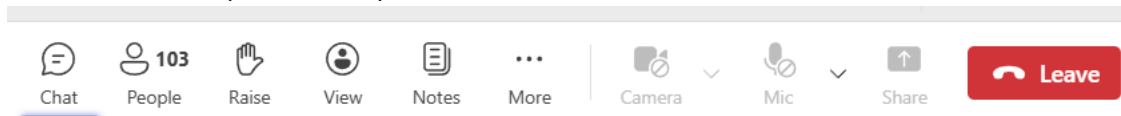
Resnick Neuropsychiatric Hospital at UCLA utilizes a robust staffing matrix along with an Epic workload acuity system to adjust staffing based on acuity. We also tend to have at least a handful of 1:1 patient/staff assignments, based upon the need for this level of vigilance (suicidality, aggression, fall, etc.)

**2. What is the minimum nurse to patient ratio needed for a unit that cares for adults? Is the minimum staffing the same for every shift? How should other mental health workers be included in the nursing ratio? Please explain.**

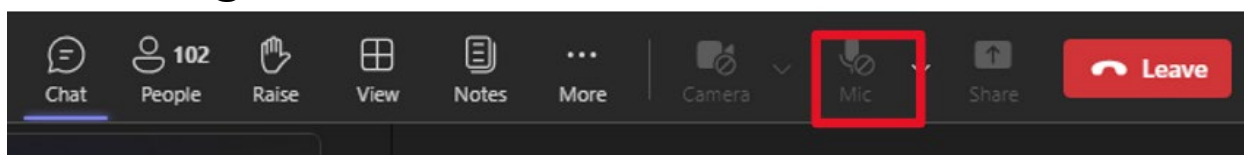
Loralie Woods (Unverified)11:30 AM

Loralie Woods Sharp Mesa Vista Hospital free standing psychiatric hospital: Other mental health workers (e.g., Mental Health Associates) are not counted in the nurse-to-patient ratio but are essential supplemental personnel. They support milieu management, conduct 1:1s, and provide critical observation and de-escalation. Their role should be accounted for in a broader patient care staffing model, even if not counted in official RN ratios.

Kirsten Barlow (Unverified)11:34 AM



Cobos, Karina@CDPH11:34 AM



Kirsten Barlow (Unverified)11:35 AM

When they enable your microphone, you should be able to unmute yourself by clicking onto the image of a microphone with the word "Mic" at the TOP RIGHT corner of your window

Vicki Bermudez R.N. (Unverified)11:37 AM

- This is Vicki Bermudez, policy consultant with the California Nurses Association.
- When considering APH minimum registered nurse to patient ratios, it's important to ensure that the minimum staffing ratio is at least equivalent to that of the GACH under Title 22. For example, intensive care units or isolation units in APHs should be 1RN to 2 or fewer patients at all times.
- With respect to the specific question, the minimum RN to patient ratio in adult APH units should be 1:6 or fewer at all times and on every shift, with the need for the ongoing assessment of a registered nurse to determine if additional staffing is necessary.
- A 2017 study shows that higher RN staffing improves patient care outcomes, including shorter length of stay, lower risk of re-admission, less psychiatric emergency treatment, and less use of hypnotics.
- Because APHs provide 24-hour care, by definition, staffing should meet the RN minimum 1:6 ratio protections at all times. During night shifts, there are fewer professional resources present and the ability of night shift RNs to protect patients and ensure a safe, therapeutic environment is critical. The day shift may require additional staffing based upon the increased likelihood of patient-to-patient interactions as well as additional care based on the care plan developed

by RNs and other licensed health care professionals such as psychiatrists, psychologists, and social workers.

- There must also be sufficient RN staffing to enable RNs to work effectively with other licensed and unlicensed staff who care for and interact with patients and to update the plan of care on a real-time basis.
  - Additionally, while it is important that licensed mental health workers such as LVNs and Psychiatric Technicians should be staffed based on their scope of practice and patient needs, these licensed staff should be addressed separately and not as part of the registered nurse staffing ratio.
  - Finally, unlicensed mental health assistants may also assist patients with activities of daily living and help create a secure environment in which patients can progress to a level of functioning prior to the crisis that led to an APH stay.
- Thank you.

Vicki Bermudez R.N. (Unverified)11:39 AM

Vicki Bermudez, policy consultant with the California Nurses Association. I will try to unmute later, but I don't want to be repetitive for this question, so I have placed this into the chat.

Kiyo Teshima (Unverified)11:39 AM

In an acute care setting, patients are mostly bed-ridden, inside their rooms, where it's easier for RNs to monitor and supervise patients. In a psychiatric care setting, patients are mobile. They are walking around the unit, attending group activities, meeting with doctors and discharge planners, etc. Utilizing MHWs allows us to have more eyes on the patients. Having many eyes (interdisciplinary) in addition to licensed nurses, helps to avert adverse events.

Dani Milliken (Unverified)11:40 AM

Hi, sorry I was pulled into an urgent situation and missed a portion of the meeting. Will the recording of this meeting be made available? Thank you.

Cameron, RN (Unverified)11:45 AM

at my hospital (APH) the staffing ratios are 9 patients to one Nurse. Over 9 patients I receive one more RN.

**3. Is there a need for different staffing levels depending on the age of patients, such as children or adolescents? How should other mental health workers be included in the nursing ratio? Please explain.**

Subhani, Khizer (Unverified)11:48 AM

As a unit manager of Adolescent Psychiatric Unit, the only 1 in the SF County that serves counties of Santa Clara, San Francisco, Fresno, Alameda, and Stanislaus - I would like to advocate for more clinically relevant staffing ratios for Adolescent and pediatric ages (3-18) to be 1:4 (currently per Title 22 is 1:6).

In addition, the role of mental health clinicians such as running therapeutic milieu groups and social workers for effective family work, discharge planning, and therapeutic referrals is critical to the safe care of this unique population.

Kiyo Teshima (Unverified)11:50 AM

Staffing is based upon acuity and not the age of the patient.

Vicki Bermudez R.N. (Unverified)11:50 AM

Vicki Bermudez RN, policy consultant on behalf of the California Nurses Association. Young patients in the inpatient psychiatric setting have staffing needs that exceed those of adults in order to provide a safe and therapeutic environment that fosters trust between the child and the care team.

- Pediatric and adolescent patients have different developmental needs and may have special psychiatric needs that require more intensive monitoring than adults. For example, research has shown differences between adolescents and adults in suicidal behavior. Adolescents are at a high risk for attempted suicide and, tragically, have a higher attempted and completed suicide ratio compared to adults.
- When APH adolescent units are understaffed, patients are at tremendous risk of harm and death. In the San Francisco Chronicle's investigation of an APH in the Bay Area, patients in a designated adolescent unit suffered sexual assault and

died by suicide because the hospital didn't employ enough staff to monitor patients.

- So, higher registered nurse staffing levels are required in child and adolescent units than in adult units and should at a minimum adopt the 1:4 registered nurse to patient ratio that is applied to pediatric units in GACHs. Thank you.

Bustamante, Nicole@CDPH11:52 AM

If you have additional input to provide after the meeting, attendees are invited to provide written comments by emailing [CHCQRegulations@cdph.ca.gov](mailto:CHCQRegulations@cdph.ca.gov) by May 20th, 2025.

Carlos Segura (Unverified)11:54 AM

Will the recording of this meeting be made available?

Ron Escarda (Unverified)11:56 AM

The mix of staff specific to Peds / Adolescents is not more RN intensive than caring for adult patients. The additional work on those units is completed by non-RN staff, Case managers and social workers who work closely with the families.

- 4. Which factors are considered when determining additional staffing requirements above the minimum ratios. Do you include the following?**
  - a. Patient acuity, for example, risk of harm to self or others.**
  - b. The results of an environmental risk assessment completed to ensure the patient receives care in a safe setting pursuant to the Code of Federal regulations section 482.13(c)(2).**
  - c. The need for active clinical care including assessment, treatment, and discharge planning.**

Subhani, Khizer (Unverified)11:59 AM

Currently we use option a primarily.

We would like to use option C to inform our ratio but are unable to do so due to hospital policy and restrictions.

Cameron, RN (Unverified)12:00 PM

RN to patient ratios are fixed 9:1 Additional Mental Health care workers are given depending on Q10 (minutes) or Q5.

Jemma Coster (Unverified)12:01 PM

Jemma Coster, Signature Healthcare: additional staffing is determined by both a. and b. which is often reflected by MD orders for increased level of observations. Patient observations are conducted by the Mental Health Workers (MHW)- so additional MHWs are added based on acuity tools and facility policy for level of observation orders above standard Q15minute monitoring.

Jemma Coster (Unverified)12:05 PM

At some facilities- a resource RN is added based on facility census and number of facility admissions and discharges.

- 5. General Acute Care Hospitals have a process wherein a committee reviews and validates the system used to determine staffing requirements at least annually, should Acute Psychiatric Hospitals have a similar process? Please explain.**

Cameron, RN (Unverified)12:05 PM

Yes please. It would help our hospital

Kiyo Teshima (Unverified)12:06 PM

The staffing requirements and acuity system are reviewed at least annually (and as needed), and adjustments are made accordingly. This ensures that the staffing requirements and acuity system used by the organization is evidence-based.

Cameron, RN (Unverified)12:08 PM

Please make it have enforceable language or an inspecting body. please.

**6. Do you have any further recommendations for the Department to consider when drafting acute psychiatric hospital nurse to patient ratio regulations?**

Minnick, Peggy (Unverified)12:11 PM

Acute Psychiatric Hospitals do currently have separate units for various age groups.

Cameron, RN (Unverified)12:13 PM

Please review the staffing requirement for unlicensed support staff. They are so important to safe staffing.

Loralie Woods (Unverified)12:16 PM

Will CDPH take into consideration the minimum staffing requirements specified in Title 9, Section 633 of the California Code of Regulations for LPS facilities?

The minimum ratio of the full-time professional personnel to resident patients shall be as follows:

Personnel	Ratio per 100 Patients
Physicians	5
Psychologists	2
Social Workers	2
Registered Nurses	20
Other Mental Health Personnel	25
<b>Total</b>	<b>54</b>

Bustamante, Nicole@CDPH12:17 PM

If you have additional input to provide after the meeting, attendees are invited to provide written comments by emailing [CHCQRegulations@cdph.ca.gov](mailto:CHCQRegulations@cdph.ca.gov) by May 20<sup>th</sup>, 2025.

Ron Escarda (Unverified)12:18 PM

As an RN for over 30 years, working the majority of my career in behavioral health. I would reinforce Kirsten's point that the RN in an APH is not the primary treatment provider, in most cases. The multidisciplinary treatment team is led by the psychiatrist



and involves several other licensed staff who together formulate the individual plan of care. While the RN has a role but not the preeminent role being represented by the unions.