



Safe ratios: a smart investment for Québec

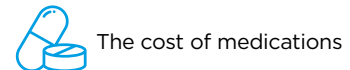
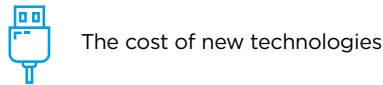
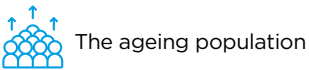
ARGUMENT SHEET

The public health network is often presented as a financial sinkhole, giving the impression that safe healthcare professional-to-patient ratios are a luxury that Quebec cannot afford.

However, providing good care is profitable, not only from a health point of view, but also from a financial point of view.

The health and social services network represents 40% of the Quebec government's expenditures, or \$54 billion, taken from our taxes and income taxes. The funding of the healthcare institutions, staff remuneration and the cost of medications are the major expenditures.

These expenditures quickly rise because of:



They therefore have the financial means, but there is an urgent need to better allocate resources by giving priority to the quality and safety of patient care. **This is where safe healthcare professional-to-patient ratios become an interesting option.**

What costs too much: poor organization of work

• **The nursing shortage** in the network leads directly to adverse outcomes for patients and therefore, to additional costs:

Pressure sores with adverse outcomes	=	+ 7.5 days of hospitalization, \$1,351/day
Falls with adverse outcomes	=	+ 7.3 days, \$139/day
Medication errors	=	+ 4 days, \$496/day
Pneumonias acquired during care	=	+ 12.3 days, \$272/day
Hospital-acquired urinary infections	=	+ 8.6 days, \$170/day

As a citizen, it is often difficult to understand the real costs of the care and services we receive. For example, the Ministry of Health and Social Services bills \$1,369 a day for a stay in a shared room in the hospital.

Source: Tchouaket et al, 2017.

• **Staff turnover** is expensive, since it is necessary to temporarily compensate for absences, for example by hiring agency personnel, and new staff have to be trained, This staff turnover is caused by poor working conditions which push healthcare professionals to:

- ▶ Take a sick leave
- ▶ Resign from their position
- ▶ Leave the profession

\$40,000 to \$100,000
The cost to replace a nurse who leaves the institution where she works, according to an American study.

• **Using independent labour** is a costly temporary solution which does not resolve the shortage of care problem. On the contrary, the use of agency personnel creates inequity in working conditions, destabilizes work teams and breaks the continuity of care.

\$875 million
Amount spent on independent labour by the healthcare institutions in Québec from April 2021 to March 2022. This is an escalation in costs since the COVID-19 pandemic.

What pays off for everyone: a workforce at work

Poor working conditions, work overload and loss of meaning cause major physical and mental health problems:

- Mental health problems
- Musculoskeletal disorders
- Physical injuries, caused by violent acts by patients or residents (the aggressiveness can be compounded by staff shortages in CHSLDs)
- Work accidents
- Professional burnout

Implementing safe ratios is therefore not only a way of saving on avoidable expenses, but above all it is a tool for healthcare professionals to work in the network.

1,252,264

Days healthcare professionals in Québec spent on salary insurance in 2022. This is far too much! The absenteeism rate of healthcare professionals is about 9% compared to 5.7% for other professions.

Inspiring examples from California and Australia



California: Improved ratios at zero cost considering the reduction in adverse outcomes and length of hospital stays.



Queensland, in Australia: 145 deaths, 225 readmissions and 29,200 days of hospitalization avoided between 2016 and 2019 thanks to ratios in certain short-term care units, which represents savings of between \$55.2 and \$83.4 million Australian dollars.

In Québec, the ratios projects conducted by the FIQ and the Ministry of Health and Social Services in 2018-2019 also showed a reduction in:

- Short-term absenteeism
- Salary insurance
- Readmissions within 30 days
- Falls

} **All of this represents savings!**

Implementing safe healthcare professional-to-patient ratios means:

- Investing large sums of money dedicated to the health and social services network for care and not to pay for the adverse outcomes of lack of care;
- Avoiding the costs associated with staff turnover, independent labour and occupational health and safety problems;
- Benefitting from potential savings, as observed elsewhere in the world;
- Observing positive changes in the health of Quebecers.

What are safe ratios?

They are the presence of a minimum of healthcare professionals for a group of patients with similar health problems. This minimum can be increased, based on the needs of the patients and the circumstances.

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

By including this standard in a law, patients are guaranteed safe, quality care because there is enough staff to give the care. The government and employers will have a legal obligation to respect the safe ratios and will be accountable.