

Advocating for a law on safe healthcare ratios in Québec

The safety and quality of care is a public health issue and a collective right. Québec must have enough competent health care teams to ensure safe, humane and quality health care for all of us, regardless of our age, region and the type of care we need.

Our health and social services network is sick. Our direct patient-care teams have been overloaded and exhausted for a long time. This situation means that they find themselves, in spite of themselves, obliged to prioritize care when they are not able to provide all of it

In the end, it is the clients, the caregiving staff and family caregivers who suffer and pay the price. The COVID-19 crisis revealed an unacceptable situation that has gone on for too long.

In Québec, we must be able to count on a guarantee of a level of care that does not depend on budget cuts, that does not change according to political decisions taken by governments or those taken by health institutions.

What is a safe healthcare ratio?

It is the presence of a minimum team of healthcare professionals for a group of patients with similar health problems. This minimum is then adjusted upward based on the patients' needs. With this minimum level, healthcare professionals can provide all the care required by their patients.

Safe ratios must be a mandatory standard that is applied everywhere, in order to always have complete care teams to take care of a given group of patients and communities.

We are entitled to demand that the health care we receive is high quality and that it is delivered in the safest possible way. Ratios are a concrete solution for offering Quebecers the care they deserve.

Ratios have positive impacts on the safety and quality of care.

A few examples are:

- In Australia, in the State of Victoria, where ratios have existed in public CHSLDs since 2000, the record of COVID-19 is exceptional: as of November 2020, there were only 15 cases of COVID-19 and no deaths from COVID-19 were reported in this State of 6.6 million residents, whereas, in Québec, the first months of the pandemic wrecked havoc on CHSLD residents.
- Ratios projects were carried out in Québec. Several positive and convincing results have been observed on the quality of care provided to patients and on the caregiving staff's and family caregivers' quality of working life, including enriched clinical practice.
- Patients who had been bedridden on arrival at a CHSLD because they had not been assessed in time were able to regain some of their functional autonomy because the staff had time to develop adapted walking programs and to assist them.
- Physicians have identified:
 - Healthcare professionals have better knowledge of the patients;
 - More exhaustive and better documented assessments;
 - Quicker diagnoses, which reduces the number of additional tests needed.
- The number of patient falls had decreased dramatically in various practice settings, as had the number of patient re-admissions for problems within 30 days of being discharged from medical and surgical units.

Safe ratios are necessary for attracting staff to the network and for the people who already work there to stay healthy and enjoy a rewarding work environment, for the benefit of the population. The ratios were conclusive elsewhere in the world for both attracting and retaining the staff needed for improving the safety and quality of the care. The Québec healthcare system deserves this solution as well.

Ratios are the impetus needed to attract and retain healthcare professionals in the public network

- After the implementation of ratios in California, vacant positions decreased by 69%, applications for nursing education increased by 60% and work accidents decreased by 31.6% for nurses and by 38.2% for licensed practical nurses. Furthermore, the number of nurses increased by an average of 10,000 a year.
- In Australia, in the State of Victoria, the government campaign accompanying the introduction of a law on ratios brought back 2,300 nurses to the network, a 10% increase in staff in only 12 months. In 2 years, 3,400 FTE nurses were recruited, and 1,400 nurses returned to work. After six years, 7,000 nurses returned to the public network.

Unite our voices to demand ratios guaranteeing there will be enough healthcare professionals to form teams able to care for the clients in a safe manner and provide quality care in Québec. Together, let's act to save lives, improve health care and preserve the dignity of Quebecers.

We, the undersigned, demand a law on safe healthcare ratios in Québec.

We call on the government to pass a law now, guaranteeing minimum safe ratios to ensure the safety and quality of the care provided in Québec and to begin the gradual implementation of this law immediately.

- This law on healthcare professional-to-patient ratios must ensure that established ratios are always respected everywhere in Québec.
- The law should explicitly define the ratios to be put in place according to the needs of the client groups and the population, for all front-line, 2nd and 3rd line care settings.
- The law should also stipulate that the health institutions are accountable for its implementation and that it is respected.
- The law should also stipulate an increase in ratios as needed, based on the patients' health, needs of the communities and complexity of the care.



A law on ratios will be the needed impetus for attracting and retaining healthcare professionals in the public health network.

To sustain this momentum, we call on the government to implement a health workforce provincial strategy

for recruiting, training, supporting and maintaining enough caregiving staff to ensure there are qualified and complete teams that will provide safe, quality care everywhere in Québec.

To sign the petition and learn more about ratios,
go to ratiosensante.org