Hospitals and nurses share the same goal — delivering high-quality, safe patient care

Minnesota's hospitals value the important and trusted role our nurses play in providing high-quality care.

- Every day, nurse leaders work with bedside and charge nurses to appropriately staff units based on individual patient needs and on the training, experience and capabilities of the care team.
- Nurses, physicians, pharmacists, therapists and staff from all disciplines work together as a team to support a culture of safety.
- Hospitals and health systems have robust processes in place for nurses or other staff to raise and resolve patient safety concerns. Hospitals encourage all staff to report any potentially unsafe situation.

Hospitals and health systems agree that staffing is important to delivering high-quality care.

- Safe, high-quality patient care is delivered by a care team that includes more than nurses – physicians, nursing assistants, therapists such as PT or respiratory, dietitians and more.
- There are many variables to consider in terms of what constitutes safe, efficient staffing for a particular hospital unit. Every patient care unit is different based upon the types of patients cared for on that unit, and the way in which care is organized and delivered.
- The condition of the patient, the experience of the care team, and the mix of the care team has as much to do with patient outcomes – if not more – as the number of nurses.

Staffing decisions are best made at your local hospital by health care professionals closest to the bedside.

- Minnesota hospitals have processes in place to appropriately staff each unit. To ensure safe, high-quality care, hospital staffing models are developed and implemented to adjust and flex up and down on the basis of patient needs and the experienced judgment of the nurses on the unit.

Legislators, hospitals and the nurses' union worked hard in 2013 to develop a lasting compromise that would provide for greater transparency and reporting of nurse staffing levels in Minnesota hospitals.

- Under the Nurse Staffing Plan Disclosure Act, staffing plans are shared with key hospital employees and annual nurse staffing plans are publicly posted on the Minnesota Hospital Association's (MHA) quality website, www.mnhospitalquality.org.
- Hospitals are required to report on a quarterly basis how their actual nurse staffing levels and patient census compared to their nurse staffing plans. This information has been posted online since July 1, 2014, and is updated quarterly.

Studies of staffing do not show a relationship between nurse staffing decisions and patient outcomes.

- In 2015, the Minnesota Department of Health completed a report to the Legislature studying the correlation between nurse staffing levels and patient outcomes. The commissioner of health wrote, "Available studies do not prove causal relationship, or indicate that changes in patient outcomes are solely the result of nurse staffing decisions; they also do not identify points at which staffing levels become unsafe or begin to have negative effects on outcomes."
- Despite multiple studies by academic researchers throughout the country, no definitive staffing level number has been identified to ensure quality outcomes for patients.

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- Conducting his own analysis of hospital quality measures and staffing, a health and quality expert from the University of St. Thomas showed that there is only a weak correlation, and it is not possible to determine the ideal mix or number of care providers – including all of the other members of the care team such as physicians or nursing assistants – for a given workload of patients.

Massachusetts voters in 2018 defeated a ballot initiative that would have put mandated ratios in all units in all hospitals at all times.

- Prior to the November 2018 election, the Massachusetts Health Policy Commission released an independent study of how mandated nurse-to patient staffing ratios contained in the ballot question would affect the Massachusetts health care system. The study that found that a mandate would cost the state up to $949 million annually, would most likely result in "no systematic improvement in patient outcomes" and would adversely affect community hospitals serving a high proportion of MassHealth and Medicare patients.
- The ballot initiative lost by a vote of 70% to 30%.

Multiple independent quality organizations rank Minnesota among the top for health care quality.

- The federal Agency for Healthcare Quality and Research (AHRQ) has ranked Minnesota among the best states overall for health care quality. This report is considered the gold standard for measuring the health care quality performance of states.
- Minnesota ranks third in the nation overall in health system performance on dimensions that measure residents' health. Minnesota ranks in the top quartile in four of the five dimensions measured – access and affordability, prevention and treatment, healthy lives and disparity. Minnesota ranks in the second quartile for avoidable hospital use and cost. The state ranks third in the nation in the category of prevention and treatment and fourth in the nation in the category of healthy lives. If all states performed as well as Minnesota, there would be approximately 91,000 fewer premature deaths before age 75 for conditions that can be detected early and effectively treated with good follow-up care.
- A report from the Centers for Medicare and Medicaid Services (CMS) shows that Minnesota is among the lowest-cost states for hospital care. Adding these quality and cost factors together, Minnesota offers among the best health care value of any state in the nation.