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

In 2016, the Minnesota Nurses Association (MNA) stated that they have shifted their drive for nurse staffing ratios from the bargaining table to the Legislature. Minnesota hospitals and health systems oppose MNA/union efforts to establish a state government-mandated staffing quota.

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

- Minnesota’s hospitals and health systems recognize that teamwork is critical to a strong safety culture. Nurses, physicians, pharmacists, therapists and staff from all disciplines work together to support a culture of safety.
- 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.
- 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.

The Nurse Staffing Disclosure Act was a compromise to ratios in 2013

In 2013, legislators, hospitals and the nurses’ union agreed to a compromise to provide for greater transparency and reporting of nurse staffing levels in Minnesota hospitals.

- Staffing plans are shared with key hospital employees.
- Annual nurse staffing plans are publicly posted on the Minnesota Hospital Association’s (MHA) quality website, www.mnhospitalquality.org.
- Hospitals are required to, on a quarterly basis, report 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.
The Minnesota Department of Health studied the correlation between staffing and outcomes

- In 2015, the Minnesota Department of Health (MDH) 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.”

Academic staffing studies do not show a causal relationship between nurse staffing decisions and patient outcomes.

- Hospital staffing plays a role in patient outcomes. However, despite multiple studies by academic researchers throughout the country, no definitive staffing level number has been identified to ensure quality outcomes for patients.
- 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.

Hospitals are implementing workplace violence prevention and training

Minnesota’s hospitals are places of healing – and hospitals want to ensure that they remain safe for all patients, visitors and staff.

- In 2014, MHA and MNA were part of a broad coalition of health care stakeholders developing prevention strategies and responses to workplace violence that included MDH, the Minnesota Medical Association, LeadingAge Minnesota and Care Providers of Minnesota.

- The coalition’s work resulted in a road map for health care organizations to help identify risks for violence and put effective strategies in place. A link to this Workplace Violence Prevention road map can be found on MHA’s website. The road map includes recommendations for hospitals to form interdisciplinary workplace violence prevention committees and conduct training.
- The 2015 Legislature passed a law requiring hospitals and health systems to have a violence prevention plan and a committee that includes front-line, direct care workers to review annual incidents of workplace violence. In addition, hospitals must provide workplace violence prevention training to new employees and annually to direct care employees.

Minnesota is continually ranked among the top states 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 in the nation. This report is considered the gold standard for measuring the health care quality performance of states.
- Minnesota is ranked first in the nation for health care access, quality and outcomes by the Commonwealth Fund, a private foundation. Minnesota was the only state that was rated in the top quartile for all five dimensions measured – access and affordability, prevention and treatment, avoidable hospital use and cost, healthy lives, and equity. The state ranks first in the nation in the category of healthy lives, which includes measures that affect people’s ability to lead long and healthy lives – like rates of smoking, premature death and obesity.
- 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.