Frequently asked questions: Nurse staffing ratios

Will nurse staffing ratios improve quality in Minnesota's hospitals?

Minnesota's hospitals and health systems have earned a national reputation for delivering safe, high-quality care and for meeting the needs of our communities. Multiple independent quality organizations, including the federal Agency for Healthcare Quality and Research (AHRQ) and the Commonwealth Fund, rank Minnesota among the top for health care quality.

In addition, studies of staffing do not show a relationship between nurse staffing decisions and patient outcomes. Despite multiple studies by academic researchers throughout the country, no definitive staffing level number has been identified to ensure quality outcomes for patients. 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."

What's wrong with staffing standards?

Hospitals and health systems agree that staffing is important to delivering high-quality care. Staffing decisions are best made at your local hospital by health care professionals closest to the bedside.

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. Minnesota hospitals and health systems 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.

Past legislative proposals on nurse staffing would have created rigid staffing quotas, not standards. Mandatory staffing quotas would raise health care costs for individuals, employers and taxpayers.

Shouldn't nurses be involved in staffing decisions?

Nurses already drive staffing decisions; in fact, in hospitals around the state, nurse leaders work with bedside nurses and other caregivers to create schedules that reflect the needs of patients and the skill and experience of nurses and other caregivers on every shift.

How would legislation affect the day-to-day scheduling decisions of local hospitals?

Past legislative proposals called for a commission of 12 people – nine nurses, two public representatives and one hospital representative – to develop staffing regulations. In other words, the bill would have created government-set staffing quotas that local hospitals must follow with no flexibility.

Is there evidence to support either side of the discussion?

Respected organizations and the facts argue against staffing quotas. To cite just a few of the many examples:

- The American Nurses Association's "Principles for Nurse Staffing" emphasizes the need for flexibility and to staff according to the acuity of patients as opposed to a fixed number.
- The Centers for Medicare and Medicaid Services (CMS) does not allow for standardized guidelines. It requires each patient be assessed for an individualized care plan.