Hospitals and nurses share the same goal — delivering safe patient care.

SF 471/HF 588 is one national union’s drive toward a government-mandated staffing quota in Minnesota

Oppose the bill and keep staffing decisions with your local hospital and local health care professionals.

This legislation isn’t about “standards of care” — it’s about government-mandated staffing quotas.

- Quotas are a one-size-fits-all approach that will move staffing decisions away from bedside and charge nurses who are most familiar with the nursing unit, staff members and patients, and place those decisions in the hands of elected officials and political appointees.
- Just 64 of Minnesota’s 147 hospitals have MNA contracts, and the Minnesota Nurses Association represents just 20 percent of nurses in the state. Instead of using the bargaining process where the MNA has contracts, MNA is proposing a law that would impact all Minnesota hospitals.

This bill threatens access to care.

- The union is pushing a one-size-fits-all approach that does not recognize the differences in staffing a 25-bed critical access hospital or a 700-bed Twin Cities hospital.
- For example, during the flu outbreak this winter one Minnesota hospital devoted an entire floor to flu patients. This required health care professionals to be nimble and have flexibility in staff assignments.
- What would have happened if quotas had been in place a few years ago when a school bus crash brought dozens of injured students to a hospital emergency room? It is possible those patients would have been diverted to another hospital miles away, putting their safety and care at risk.

The MNA bill will have unintended consequences.

- Requiring hospitals to hire additional RNs may draw nurses away from positions in long-term care facilities, clinics or other health care settings.
- A mandate to hire more RNs could mean layoffs or reduced hiring of other important members of the care team, such as LPNs or nursing assistants. That harms patient care and hospitals’ innovations to reduce the overall cost of health care.

We all agree:

Minnesota patients deserve hospital care that is delivered to the nation’s highest standards … and Minnesota hospitals already are delivering on that commitment. The Minnesota Nurses Association/National Nurses United bill (SF 471/HF 588) would replace local decision-making by nurse leaders working with bedside nurses and other caregivers with government-imposed staffing quotas. Quotas don’t equal quality.
• A government-mandated nurse staffing ratio will increase health care costs across the continuum of care.
• In California, the only state with a mandated nurse staffing quota, consequences of mandated quotas include: frustrations among nurses over a loss of autonomy; difficulty juggling the logistics of dealing with rigid ratios and other labor laws; the closing of some patient-care units; and diversion of emergency department patients.

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.

• Minnesota hospitals have processes in place to appropriately staff each unit based on individual patient needs and the training, experience and capabilities of their nurses, nursing assistants, case workers, nurse managers, physicians, and other caregivers.
• To ensure safe, high quality care, hospital staffing models are developed and implemented to adjust and flex up or down on the basis of patient need and the experienced judgment of nurses on the floor.
• Staffing is a collaborative process; a mandated, fixed quota doesn’t allow that flexibility and innovation in a care team.
• 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.

Minnesota hospitals already deliver the highest quality care in the country at a low cost.

• The respected federal Agency for Healthcare Research & Quality ranks Minnesota as having the best overall health care quality in the nation, with hospitals contributing to that number one ranking.
• Minnesota already is ranked in the top quarter of states for its quality of health care and its affordable cost. According to the Centers for Medicaid and Medicare, on average Minnesota hospitals are 9 percent less costly than their national counterparts, while maintaining high quality.

The legislation is a solution in search of a problem. During the time of broad and important health reform, the last thing hospitals need is more government mandates replacing local decision-making.