



## Hospital and health system issue backgrounder

Over coming weeks, the Minnesota Nurses Association (MNA) union will criticize Minnesota's hospitals and health systems. While the [Minnesota Hospital Association](#) (MHA) does not represent the Twin Cities hospitals and systems in their *labor negotiations*, these systems are among the 141 Minnesota hospitals and health systems that MHA represents throughout the state on a variety of issues to improve care and advocate for public policy. MHA provides the following background information for your reporters covering the nurses' union activities. The union has raised several issues that mischaracterize and mislead the public about hospitals in general: workplace violence prevention, the cost of health care, community benefit contributions to improve the health of our communities outside the walls of the hospital and government-mandated nurse staffing ratios. Please contact Wendy Burt, MHA vice president of communications, at [wburt@mnhospitals.org](mailto:wburt@mnhospitals.org) or 651-603-3549 with questions.

### Workplace violence prevention

**Hospitals should be places of safety and healing for caregivers, patients and visitors. Minnesota's hospitals and health systems have been enhancing violence prevention and response plans and training health care staff since 2013. Hospitals and health systems:**

- Take workplace violence very seriously and are striving to build a culture where violence or aggressive behavior is not considered "part of the job."
- Encourage and support employees in reporting violence or assaults.
- Increased the amount of training, including de-escalation techniques, for employees.
- Developed interdisciplinary workplace violence prevention committees with representation from front-line staff, leaders, security staff and others.

**Hospitals and health systems are actively partnering to enhance workplace violence prevention practices, plans, tools and resources.**

- In 2013, a public-private coalition of health care stakeholders including MHA, the Minnesota Department of Health (MDH), MNA and others was formed to provide resources to hospitals, long-term care facilities, clinics and other facilities to help identify risks for violence and put effective prevention and response strategies in place.
- In 2014, this stakeholder group published a [gap analysis](#) on workplace violence prevention that was disseminated to all Minnesota hospitals and health systems. The coalition provided a workplace violence prevention [road map](#) for health care organizations to identify risks for violence and put effective strategies in place. The road map included recommendations for hospitals to form interdisciplinary workplace violence prevention committees and conduct training for all staff.
- In 2015, the Minnesota Legislature passed a [law](#), with the support of MHA, that hospitals must design and implement preparedness and incident response plans for violence that takes place on their premises and provide training for employees upon new hire and annually thereafter.
- In 2016, MHA, MDH and the Minnesota Sheriffs' Association formed a [health care and law enforcement collaborative](#) to create a common framework of how to care for patients involved with law enforcement, with the goal of enhancing communication and collaboration between health care and law enforcement. The coalition is an effort of a broad-based stakeholder group, including hospital security, police departments, county sheriff offices and hospital EMS, to build relationships and improve collaboration between health care and law enforcement organizations.

## Health care costs

### Minnesota’s hospitals and health systems are working to bend the cost curve to lower the cost of care.

- A 2019 MDH [report](#) showed that Minnesota residents are spending significantly less on health care as a percent of all spending than the rest of the country.
  - Minnesota’s 2016 health care spending growth rate was 1.9%, one of the lowest rates ever recorded. If the state’s health care costs had grown at the same rate as the national average, Minnesotans would have spent \$10 billion more in 2016 alone.
  - While national health care spending increased 10.3% over the last two years, Minnesota’s rate increased only 5.9%.
- The largest rate of health care spending growth for Minnesotans is in the area of prescription drugs.

### MNA references its own flawed “report” to further a misleading narrative around hospital prices.

- [MNA’s report](#) is based on charges paid by very few people because most people are covered by insurance. A high charge-to-cost ratio does not mean prices are actually higher. Payment is the only number that represents actual revenue to a hospital. More accurate and usable data published annually by MHA – [net operating margins from audited financial reports](#) – show that every year approximately 30 hospitals across the state have operating margins in the red. MNA’s report does not reflect this reality.
- MNA’s report attacks hospitals for being expensive. Hospitals are designed to care for the sickest patients, so it is not surprising that hospitals are the most expensive setting of care. Minnesota’s hospitals and health systems want to help patients access the right care in the right place at the right time, rather than receiving all care in the emergency department or hospital.
- MNA’s report makes hyperbolic claims about hospitals needing to focus on quality of care, but shows no data reflecting hospital quality. Minnesota’s hospitals and health systems are [national leaders](#) in providing high-quality care.
- MHA has more information on [health care costs and price transparency for consumers](#) on our website.

## Community benefit activities at Minnesota’s hospitals and health systems

### Every year, Minnesota’s hospitals and health systems contribute more in [community benefit spending](#) than the previous year.

- In 2017, hospitals and health systems contributed nearly \$5.2 billion in programs and services to benefit the health of their communities, an increase of 6.4% compared to 2016.
  - Of that amount, \$691 million was uncompensated care, or care provided without payment.
  - Uncompensated care includes “charity care” for patients from whom there is no expectation of payment and “bad debt,” the result of patients who could not or did not pay their share of the hospital bill.

#### Hospital community contributions



\*Beginning with 2016 data, MHA’s annual report includes relevant taxes and fees as a portion of total community contributions.

#### Charity care, bad debt and uncompensated care



All totals are rounded

**While making sure patients receive the care they need when they need it, hospitals also provide important proactive and community health services to meet the unique needs of their communities, including:**

- \$502 million in proactive services responding to specific community health needs, such as health screenings, health education, health fairs, immunization clinics and other community outreach, including in the areas of fitness, nutrition, weight loss, mental health and diabetes prevention.
- \$446 million in education and workforce development, including training for doctors, nurses and other highly skilled health care professionals.
- \$258 million in research to support the development of better medical treatments and to find cures for diseases.
- \$2.7 billion in government underfunding as a result of treating Medicare and Medicaid patients and receiving government reimbursements that are less than the actual cost of providing the care.

## **Government-mandated nurse staffing ratios**

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

**Hospitals and health systems agree that staffing is important to delivering 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 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.**

- 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 MHA's quality website, [www.mnhospitalquality.org](http://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 2014 and is updated quarterly.

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

- In 2015, 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."
- Despite multiple studies by academic researchers throughout the country, no definitive staffing level number has been identified to ensure quality outcomes for patients.

## **For more information**

**To learn more about Minnesota's hospitals and health systems, visit [www.mnhospitals.org/newsroom](http://www.mnhospitals.org/newsroom).**