

SENATE
STATE OF MINNESOTA
EIGHTY-EIGHTH LEGISLATURE

S.F. No. 471

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DATE	D-PG	OFFICIAL STATUS
02/14/2013	234	Introduction and first reading Referred to Health, Human Services and Housing
03/21/2013	1396a	Comm report: To pass as amended and re-refer to Finance

1.1 A bill for an act
 1.2 relating to health; requiring a hospital staffing report; requiring a study on nurse
 1.3 staffing levels and patient outcomes.

1.4 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:

1.5 Section 1. **STAFFING PLAN DISCLOSURE ACT.**

1.6 Subdivision 1. **Definitions.** (a) For the purposes of this section, the following terms
 1.7 have the meanings given.

1.8 (b) "Core staffing plan" means the projected number of full-time equivalent
 1.9 nonmanagerial care staff that will be assigned in a 24-hour period to an inpatient care unit.

1.10 (c) "Nonmanagerial care staff" means registered nurses, licensed practical nurses,
 1.11 and other health care workers, which may include but is not limited to nursing assistants,
 1.12 nursing aides, patient care technicians, and patient care assistants, who perform
 1.13 nonmanagerial direct patient care functions for more than 50 percent of their scheduled
 1.14 hours on a given patient care unit.

1.15 (d) "Inpatient care unit" means a designated inpatient area for assigning patients and
 1.16 staff for which a distinct staffing plan exists and that operates 24 hours per day, seven days
 1.17 per week in a hospital setting. Inpatient care unit does not include any hospital-based
 1.18 clinic, long-term care facility, or outpatient hospital department.

1.19 (e) "Staffing hours per patient day" means the number of full-time equivalent
 1.20 nonmanagerial care staff who will ordinarily be assigned to provide direct patient care
 1.21 divided by the expected average number of patients upon which such assignments are based.

1.22 (f) "Patient acuity tool" means a system for measuring an individual patient's need
 1.23 for nursing care. This includes utilizing a professional registered nursing assessment of
 1.24 patient condition to assess staffing need.

2.1 Subd. 2. **Hospital staffing report.** (a) The chief nursing executive or nursing
2.2 designee of every reporting hospital in Minnesota under Minnesota Statutes, section
2.3 144.50, will develop a core staffing plan for each patient care unit.

2.4 (b) Core staffing plans shall specify the full-time equivalent for each patient care
2.5 unit for each 24-hour period.

2.6 (c) The Minnesota Hospital Association shall include on the Minnesota Hospital
2.7 Quality Report Web site a link to the report found under Minnesota Statutes, section
2.8 62U.02, the Minnesota Quality Reporting and Measurement System. The Department of
2.9 Health and the Minnesota Hospital Association shall update this link quarterly.

2.10 (d) Prior to submitting the core staffing plan, as required in subdivision 3,
2.11 hospitals shall consult with representatives of the hospital medical staff, managerial and
2.12 nonmanagerial care staff, and other relevant hospital personnel about the core staffing plan
2.13 and the expected average number of patients upon which the staffing plan is based.

2.14 Subd. 3. **Standard electronic reporting developed.** Each reporting hospital shall
2.15 report their core staffing plans to the Minnesota Hospital Association by January 1, 2014.
2.16 The Minnesota Hospital Association shall include each reporting hospital's core staffing
2.17 plan on the Minnesota Hospital Association's Minnesota Hospital Quality Report Web
2.18 site by April 1, 2014. Any substantial changes to the core staffing plan shall be updated
2.19 quarterly, beginning July 1, 2014, and every quarter thereafter. The Minnesota Hospital
2.20 Association shall include on its Web site for each reporting hospital on a quarterly basis
2.21 the actual direct patient care hours per patient and per unit.

2.22 Sec. 2. **STUDY AND RECOMMENDATIONS.**

2.23 (a) The commissioner shall study the correlation between nurse staffing levels and
2.24 patient outcomes and report the results of the study to the chairs and ranking minority
2.25 members of the legislative committees with jurisdiction over health and human services
2.26 by January 15, 2015.

2.27 (b) The commissioner shall make recommendations regarding the collection of
2.28 standardized data concerning the linkage between nurse staffing levels and the quality of
2.29 acute care, including patient outcomes. If the commissioner determines that more specific
2.30 data is needed, the commissioner may require hospitals to report the core staffing plans
2.31 on a per-shift basis.