



# Minnesota Organization of Leaders in Nursing

*“Nurses dedicated to shaping the future of health care”*

## **STATUTORILY IMPOSED STAFFING RATIOS - THE FACTS**

Minnesota Organization of Leaders in Nursing (“MOLN”) opposes statutorily imposed staffing ratios. We believe that staffing models must be flexible, based on patient acuity and are best made by health care professionals and hospitals. Statutorily imposed ratios are a one size fits all approach that increases financial pressure on hospitals without significantly improving Minnesota’s high quality of care.

### **Minnesota is a National Leader in Quality Outcomes, Attributable in Large Part, to Excellent Nursing Care.**

- The U.S. Department of Health and Human Services’ Agency for Healthcare Research & Quality (“AHRQ”) is the lead federal agency charged with improving the quality, safety, efficiency and effectiveness of healthcare. It ranks Minnesota as having the best overall quality in the nation. California, which has had strict staffing ratios since 2004, does not rank in the top five states for overall quality.
- HealthGrades, which compiles comprehensive information on hospital and health care quality, ranks Minnesota in the top five states for quality outcomes. California is not in the top five.
- According to the Centers for Medicaid and Medicare Minnesota hospitals are, on average, nine percent less costly while maintaining high quality of care.
- 85% of patients give Minnesota hospitals high marks for their quality of care. 68% of patients rate Twin Cities hospitals as among the best in the country.
- More than 7 of 10 respondents have a favorable image of hospitals, nurses, and doctors.

### **Current Staffing Strategies Assure Safe Staffing Levels and Are Consistent With Nursing Best Practices.**

- Chief Nursing Officers, directors and managers in Minnesota’s hospitals consider a complex and interrelated set of criteria when making staffing decisions. Quality patient outcomes and patient safety are the goals of all staffing decisions. Staffing a hospital requires evaluating and leveraging the full scope of Registered nurses as well as the work of other health care personnel.
- Minnesota’s approach to staffing is consistent with national best practices. The American Nurses Association in “Principles for Nurse Staffing,” for example, emphasizes the need to staff with flexibility, according to the acuity of patients, rather than by set numbers.

### **Mandated Ratios Limit Flexibility and Takes Staffing Decisions Away from Hospitals, Nursing Leaders, and Other Healthcare Professionals.**

- Only one state, California, has statutorily imposed staffing ratios. The administrative process implementing this legislation was time consuming and costly. California’s approach has increased financial pressure on hospitals with no significant change in either patient care quality or safety.

### **Minnesota continues to rank higher than California in overall quality outcomes.**

- Since statutorily mandated staffing ratios were implemented in California only two of quality measures, mortality and failure to rescue quality have seen meaningful improvement from pre-ratio levels and yet Minnesota continues to have better mortality and patient fall rates than California. Minnesota also has better failure to rescue and pressure ulcer rates as well.

Staffing for patient care is a dynamic situation that no single solution can optimize. MOLN, along with other professional care organizations purports keeping staffing issues with hospitals and healthcare professionals and opposes the “one-size fits all” approach inherent in statutorily mandated ratios. Taking staffing decisions out of the hands of nursing professionals and hospitals will not improve patient care and will increase financial pressure on hospitals.