



## Quality Patient Care Act

### **SUPPORT HF 2650/SF 2382 (Davids and Simonson)**

Minnesota's Registered Nurses know first-hand that the quality of patient care drops when the number of patients each nurse cares for at one time increases. Nurses see short staffing every day—the intentional scheduling of an inadequate number of nurses to safely care for the number of patients and their conditions. Nurses know this is done for one reason only – it's a cost-cutting move at the expense of patient care and safety.

Minnesota needs legislation that will protect patients by establishing safe nurse to patient ratios for all Minnesota hospitals. The ratios are modeled after research by professional nursing organizations. The legislation also protects patients by allowing nurses to close understaffed hospital units to new admissions for a short period of time after consulting specified staff. Other aspects of the bill include prohibiting charge nurses at all hospitals from being included in the staffing grid so that they may perform the duties of a charge nurse without also having to provide care to patients, and requiring that nurses assigned to a unit are trained on and have had orientation to the unit.

### **Talking Points for the Bill:**

- *Short Staffing is the **unsafe, intentional staffing decision** that poses a **direct threat** to patients.*
- *Hundreds of studies show that improper Registered Nurse staffing **leads to poor patient care and outcomes**, including a rise in patient morbidity.*
- *Nurses **report short staffing incidents daily** to their supervisors and hospital management, but calls for more staff are **ignored** the majority of the time.*
- *Nurses filed **3,054 Concern for Safe Staffing** report forms in 2017.*
- ***Short staffing is NOT a result of a staffing shortage.** Minnesota nursing schools have consistently graduated more new RNs than hospitals can hire each year.*
- *Share your story about an unsafe staffing situation!*