



Quality Patient Care Act

Minnesota's Registered Nurses know firsthand that the quality of patient care drops as 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 to pass legislation that will protect patients by establishing safe nurse-to-patient staffing levels for all Minnesota hospitals. According to the MNA bill, these safe staffing levels are modeled after research by professional nursing organizations, but they are not one size fits all. They are scaled according to hospital size and patient census. The proposed 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; prohibiting charge nurses in Minnesota hospitals from being included in the staffing grid to allow them to perform their duties of running the hospital floor without also providing patient care; and requiring that nurses assigned to a unit are trained on and have had orientation to the unit.

Note: this bill has not yet been introduced

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 **2,823 Concern for Safe Staffing report forms in 2018**.*
- *Share your story about an unsafe staffing situation!*