2020 Concern For Safe Staffing Year-End Data Report



For more than 20 years, nurses of the Minnesota Nurses Association (MNA) have been collecting information on how short staffing impacts patient care and patient safety. Evidence-based studies demonstrate that it is critical to have adequate staffing because it results in better patient outcomes (Dixon, 2021). Studies show that the number of patients a nurse has at one time affects their ability to safely care for patients and ultimately advance their plan of care through to discharge. Nurses are perplexed that hospital management continues to ignore their calls for staffing, despite knowing that hospitals are frequently cited for staffing deficiencies when CMS conducts an audit.

Clearly, 2020 presented challenges with registered nurse staffing like never before:

- Patients were more acute.
- Patients presented with high acuity symptoms no one knew how to treat.
- Delivery of care changed every single day.
- Management often refused to help.

Meanwhile, the Minnesota Board of Nursing expects registered nurses to continue to deliver safe, ethical, and therapeutic care. MNA nurses cannot be expected to continue to fight a pandemic in a hospital system that doesn't provide resources for them. Patients have a right to expect safe care and that hospitals will fulfill their commitments to provide safe, quality care to their communities. Most critically, hospitals must provide enough resources, including enough trained registered nurses every minute of every day to deliver critical nursing care. Patients deserve no less.

CFSS Form Evolution Timeline

- **1990's** Concern for Safe Staffing (CFSS) form was created to collect unsafe staffing data related to the nurses' work environment
- **2010** Data was amended to gather more patient centered data and an electronic version of the CFSS form was created
- **2014** Data points were added regarding substandard care, like delayed care, missed patient care, and use of last minute solutions
- **2015** MNA began categorizing the data collected by CFSS forms to enhance our analysis of unsafe staffing
- **2019** Data points were added regarding violence in the workplace and homecare nurse specifics

3769 CFSS forms were submitted in 2020, marking a 8.67 percent increase from 2019 and producing the following important data:

- 657 reports of nurses refusing patient assignments to rectify a short staffing situation
- 2649 incidents were reported where care or treatments were delayed by short staffing
- 2162 accounts of staffing issues causing a delay in call lights being answered
- 2859 occurrences of unresponsive management
- 337 instances of patients being rushed through discharge or given incomplete teaching



Category of Safe Staffing Concern	2019	2020	% Change 2019 to 2020
Delays in care or treatments or incomplete assessments	2264	2649	17%
Delay in medications	1569	1965	25%
Inability to answer call lights	1736	2162	25%
Incomplete discharge or rushed teaching	355	337	-5%
Management response - NONE or inappropriate	2499	2859	14%
Temporary solution - closed unit	482	610	27%
Short staffed >25% of what is needed	393	663	69%
Patient left without being seen or against medical advice	386	371	-4%
Temporary solution - refused the assignment	553	657	19%
Unqualified staff - wrong skill mix	616	667	8%
Total CFSS Forms Submitted*	3469	3769	

*Several CFSS forms cited multiple categories of staffing concerns, causing the total number of forms submitted to be fewer than the combined total of concerns raised by nurses within the reports.

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Nursing in Minnesota in 2020 and even into 2021 will leave scars on our nurses for years to come. The anguish that nurses feel when they cannot treat and care for patients is causing moral distress, a phenomenon which occurs when nurses find themselves experiencing failure to rescue and realize they are unintentionally causing harm because they do not have the resources to treat the patients in their care.

Nurses work in an environment that is disrespectful and demanding, physically dangerous and emotionally taxing, and unforgiving in its expectations from administrators and regulators who have zero interest in reversing irresponsible and reckless implementation but rather relish in blaming the individual nurse who only wants to help care and treat patients in their most vulnerable time.

Nurses wonder, when is enough pain and suffering enough? It is time for change and to fully hold decision makers accountable.

#safestaffingsaveslives

