



The Keeping Nurses at the Bedside Act

The crisis in Minnesota hospitals

- More than half of all nurses indicated they are considering leaving bedside nursing in the coming year due to unsafe and unsustainable staffing levels. This problem has been growing worse for years and will not change unless we fix it.
- Hospitals in Minnesota have high nurse turnover rates because neither hospital executives nor the legislature acted to solve the problem of staffing and retention, no matter how many new nurses we train or recruit.
- Nurses' new contracts may help stop already poor staffing levels from getting significantly worse, but only legislative action can solve the underlying issue and the crisis of care patients are experiencing every day in our hospitals as they are left waiting hours in the waiting room, for a hospital bed, or with their call lights on.
- Contract language on staffing varies from hospital to hospital, and only covers MNA-represented hospitals in the Twin Cities and Duluth. We cannot allow a piecemeal approach to patient safety and nurse retention. All nurses and patients deserve safe, supportive, and fully staffed hospitals!

The Keeping Nurses at the Bedside Act (KNABA) would address the crisis of understaffing and retention in Minnesota hospitals with the following provisions

- Establish Nurse Staffing Committees to Set Staffing Levels – Minnesota hospitals already set staffing levels on hospital units, but current levels are unsafe and unsustainable, driving nurses out of the profession and putting patient care at risk. This bill would require all hospitals in the state of Minnesota to create a staffing committee composed direct care workers and management together, to produce a core staffing plan for each unit of the facility every year, including a maximum limit on the number of patients that any one nurse should safely care for. This flexible, hospital-by-hospital, unit-by-unit approach will allow hospitals to set and adjust staffing levels that work on a local level, based on the expertise of bedside nurses.
- No More Patients in Emergency Department Hallways – The conditions Minnesota patients are subjected to because of understaffing by corporate healthcare executives are inhumane and unacceptable. KNABA would require the new staffing committees to create a plan to eliminate patient boarding in Emergency Departments without mandating that staff work increased hours to cover for hospital understaffing, asking nurses to do more with less.
- A Resource for Patients and Nurses – Charge nurses are meant to be a resource for patients and other nurses, to help mentor and train newer nurses, provide urgent assistance, and help to meet the needs of all patients on a unit. The role as a mentor is especially critical to retaining nurses and passing along essential knowledge. However, too often when units are understaffed, charge nurses must take on direct patient assignments. The new staffing committees would be directed to create a plan to ensure charge nurses do not have individual patient assignments.
- Hospital Transparency for Minnesota Patients – When patients show up to a hospital, they have no way to know if they will be waiting for hours in the emergency room, if they'll be put in a bed in a hallway, or if there are an adequate number of nurses staffed for their surgery. Patients deserve to know what is happening inside the hospitals they rely on in their most desperate moments. This bill would direct the Minneso-

ta Department of Health to review hospital data on patient care and staffing to produce an annual report grading Minnesota hospitals on whether they follow their staffing plans. The bill would also require hospitals to post waiting times for emergency departments and to provide up-to-date unit staffing information to patients when they arrive at the hospital and throughout their stay, so they know the size and scope of their care team.

- **Prevent Workplace Violence** – Rising rates of violence against nurses and patients are creating unsafe workplaces and unsafe care conditions in Minnesota hospitals. Nurses, like every other worker, deserve to be safe and protected on the job. Violence in our hospitals is exacerbated by understaffing, when nurses do not have the support they need to safely provide patient care in difficult situations or to respond to violence or threats. The increase in unchecked and unaddressed violence in our hospitals further exacerbates the retention crisis created by hospital managers. KNABA would address these shortcomings by mandating more robust workplace violence prevention plans and training for all healthcare workers in hospitals.
- **Retain and Sustain Minnesota Nurses** – Last year, the Minnesota Legislature approved one-time funding for mental health grants for healthcare workers. This year, nurses request that funding becomes permanent with an annual appropriation of \$10 million. To help retain nurses at the bedside, the bill would also allocate \$5 million to launch a new student loan forgiveness program for nurses working at the bedside in Minnesota hospitals.
- **Recruit and Train Nursing Students** – This bill would dedicate resources to ensure we continue to attract and train a skilled and diverse workforce of Registered Nurses in Minnesota. This includes broadening an existing student loan forgiveness program to incentivize nurses to become nursing instructors and allowing scholarships to cover childcare costs for students pursuing a nursing degree.

It's time to solve the crisis of corporate healthcare and hospital understaffing

- Even as nurses and patients suffer understaffing and high healthcare costs, hospital CEOs continue to make millions in compensation. Rather than solve the staffing crisis driving nurses away, hospitals pay an average of \$5 million per year in turnover costs to replace bedside nurses driven out of the profession.
- Nurse-to-patient staffing levels influence many patient outcomes, including reduced mortality, medication errors, ulcers, restraint use, infections, pneumonia, and complications from sepsis.
- After California passed legislation that implemented strong staffing levels, no hospital closed because of the new law and nurses returned to the hospital bedside jobs they had previously left, now that they felt they could safely care for their patients.