

A plan to increase the safety of patients in Michigan hospitals and build and retain a strong nursing workforce.

Many people don't realize **that there is no law that limits the number of patients a nurse can be assigned.** There is also no law stopping hospitals from forcing nurses to work unlimited hours.

**This is dangerous.** When RNs must juggle too many patients or work past the point of exhaustion, they can't keep patients safe and give everyone the skilled care they need and deserve. Patients and nurses deserve better.



The Michigan **Safe Patient Care Act** will help by requiring hospitals to:



- **Follow evidence-based RN-to-patient ratios** by unit so that everyone can get safe, quality care no matter where they go.
- **Limit the rampant use of forced RN overtime** so that care isn't compromised by an exhausted or sleep-deprived nurse.
- **Tell the public what their RN-to-patient staffing is**, so that crucial data can be examined and consumers can make informed choices.

## Safe RN staffing is a matter of life and death.



**42% of Michigan RNs are aware of a time understaffing led to a patient's death.\***  
*This is nearly double since 2016.*

RNS ALSO REPORTED AWARENESS OF MANY OTHER SPECIFIC **NEGATIVE PATIENT OUTCOMES:**



**LONGER HOSPITAL STAYS (64%)**



**INJURY OR HARM TO A PATIENT (61%)**



**RE-ADMISSION FOR A PATIENT (65%)**



**PATIENT INFECTIONS OR OTHER COMPLICATIONS (68%)**

“ State legislation promoting safer nurse staffing practices, such as laws establishing mandatory nurse-to-patient ratios – is an evidence-based intervention to support patient safety and reduce the likelihood of nurse departures. ”

*New England Journal of Medicine, December 2022*

# The nurse retention crisis and patient safety crisis go hand in hand.

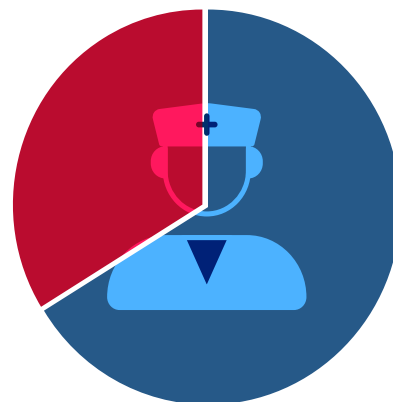
We cannot address one without addressing the other.

Years of hospital understaffing have taken their toll on Michigan patients and nurses alike. Immediate action is needed to stop the downward spiral.

## There is no shortage of available nurses.

Currently, more than **50,000 RNs** with active Michigan licenses are not working as nurses. →

There are **154,758** RNs with active Michigan licenses, but only **102,480** are currently working as RNs in Michigan.\*\*



**75%**

of RNs say they would be more likely to work at the bedside if safe limits on patient assignments (the Safe Patient Care Act) were passed into law.



Over 7 in 10 RNs working in direct patient care say they are assigned an unsafe patient load in half or more of their shifts.

**83%**

of RNs say a safe staffing law would improve patient care.

**79%**

of nurses say that hospital executives' decision making, not a shortage of qualified RNs, has led to the understaffing crisis.

\*About these findings: MNA commissioned an independent firm, Emma White Research, which surveyed 400 registered nurses with Michigan licenses in January 2023. The margin of error is +/- 4.90 percentage points at the 95% confidence level. Many of the questions were also asked in a 2016 poll. Compared with 2016, RNs report more prevalent unsafe staffing, worse outcomes for patients due to nurses being stretched too thin, and even less administrator responsiveness to their safety concerns. A full memo is available at [www.misaferhospitals.org](http://www.misaferhospitals.org).

\*\*Source: LARA, U.S. Bureau of Labor Statistics



# FREQUENTLY ASKED QUESTIONS

## **Why does Michigan need a safe staffing law?**

Michigan hospitals do not currently have consistent standards. In some ICUs, an RN may have up to 4 patients at a time; in others, RNs have 1 or 2. State and federal law contain vague language requiring adequate staffing, but give no details. Experience shows that guidelines and committees are not sufficient to ensure proper staffing. Sixty-three percent of Michigan RNs in an independent survey say management rarely or never adjusts their workload when they report unsafe assignments. Patients deserve meaningful, enforceable standards.

## **What are the current staffing levels at Michigan hospitals?**

There is no way to know for sure. Hospitals are not required to disclose this information. What we do know is that many RNs say they are being forced to take care of too many patients and work excessive hours. It's important to listen to nurses, who provide the majority of direct patient care.

## **Is there really a problem in Michigan?**

Yes. Most (71%) of Michigan RNs say nurses have an unsafe number of patients on at least half their shifts, according to an independent survey. This is alarming because the link between adequate RN staffing in the hospital and better patient outcomes is well-established. Your nurse is your first line of defense and needs enough time to adequately monitor, assess and treat each patient.

## **Can't nurses say no when they're too exhausted to work mandatory overtime?**

Nurses can be fired for refusing to work longer hours. Administrators often tell them that refusing constitutes patient abandonment and they could lose their license. The problem is the routine use of mandatory overtime; it should be the exception, not the rule. When there is a true public health emergency, the proposed overtime limits would not apply.

## **Don't hospitals need flexibility in their staffing?**

Under the law, hospitals could adjust the ratios to increase nursing care if patient needs require. What they would lose is the ability to understaff and overwork nurses whenever they want. It is reasonable for government to set a minimum standard in hospitals, where public safety is at risk.

## **What about the costs of better nurse staffing?**

Research suggests that the costs of additional staffing, if needed, would even out over time because hospitals will save money they are currently losing on readmission penalties, uncompensated hospital stays, lawsuits, nurse overtime, and turnover. The legislation gives hospitals time to phase in any changes. Rural hospitals will have extra time.

## **Doesn't collective bargaining take care of staffing issues?**

No. Even with strong collective bargaining agreements, it is rare for a hospital to agree to numeric ratios, and it is difficult to enforce violations. More than 80% of Michigan's RNs do not belong to a union, which means they cannot negotiate staffing standards at all and are not protected when speaking up. This is about making sure every nurse – whether in a union or not – can provide safe, quality care to every patient.

## **How can hospitals meet these ratios? Isn't there a nursing shortage?**

What Michigan has is a shortage of nurses willing to work under the conditions that hospitals create; one-third of Michigan-licensed RNs are not working as nurses. Nurses want to give their patients the best care possible and keep them safe but they can't do that amid rampant understaffing and forced overtime.

## **Why does the plan cover only registered nurses?**

While every member of the healthcare team is important, RNs are the cornerstone of the hospital healthcare team. Research shows that the care that affects patient outcomes most is that of a bedside registered nurse.

## Every patient. Every shift.

Dozens of objective, scientific studies provide evidence of the link between inadequate RN staffing and poor outcomes for hospital patients. To see more research, visit:

[MIsaferhospitals.org](http://MIsaferhospitals.org).

**A safe staffing law will save lives and keep nurses at the bedside.** While hospital administrators often see nursing purely as a cost, **studies show that investing in proper RN staffing can be cost-effective.**

**In patients with sepsis, each additional patient per nurse is associated with 12% higher odds of in-hospital mortality, 7% higher odds of 60-day readmissions, and longer hospital stays.** –

*American Journal of Infection Control, 2020*



**“Were (New York) hospitals staffing at the 4:1 patient-nurse ratio proposed in the legislation, we conservatively estimated 4,370 lives saved and \$720 million saved over the 2-year study period in shorter lengths of stay and avoided readmissions.”** – *Medical Care (APHA), 2021*



**“The results presented here suggest that minimum nurse to patient ratio policies are a feasible instrument to improve nurse staffing, produce better patient outcomes, and yield a good return on investment.”** – *The Lancet, 2021*

THE LANCET

**“If (Illinois) hospitals staffed at a 4:1 ratio during the 1-year study period, more than 1,595 deaths would have been avoided and hospitals would have collectively saved over \$117 million.”**

– *BMJ Open, 2021*

BMJ Journals

**“... Greater nurse-to-patient ratio was consistently associated with higher degree of burnout among nurses, increased job dissatisfaction, and higher intent to leave.”**

– *Nursing Outlook, 2018*

NURSING OUTLOOK

### RN-to-patient ratios

## Safe Patient Care Act

**Emergency department 1:3**  
plus one RN for triage

**Medical-surgical 1:4**

**Pediatrics 1:3**

**Behavioral health 1:4**

**Acute rehabilitation 1:4**

**Intensive care (all units) 1:1**

**Post-anesthesia 1:1**

**Stepdown 1:3**

**Telemetry 1:3**

**Operating room 1:1**  
plus one scrub assistant

**Labor and delivery**

**1:3 Antepartum**

**1:1** Active labor; during birth (1 RN for birthing patient, 1 RN for baby); immediate postpartum couplet; unstable newborn; medical-obstetric complications (epidural, c-section); patient receiving conscious sedation

**1:2** Antepartum if continuous fetal monitoring is required; intermediate care newborn; postpartum/post-surgical patient-baby couplet

**1:4** Postpartum birthing patient or well-baby care