

A plan to increase patient safety in Michigan hospitals by establishing minimum nurse staffing levels, limiting mandatory overtime for RNs, and adding transparency.

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 nurses have to juggle too many patients or work past the point of exhaustion, they can't give every person the skilled care they need and deserve. Patients and nurses deserve better.



The bipartisan 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. (House bill 4482, Senate bill 204)
- **Limit the rampant use of forced RN overtime** so that care isn't compromised by an exhausted or sleep-deprived nurse. (HB 4483, SB 205)
- **Tell the public what their RN-to-patient staffing is**, so that crucial data can be examined and consumers can make informed choices. (HB 4484, SB 206)

Safe RN staffing is a matter of life and death.



1 in 5 of Michigan RNs (22%) are aware of a time understaffing led to a patient's death.

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



LONGER HOSPITAL STAYS (45%)



INJURY OR HARM TO A PATIENT (49%)



RE-ADMISSION FOR A PATIENT (53%)



PATIENT INFECTIONS OR OTHER COMPLICATIONS (57%)

*I became a nurse to care for others. In order to give vulnerable patients the skilled care they deserve, we need safe RN staffing levels. Quality care is built on time and attention from a Registered Nurse. The **Safe Patient Care Act** would give nurses more time at the bedside to care for your loved ones and keep them safe.*

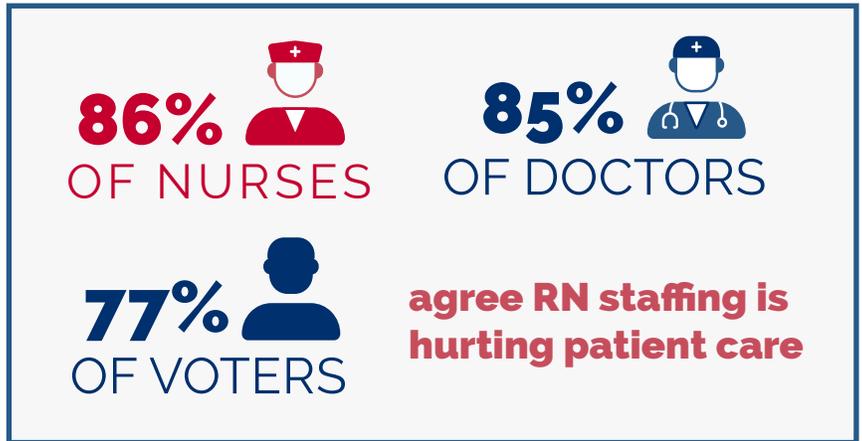
- Brenna Tresidder, RN
Tenet DMC Huron Valley-Sinai



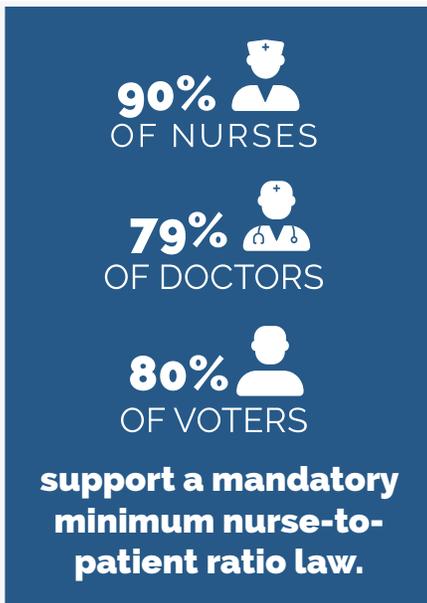
MICHIGAN RNS, DOCTORS, & VOTERS AGREE: NURSE UNDERSTAFFING IS HURTING PATIENTS

Michigan nurses, physicians, and voters agree that **patient care in hospitals is suffering because RNs are being assigned too many patients at once.**

Half (50%) of RNs in Michigan hospitals say they are assigned an unsafe patient load at least 50% of the time they are working.

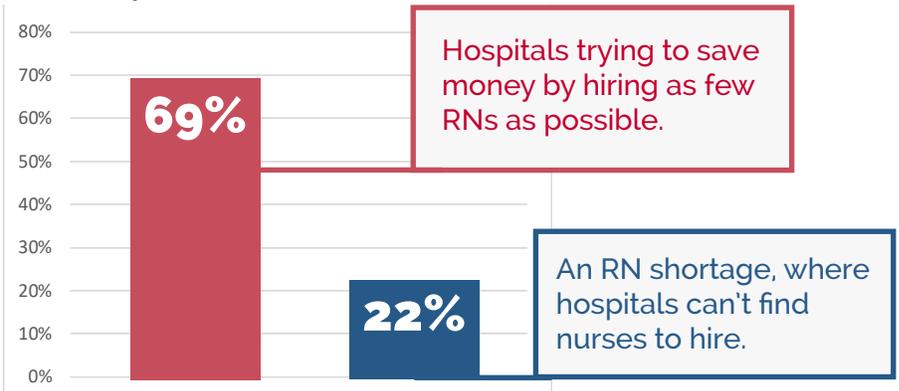


VOTERS, RNS, & DOCTORS STRONGLY SUPPORT A SAFE STAFFING LAW



Voters blame understaffing on hospitals trying to save money, NOT a "nursing shortage."

RN understaffing in Michigan hospitals is more likely the result of...



There is overwhelming support for a law establishing minimum nurse-to-patient ratios in Michigan. **Patient safety is not a partisan issue**, and a safe staffing law is supported by voters of all backgrounds and from all across Michigan.

Group	Favor	Oppose	Group	Favor	Oppose
Democrat	89%	7%	Wayne County	81%	15%
Republican	73%	24%	Oak./Mac. County	76%	19%
Independent	75%	19%	Southeast	80%	15%
<\$30k	88%	10%	Southwest	80%	14%
\$30-\$60k	76%	19%	N.C./U.P.	77%	20%
\$60-\$100k	76%	17%	Female	83%	13%
\$100k+	76%	20%	Male	75%	21%

% who support a mandatory minimum nurse-to-patient ratio law.

About these polls: Three statewide surveys, commissioned by the Michigan Nurses Association, were conducted by independent polling firm Anderson Robbins between September of 2015 and February of 2017. They polled **600 Michigan voters** (representative of all Michigan voters), **401 Michigan RNs** (88% of whom were not MNA members), and **200 Michigan physicians** (all currently employed providing direct patient care in Michigan hospitals). Margins of error for each: **RN poll:** +/- 4.9 percentage points • **Voter poll:** +/- 4 percentage points • **Physician poll:** +/- 7 percentage points



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, the limit is 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. Nearly half 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. Half (50%) of Michigan registered 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 law gives hospitals three years to phase in any changes. Rural hospitals will have an extra year.

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. 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 bill 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: Mlsaferhospitals.org/the-facts

52,000 incidents, near misses and unsafe conditions were reported in Michigan hospitals in 2014. *(October 2015)*



The risk of dying in the ICU increases by a factor of 3.5 when the patient-to-nurse ratio is greater than 2.5 to 1. *(August 2015)*



Stroke patients are up to 35% more likely to die on units with fewer nurses on duty. *(August 2014)*



An increase in a nurse's workload by one surgical patient increases the likelihood of an inpatient dying within 30 days by 7%. *(February 2014)*

THE LANCET

The risk of death from cardiac arrest in the hospital is nearly 20% higher on the night shift, when RN staffing is typically lower. *(February 2008)*



Patients cared for in hospitals with higher RN staffing were 68% less likely to acquire infections. *(June 2007)*



Maximum number of patients per RN

Safe Patient Care Act

Emergency department 1:3 plus one RN for triage

Medical-surgical 1:4

Pediatrics 1:4

Behavioral health 1:4

Rehabilitation care 1:5

Intensive care (all units) 1:1

Post-anesthesia 1:2

Stepdown 1:3

Telemetry 1:3

Labor and delivery

-First stages of labor 1:2

-2nd and 3rd stages of labor 1:1

-Intermediate newborn nursery 1:3

-Postpartum mother-baby couplet 1:3

-Noncritical antepartum patient 1:4

-Postpartum mother or well-baby care 1:6

Operating room 1:1 plus one scrub assistant

Ratios are based on national evidence-based standards.