



Campaign for Action...*Just the Facts Please*

Q: Activity around the Safe Staffing legislation in MI seems to have escalated. Can you provide more background as to the MONE position and perhaps key talking points on this topic?

A: Of course. As our position paper calls out, MONE clearly supports safe staffing models – but opposes legislated ratios. So, why is this? Here is what we know:

- There are far too many variables to simply or solely focus on a ratio. For example: patient acuity; the environment in which care is provided; the availability of supportive staff and structures; the availability of registered nurses; the education, experience and training of the nurses; etc. A "one-size" fits all mentality simply does not address the complexity of the work of nurses and of healthcare today.
- The assumed evidence of mandated ratios improving quality of care and outcomes is non-conclusive. California, the only state in the nation with mandated ratios, does not necessarily have patient better outcomes than patient outcomes in Michigan (or any other state). For example, in the recent CMS star rating report (scale of 1 to 5), California star rating averaged 2.7 compared to Michigan average star rating of 3.4 (Source: Kaiser Health News data from the Centers of Medicare and Medicaid Services; reported in: Healthcare Advisory Board Daily Briefing, 2015).
- More recent research points to educational preparation and training as significantly important to positive outcomes. In fact, the IOM (2010) Future of Nursing Report indicated the every clinical outcome targeted for improvement over the past years in US hospitals has been definitively linked to degree of nursing education preparedness or training (Institute of Medicine Future of Nursing Report, 2010).
- Handing over staffing decisions to legislators (or non-professional/or non-nursing groups) disempowers the professional nurse from determining appropriate staffing models. MONE believes registered nurses are best positioned to make such decisions and should be empowered to do so.
- Both the AONE and the ANA recognize the multiple variables and do not support mandated staffing ratios or a "one-size fits all" mentality.

