



ANA-Michigan

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Safe Staffing for All

ANA-Michigan is a statewide professional nursing association with over 3,000 members, representing the needs and interests of all nurses. ANA-Michigan members (RNs) deliver care to Michigan patients across the care continuum. ANA-Michigan membership includes nurses practicing in acute care, ambulatory care, long-term care, education, leadership, home care, public health, school-based care, nurse consultants, students enrolled in nursing education programs, retired nurses, directors, and academic nursing faculty.

Because ANA-Michigan is a strong supporter of safe staffing for all, we are in opposition to Senate Bill 334 and House Bill 4550 as currently written. We agree that safe staffing has a direct relationship to patient safety and nurse well-being, is a complex issue, and requires multifaceted solutions. Safe staffing requires consideration across the care continuum, considers the nursing pipeline, and acknowledges the expertise of local nurses to govern themselves and determine appropriate staffing and how best to meet the care needs of patients. Michigan Empowered Nurses Empower: patients, hospitals, schools, clinics, communities, and so much more.

Why We Oppose Senate Bill 334 and House Bill 4550:

- Mandatory ratios do not address the complex nature of safe staffing, including patient acuity, skill mix or availability of resources.
- These bills only address acute/hospital care, when safe staffing issues go across the care continuum.
- These bills will limit self-governance at the local level, taking power away from nurses. A statewide mandate ignoring the unique circumstances of care settings and regions of the state restricts a nurse's ability to make real time, appropriate decisions for day-to-day workplace realities, and fluctuating patient care needs.
- Bills will limit opportunities for innovation, including remote nursing and use of technology to improve care.
- Research is inconclusive as to improved patient outcomes and safety with mandatory nurse-to-patient ratios (Spetz (2021), Van Den Heede (2020), McHugh (2021), Bartmess (2021), Medvec (2023)).

What We Recommend:

- Involvement of nurses in staffing planning and decisions. Organizational councils and staffing committees with accountability for reporting transparency from the frontline care delivery staff to organizational executive leadership is essential. The nursing voice should be prioritized and empowered within each workplace when decisions directly impacting nurses are being deliberated.
- Creation of an inclusive Task Force on Nurse Staffing using nursing experts from across Michigan to create an actionable and sustainable legislative package of bills that will improve the availability of nurses/RNs in Michigan without impacting patient access to health care services.
- Sustaining and expanding the RN talent pipeline is critical to successfully combat the retiring and transitioning out of the profession that is currently experienced and projected to increase by 2025, as well as meet the increasing health care needs of an aging population.
- Development of retention efforts to ensure that mandatory overtime is eliminated, workplace violence against nurses is reported and acted upon, and safe staffing best practices are utilized at organizations across the continuum.
- Funding of unique programs to re-engage and invest in support of 1) continuing academic education for nurses, 2) nurse driven wellness and well-being programs, as well as 3) continuing improvement work in innovative nurse staffing best practices for optimal safe patient care.