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Feb. 15, 2022

House Health Finance and Policy Committee
477 State Office Building
100 Rev. Dr. Martin Luther King Jr. Blvd.
St. Paul, MN 55155

Dear Chair Liebling and Members:

Thank you for the opportunity to provide Mayo Clinic's perspective on HF 3242, a bill that mandates several new and complex processes to manage patient care and nurse staffing issues. Unfortunately, many of the proposed requirements are duplicative of other more effective processes and could be detrimental to patient care. Therefore, we must oppose the bill.

At Mayo Clinic, our primary value is "the needs of the patient come first." Accordingly, Mayo Clinic care reflects the unique needs of each patient and the team supporting that patient. We adjust our staffing continually based on patient acuity and the clinical judgment of professional nurses. Using this feedback, our charge nurses are empowered to calibrate staffing as needed within their teams. This dynamic staffing approach based on real-time feedback and patient acuity is the best available model to support both patients and nurses. Because it is based on nurses' documentation of patient needs, this approach is also highly transparent. Under HF 3242, this effective system would be supplanted by committee staffing decisions set by a small group of employees whose decisions would likely not be as timely, precisely informed, transparent or patient centered. Put simply, a select committee that determines staffing needs periodically will not meet nurse or patient needs as well as the current nurse-driven, agile staffing model that Mayo Clinic uses.

Overall, it is concerning that HF 3242 takes an approach to staffing and reporting issues that does not appear to be based on evidence or best practices. To our knowledge, there is no data that substantiates why this bill's approach would be better than, or even equal to, current processes to address nurse and patient staffing needs. This information should be a minimum threshold to consider implementing the changes proposed.

Beyond staffing, HF 3242 also creates several new internal and external complaint and data reporting processes. These requirements are largely duplicative of current systems that already work well. Mayo Clinic, for example, has a robust review process in place to consider every safety or quality concern from employees, including but not limited to nurses, and adjusts policies and procedures quickly in response to concerns as needed. It is unclear what additional value would be derived from the additional requirements proposed in HF 3242 or what problem the bill is trying to solve with these additional processes. Notably, new requirements mandating reports to external third parties also raise complex questions related to data privacy and compliance with both HIPAA and the Minnesota Health Records Act (MHRA) that have not been addressed in the current proposal.

We appreciate that HF 3242 is put forward with the intent of supporting nurses and patients, a goal we share. But the greatest challenge facing nurses and patients today is not a lack of committees or reporting requirements—it is a nursing shortage. Rather than imposing new mandates and processes, we hope the state will focus on measures to attract nurses to practice in Minnesota and invest in pipelines to develop and support a growing nurse workforce in the state. After all, no required ratio of nurses to patients can be met if the nurses needed to serve patients simply do not exist.

Again, thank you for the opportunity to provide feedback on this proposal and for your service to the state.

Sincerely,

Ryannon K. Frederick RN

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