

S.F.2775 testimony

Thank you, Senators and members of the Committee, for your consideration of Senate File 2775 and for your consideration of my testimony. My name is Ben Zappia; I am employed as a registered nurse at Mercy Hospital in Coon Rapids, MN. Not every piece of legislation before this session can have a direct impact on the life and death of citizens of Minnesota, but this legislation does. Standardized nurse-to-patient ratios are common sense and, anecdotally, feel right through the experiences of many nurses. My testimony is to share that, scientifically, these nurse-patient ratios matter and impact saving lives.

In 2012, Ph.D. candidate Monica Rochmann, at the University of Michigan, completed a study of 299 in-hospital cardiac arrest (IHCA) victims. Her findings were that only 37% of patients in non-critical care units received defibrillation of their lethal cardiac arrest rhythm in 2 minutes or less, significantly reducing their likelihood of surviving their unexpected cardiac arrest (Rochmann, 2012). In 2021, Rochman and another University of Michigan researcher, McHugh, found that for every patient over four (4) patients a nurse is caring for in a non-critical care unit, the likelihood of surviving a cardiac arrest decreases by 5% (McHugh, 2021).

All Minnesota patients deserve the same likelihood of surviving their in-hospital cardiac arrest, which is why these standardized ratios are necessary. The patient on the medical-surgical unit whose night shift nurse is caring for a 7:1 assignment has a 15% less chance of surviving cardiac arrest than a patient at another hospital where the nurse during the day shift has a 4:1 patient assignment. California passed standardized patient ratio legislation in 1999, with full implementation by the California Department of Health in 2004 (Tellez&Seago, 2013); it is time for Minnesota to step up to standardized patient ratio legislation.

Saving lives through the Quality Patient Care Act can be a bipartisan win for this legislative session and a win for the health of patients across the great state of Minnesota, so I ask you to vote in favor of the Quality Patient Care Act to save the life of the Minnesotan who is not expecting a cardiac arrest during their hospital stay but wants to walk out the hospital door.

References

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