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3 Title: Bedside Nursing and Health Care Staff Shortages
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5 Introduced by: Anthony M. Zacharek, MD, for the Saginaw County Delegation
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7 Original Author: Julia M. Walter, MD
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9 Referred To: Reference Committee E
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11 House Action: **APPROVED**
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14 Whereas, there is a national shortage of bedside nurses, and a shortage of bedside nurses
15 in Michigan hospitals, and

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17 Whereas, hospitals pay less for nursing salaries than nurses receive when working for travel
18 companies, and some hospitals have had their nurses poached by other organizations, and

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20 Whereas, experienced nurses are leaving bedside nursing jobs and choosing nonclinical
21 careers, and

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23 Whereas, nursing students often wait to finish their education due to a lack of clinical sites
24 or nursing educator availability, and

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26 Whereas, hospitals have reduced numbers of ancillary staff, and

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28 Whereas, there is a shortage of emergency medical services providers, and

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30 Whereas, working in a hospital is physically demanding, requires working long shifts, and
31 may require mandated overtime, and

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33 Whereas, working in a hospital and other health care jobs pay lower wages than less
34 demanding occupations, and

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36 Whereas, many nurses, physicians, ancillary staff, and physician assistants are suffering from
37 moral injury and burnout related to the COVID-19 pandemic, and

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39 Whereas, many patients require transfer to tertiary care hospitals for more definitive care,
40 and

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42 Whereas, many Michigan hospitals have been on diversion due to staff shortages causing
43 delays in care and the delay in care, crowding and boarding, and increased hospital length of stays
44 lead to increased morbidity and mortality for patients, and

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46 Whereas, hospital administrators are not openly disclosing any strategies or solutions to
47 address the shortage of all hospital staff, and hospitals, national news, and local news have been
48 relatively silent on the bedside nursing and staff shortages, and

49 Whereas, hospitals had nursing and staff shortages before the COVID-19 pandemic and
50 hospitals have been receiving federal financial assistance during the pandemic, and

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52 Whereas, hospitals have not developed systematic long-term strategies to (1) improve
53 staffing models which address the bedside nursing and health care worker shortages or (2) address
54 wellness among their staff to improve career longevity, and

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56 Whereas, physicians are the leaders of the health care team, and

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58 Whereas, those who continue to work in hospitals are doing so under more duress due to
59 shortages in staffing and delays in patient care; therefore be it

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61 RESOLVED: That MSMS contact appropriate stakeholders such as the Michigan Health &
62 Hospital Association and officially request the opportunity to collaborate on short and long-term
63 strategies and solutions for addressing the nursing and health care staff shortages which promote
64 a stable work force and career longevity; and be it further

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66 RESOLVED: That the Michigan Delegation to the American Medical Association (AMA) ask
67 our AMA to contact appropriate stakeholders such as the American Hospital Association and offer
68 to collaborate on short and long-term strategies and solutions for addressing the nursing and
69 health care staff shortages which promote a stable work force and career longevity.

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72 WAYS AND MEANS COMMITTEE FISCAL NOTE: \$2,000-\$4,000 for collaborative outreach efforts.

Relevant MSMS Policy: None

Relevant AMA Policy:

The Growing Nursing Shortage in the United States D-360.998

Our AMA: (1) recognizes the important role nurses and other allied health professionals play in providing quality care to patients, and participate in activities with state medical associations, county medical societies, and other local health care agencies to enhance the recruitment and retention of qualified individuals to the nursing profession and the allied health fields;

(2) encourages physicians to be aware of and work to improve workplace conditions that impair the professional relationship between physicians and nurses in the collaborative care of patients;

(3) encourages hospitals and other health care facilities to collect and analyze data on the relationship between staffing levels, nursing interventions, and patient outcomes, and to use this data in the quality assurance process;

(4) will work with nursing, hospital, and other appropriate organizations to enhance the recruitment and retention of qualified individuals to the nursing and other allied health professions;

(5) will work with nursing, hospital, and other appropriate organizations to seek to remove administrative burdens, e.g., excessive paperwork, to improve efficiencies in nursing and promote better patient care.

Revisions to AMA Policy on the Physician Workforce H-200.955

It is AMA policy that:

(1) any workforce planning efforts, done by the AMA or others, should utilize data on all aspects of the health care system, including projected demographics of both providers and patients, the number and roles of other health professionals in providing care, and practice environment changes. Planning should have as a goal appropriate physician numbers, specialty mix, and geographic distribution.

- (2) Our AMA encourages and collaborates in the collection of the data needed for workforce planning and in the conduct of national and regional research on physician supply and distribution. The AMA will independently and in collaboration with state and specialty societies, national medical organizations, and other public and private sector groups, compile and disseminate the results of the research.
- (3) The medical profession must be integrally involved in any workforce planning efforts sponsored by federal or state governments, or by the private sector.
- (4) In order to enhance access to care, our AMA collaborates with the public and private sectors to ensure an adequate supply of physicians in all specialties and to develop strategies to mitigate the current geographic maldistribution of physicians.
- (5) There is a need to enhance underrepresented minority representation in medical schools and in the physician workforce, as a means to ultimately improve access to care for minority and underserved groups.
- (6) There should be no decrease in the number of funded graduate medical education (GME) positions. Any increase in the number of funded GME positions, overall or in a given specialty, and in the number of US medical students should be based on a demonstrated regional or national need.
- (7) Our AMA will collect and disseminate information on market demands and workforce needs, so as to assist medical students and resident physicians in selecting a specialty and choosing a career.
- (8) Our AMA will encourage the Health Resources & Service Administration to collaborate with specialty societies to determine specific changes that would improve the agency's physician workforce projections process, to potentially include more detailed projection inputs, with the goal of producing more accurate and detailed projections including specialty and subspecialty workforces.
- (9) Our AMA will consider physician retraining during all its deliberations on physician workforce planning.