

The Patient Safety Act



BEDSIDE NURSES KNOW:

Fewer Patients = Better Healthcare

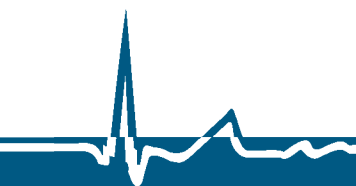
A Toolkit for Massachusetts RNs

How you can help make safe limits
on RN patient loads a reality

MNASM
MASSACHUSETTS NURSES ASSOCIATION

The Coalition to

Protect Massachusetts Patients



This booklet provides you with **crucial information** you



Safe Staffing Saves Lives!

The quality of patient care in Massachusetts hospitals is deteriorating because Registered Nurses are being forced to care for too many patients at once. Bedside nurses have proposed a straightforward solution that will improve the quality of care and help hold down costs.

It's called the **The Patient Safety Act**, House Bill 2059.

After a long struggle on Beacon Hill, the Coalition to Protect Massachusetts Patients – the Act's sponsor, an alliance of the Massachusetts Nurses Association and 104 health, consumer, and civic organizations – reached an agreement with the leadership of the Massachusetts House on a compromise plan that passed by an overwhelming 133-20 margin in 2006.

Now the measure continues its way through a new session of the legislature where, with your help, we will push it to victory in both the House and Senate and into law with the signature of the governor.

Hospitals are trying to derail the growing momentum for enforceable limits on RNs' patient loads by obscuring the truth. Don't let them get away with it. Here are the facts:

- Registered Nurses are the cornerstone of the care team in a hospital and ensuring proper RN staffing is crucial to protecting patients.
- The best way to protect patients is to listen to bedside nurses and set meaningful, enforceable limits on the number of patients that can be assigned to a nurse at one time. In contrast, the hospital industry's solution to the problem is to allow hospitals to post staffing "plans" on a website.
- Understaffing leads to a higher incidence of infections and other patient complications. Compared with undoing the damage caused by inadequate staffing, providing quality care in the first place will save money.
- Bedside nurses want to protect quality patient care, while hospital administrators are more concerned about money. Staffing is being sacrificed to high industry profits and seven-figure CEO salaries.

Last year's compromise removed a key obstacle to enactment. While the public strongly supports firm limits, voters want health-care professionals to set the standards – not politicians. The revised bill, therefore, calls for the Department of Public Health to develop the rules rather than the legislature. With that agreement in place, we can focus now on taking the final steps toward making safer patient care a reality in Massachusetts.



need to **successfully advocate** for **The Patient Safety Act,**



THE PATIENT SAFETY ACT

What the Bill Does

It protects patient safety.

- The Act calls for the Massachusetts Department of Public Health to develop and implement limits on the number of hospital patients assigned to Registered Nurses in Massachusetts. The limits would be based on scientific research and testimony from public hearings. Once established, the staffing levels would be adjusted in accordance with patient needs and requirements using a standardized, DPH-approved acuity system.
- The Act would reduce errors caused by fatigue and overwork by prohibiting mandatory overtime, such as forcing RNs to work extra hours or double shifts.
- The Act prevents floating without proper orientation.
- The Act stops hospitals from assigning unlicensed workers to perform care that demands licensed nursing expertise. Only nurses should provide nursing care.
- The Act protects against the reduction of other members of the health-care team including LPNs, aides, and technicians and instructs DPH to account for ancillary staff in the development of the staffing limits and the standardized acuity system.

It is fair to hospitals.

- The Act provides substantial lead times to phase in the new standards: teaching hospitals in 2009, community hospitals in 2011.
- It allows time-limited financial hardship waivers for eligible hospitals.
- The measure provides hospitals with flexibility: the limits would vary by the type of unit (ICU, Med/Surg, ED, etc.) and patient assignments would also change based on variations in the severity of patients' illnesses and other factors.

It will bring more nurses to the bedside.

- The Act creates programs to increase nurse faculty in nursing schools and offers nurse recruitment initiatives, including nursing scholarships and mentorship programs.
- Thousands of RNs say they will return to the bedside if there are safe staffing limits, and the bill provides for refresher programs to help them return to bedside nursing.

If you need additional information, please visit our website www.massnurses.org

I N C L U D I N G :

- A Description of What the Bill Does
- The Truth About The Patient Safety Act
- The Top 10 Reasons We Need Safe Staffing Limits
- What You Can Do to Help Pass the Bill

THE PATIENT SAFETY ACT

What You Can Do

- **Contact your State Senator and State Representative on a regular basis.** Share a personal story with them to provide them with some insight into your job as a front-line nurse. Tell them why you support safe staffing legislation. Hand-written letters and personal phone calls are always the best methods of communication.
For legislators' contact information or, if you don't know who your legislator is, go to <http://capwiz.com/massnurses/state/main/?state=MA>
- **Meet with your legislators in the district.** Most legislators hold regular office hours in their communities. Call the legislator's State House office (Main number: 617.722.2000) to find out when and where office hours are held.
- **Get support from non-nurses.** Do you belong to a parent/teacher organization (PTO), a church, a neighborhood group, or a town committee? Arrange a time to present information on how RN staffing affects everyone and ask them to support The Patient Safety Act. Invite seniors in your community group to get more involved by contacting their legislators. For more information or for materials, contact Riley Ohlson at 781-830-5740, or email him at rohlon@mnarn.org.
- **Join the new MNA Email Network.** Often the MNA needs to communicate with members and legislators quickly about pending bills. Members of the Email Network will be called on to take action and communicate with legislators on important issues throughout the year. Go to <http://capwiz.com/massnurses/mlm>.
- **Talk to your colleagues.** Talk to members of your bargaining unit and other colleagues about becoming activists with the MNA. Let other nurses know about opportunities to contact legislators, volunteer with campaigns, and make their voices heard. Encourage them to check the MNA Website often to get updates, www.massnurses.org.
- **Talk to those outside of nursing.** Talk to your family and friends about this issue. Get them involved in the campaign. When you call your legislator, have your family and friends call too.

or call MNA at (781) 821-4625.



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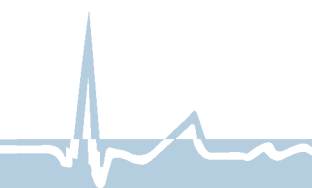
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The Truth About The Patient Safety Act

Don't listen to the hospital industry's distortions and fear-mongering.

Here are the facts about safe RN staffing limits:

THE DISTORTIONS	The Truth
There aren't enough nurses.	Massachusetts has the most RNs per capita in the nation – the problem is that fewer than half are willing to work at the hospital bedside under present conditions. Thousands more work only part-time. RNs say again and again that enforceable limits on patient loads are the one thing that would bring them back to front-line nursing.
We can't afford this.	The Massachusetts hospital industry recorded profits of nearly \$1 billion in 2005 and preliminary data shows even higher profits in 2006. Advertising budgets have increased sharply as have salaries for chief executives. Economic analysis of the Safe Staffing Act shows that the cost of implementation would represent only a fraction of those profits. What we cannot afford is the enormous costs associated with excessive turnover caused by current practices.
Hospitals will close.	That's what they said in California before that state passed and implemented a similar law three years ago. Since then, not a single hospital has closed as a result of this law. The measure is cost-effective, reducing expenses from patient complications and high turnover. Moreover, the bill provides for hardship waivers for hospitals with genuine financial woes.
There have been problems with staffing limits in California.	This is simply false. California's experience shows exactly why limits work: The number of actively licensed RNs in California increased by 60,000 immediately after the law took effect and has since grown by another 10,000 – far more than needed to meet the requirements of the law. California officials say, "...there seems to be no negative impact on the health care system... Our data shows that hospitals have been able to meet the lower ratios."
The bill is inflexible	What the hospitals really mean is, "We don't want anyone telling us what to do." The Patient Safety Act was crafted to provide considerable flexibility while still ensuring that limits are real and enforceable. Staffing limits must be tied to patient needs, the type of hospital floor involved, overall caseloads, and even financial needs. In addition, the Department of Public Health will have substantial discretion in enforcement. In truth, the only flexibility the hospital industry will lose is the flexibility to understaff.
It focuses on RNs, not the entire health care team	We respect all hospital workers and recognize their contributions to patient care. The bill expressly bars hospitals from implementing limits by laying off other workers. The fact is, however, that RNs are the cornerstone of hospital care. Scientific studies of patient outcomes show that better care is tied to more RN staffing – and only RN staffing. The "team" approach only appeared after the hospitals realized they were losing in the legislature.
This is just a union ploy	Support is deep and broad. One poll after another taken for the last five years has shown that 80 percent of the public wants safe staffing limits – and wants them now. The Patient Safety Act is supported by the Coalition to Protect Massachusetts Patients, an alliance of 104 health care and consumer advocacy groups, including the American Heart Association, the American Lung Association, Health Care for All, the Mass. Senior Action Council, and the Mass. Association of Older Americans.
Hospitals are working to solve the problem themselves	MNA, in concert with the research firm Andover Economic Evaluation, studied actual patient-nurse ratios and found no statistical improvement between 2004 and 2006, and also that more than 45 percent of hospitals had assigned eight patients or more to their nurses. The hospital industry's alternative to The Patient Safety Act is voluntary postings of staffing information on a website – a proposal so toothless it's ludicrous.



Top 10 Reasons We Need Safe Staffing Limits

The evidence is clear and the conclusion indisputable – limiting the number of patients assigned to an RN means improved patient safety and reduces wasted spending from medical complications and staff turnover.

Here is some of the key data:



There is a “strong and consistent”

link between nurse staffing levels and patient outcomes. Improved RN-to-patient ratios reduce rates of hospital-acquired infections, pneumonia, shock, cardiac arrest, gastrointestinal bleeding, and other adverse outcomes.

NEJM, May 2002



The higher the patient-to-nurse ratio in a hospital, the more likely there will be patient deaths

or complications after surgery. Each additional patient per nurse over 4 is associated with a 7% increase in mortality. The difference between 4 to 6 and 4 to 8 patients per nurse correlates with 14% and 31% increases in mortality, respectively.

JAMA, Oct. 2002



“Nurse staffing levels affect patient outcomes and safety.” Insufficient monitoring of patients – caused by poor working conditions and the assignment of too few

RNs – increases the likelihood of patient deaths and injuries. Avoidable medical errors kill up to 98,000 people in U.S. hospitals every year.

IOM Report, Keeping Patients Safe, Nov. 2003



An “unequivocal business case” can be made for increasing the level of registered nurse staffing

in hospitals. This move could pay for itself in fewer patient deaths, shorter hospital stays, and decreased rates of costly medical complications.

Health Affairs, Jan./Feb. 2006



Inadequate staffing precipitated

one-quarter of all unexpected occurrences that led to patient deaths, injuries, or permanent loss of function.

JCAHO Report, Nursing at the Crossroads, 2002



Poor hospital nurse staffing is associated with higher rates of urinary tract infections, post-operative

infections, pneumonia, pressure ulcers and increased lengths of stay. Better nurse staffing is linked to improved patient outcomes.

AHRQ Research in Action, March 2004



Minimum RN staffing levels are

more cost-effective than common hospital practices such as clot-busting medications for heart attack and stroke, and cancer screenings.

Medical Care, Aug. 2005



The cost of 4:1 patient-nurse limits on all Massachusetts medical surgical floors and 2:1

limits in all ICUs annually would be less than 1.5% of net patient services revenue.

Andover Economic Evaluation Report, Nurse Staffing Ratios in Massachusetts Hospitals, Sept. 2006



Unsafe staffing levels are

burning out nurses and increasing turnover rates. This study found the cost for advertising, training and loss in productivity associated with recruiting new nurses to a facility is \$37,000 per nurse at minimum and can add as much as 5% to a hospital's annual budget. The study concludes that improving working/staffing conditions is a primary strategy for hospitals that can generate significant cost savings.

Health Care Management Review, 2004



A study of physicians in Massachusetts found:

- 82% of doctors agree that the quality of care

in Massachusetts hospitals is suffering due to understaffing of RNs.

- 78% say RN staffing levels in hospitals are too low.
- 61% are aware of medical errors that occurred because of RNs having to care for too many patients at once.

ODC Report, Survey of Physicians, April 2005