

REPORT ON THE QUALITY OF CARE AT TUFTS MEDICAL CENTER

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- A Tufts Medical Center Nurse

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Introduction

On April 13th, a group of community leaders formed a Workers' Rights Board to take testimony from nurses at Tufts Medical Center at the Asian Community Development Center in Boston's Chinatown. Nurses at Tufts Medical Center, who are members of the Massachusetts Nurses Association, asked for this hearing to highlight the struggles they are facing in their workplace and the potential risk to their patients. Nurses claim that low nurse-to-patient ratios have created a crisis in patient care and are burning out nurses. In addition, floating nurses from one division to another, the use of mandatory overtime as a staffing mechanism and the regular use of travel nurses is creating chaos in the hospital. Over 70 nurses attended the event to hear testimony and questions from the Board. Rabbi Barbara Penzner, Co-Chair of the Jewish Labor Committee, chaired the panel and introduced Board members Jeff Stone, co-chair of the Greater Boston Civil Rights Coalition; Dr. Rachel Nardin, Chief of Neurology at Cambridge Health Alliance and Co-Chair of Massachusetts Physicians for National Health; Christina Knowles, Executive Director of Massachusetts National Organization for Women; and Benjamin Day, Executive Director of Mass-Care. "We are all here to be witnesses and to hear and to see and to document what it is that you have to share today," said Rabbi Penzner to the nurses testifying.

Testimony

Suzanne Gordon, a journalist and author who has been writing about nursing and healthcare issues for over 25 years, gave the first testimony. She testified as an expert on the field of nurse ratios and their effects on the quality of patient care. She has studied health care systems in California and Australia where nurse-to-patient ratios are regulated. She found patient care improved with these regulations, which Massachusetts lacks. The CEO of Tufts Medical Center, however, has actively fought any kind of regulation of staffing levels. "What we are seeing in healthcare today," said Ms. Gordon of cases like Tufts, "is patients in units who are in much more intense need of nursing care. These patients need more intensive treatment but are not getting it because of a drive to control the costs of health care. Since the 90's there is this pressure to cut cut, cut, and cut again." Ms. Gordon explained that this pressure has resulted in reductions in nursing staff, which has led to a crisis in staffing with managers unable to speak out for fear of losing their jobs. Ms. Gordon told of a nurse manager fired in Kentucky for complaining about the lack of patient staffing standards. She also found that when nurses were sent to work on a floor that was not their specialty, patient care suffered. Nurses often wait until things are unmanageable to ask for relief from dangerous staffing levels, because they feel that if they complain, they are admitting that they cannot give the quality of care that they pride themselves on giving. "[Nurses] just take way too much, which comes out in that they have more back, neck and muscle injuries than construction workers and baggage handlers, more stress-related injuries than the rest of the population." There have

been 60 studies of the impact of nurse staffing on patient care and it has become clear that patients need better staffing levels. One study in the Journal of the American Medical Association found that any time a medical-surgical nurse has more than four patients at one time, the risk of injury or death for all the patients under the nurse's care increases by 7 percent per patient. So if a nurse has a seven or eight patients instead of the recommended four, the risk of death for all those patients is 31 percent higher. . Because of staffing issues more patients died on nights and weekends. There is another study that connects infections to hand washing. If nurses have too many patients they don't have time to wash their hands. We had another study in the New England Journal of Medicine that connected nurse staffing to patient mortality and a number of other complications..” She went on to point out that Tufts CEO Ellen Zane was inaccurate in stating, “I will never allow nurse-to-patient ratios,” because there are already patient ratios in place and budgeted for, they are just not formalized. Ms. Gordon concluded, “We need to have ratios now. We have them in the air, we have them on the ground, we have them in school, and we have them in day care centers. It's really a no brainer—we need to protect patients and we need to protect the people who take care of those patients.”

Barbara Tiller, the chairperson of the Tufts Bargaining Committee and a nurse for 22 years at Tufts, was the next to testify. She presented the Board with a 12-inch stack of unsafe staffing reports. These forms are filled out each time there is an incident that a nurse at Tufts felt was unsafe; the form describes individual situations in which staffing was inadequate, what changes would be necessary to have guaranteed quality care, and the nurse's interaction with management after reporting the problem. The stack highlighted the fact that management is not prioritizing quality of care. Management cites the need to keep the costs of health care down and often dismisses nurses' complaints. Ms. Tiller highlighted the fact that Tufts has the highest ratio of patients to nurses in the city, a dramatic change from being one of the lowest in recent years. Management's inability to understand the needs of patients and to address this crisis is frustrating the staff at the hospital. Ellen Zane continues to focus on bringing in more ICU patients in an attempt to bring in more profits because she views them more like “boarders.” Ms. Tiller points out, “When you go out and you get a full blown cardiac arrest... you can't take care of that with a three-patient assignment with less nursing staff...”

“We are very specialized, very experienced nurses, and we're very proud of the history of the caring that we've done for our patients in Tufts: family, patient centered [care], and we're proud.” Ms. Tiller concluded “So they [management] were leaving us in inadequate situations and our patients were actually suffering at some points. We would be glad to share some of the stories, which are pretty incredible and pretty painful for us. We do the best that we can, but it's not always good enough and we know it. Management should know it, but they choose not to listen, so that's what brings us here, in a nutshell. “

A historical overview of negotiations was given by **Cathy Proctor**, bargaining committee leader and nurse at Tufts Medical Center. Nurses have been negotiating since November of 2010. The key issues they are fighting for are better staffing levels and an end to “floating.” Floating is a practice of sending nurses from one division to another, even as dissimilar as a cancer ward and pediatrics. Nurses have sent two letters to the Board of Trustees regarding their concerns, but have had no response to either letter. “Tufts Medical Center has been known in the past as one of the best staffed hospitals in the city,” said Ms. Proctor, “every nurse here has worked in those days where we took enormous pride in the care we gave our patients.” This began to change when the current CEO Ellen Zane was brought in. Zane brought in a new management team whose focus was Six Sigma, the Toyota model of workplace management, based on factory-style production methods. Nurses are now caring for more patients than ever. “The leaner staffing model that she put in [place] changed our model from 4:1 to 7:1. [This model] didn’t work for Toyota. It brought them to their knees and it is bringing us to our knees,” she concluded. When the issues created by the lean system confront management, management replies that “it is a work in progress.” The crisis that management has created has left Tufts nurses no choice but to vote to authorize a strike. The vote took place the day before this hearing, and over 70% of nurses voted to strike. The nurses have since issued a notice of their intent to strike as of May 6th.

Cheryl Hurley, a nurse who works with cardiac patients at Tufts, testified about why she would not insist on bringing her family to Tufts for medical care. Her husband became very ill in 2009 and required one-to-one patient care in the ICU at Tufts. Doctors told her that her husband might never recover and may need to be institutionalized. Ms. Hurley credits the one-to-one care that the nurses gave him as the reason her husband did recover and is healthy today. “I do credit the excellent nursing care at Tufts for saving his life. I am here today to tell you that if put in the same position, I can honestly say, I would NOT fight for him to be sent to Tufts where he could potentially be one of three patients at the ICU. I would advocate that he be placed at another Boston hospital.” She concluded, “It pains me to say that. After working here for over 20 years and, to be honest with you, I’m a little bit embarrassed to say that, but it’s the truth.”

Mary Havlicek came forward to read a letter from a nurse who was too afraid to speak and to share her own experience as a 23-year veteran at Tufts. The letter tells the story of a patient whose life was put in extreme danger because a travel nurse did not follow protocol and the other nurses were too busy to figure out that the travel nurse was overmedicating a patient. She spent the better part of the day stabilizing the over-medicated patient at the expense of the other patients on her case load. The nurse who wrote the letter stated, “These family members were at bedside wondering why the nurse (me) hadn’t made these patients the priority...Needless to say I didn’t feel like a safe practitioner and I certainly did not feel like a good nurse. I felt like a helpless victim of a machine that is bigger than any of us and our patients. A management-heavy, worker-light machine.”

Ms. Havlicek concluded, "There was a time when I firmly I believed that we had the best cardiac step-down unit in the city Boston, maybe even on the East Coast. Now I am ashamed of what we have become and fearful of where we are going. I have personally started requiring blood pressure medication for my own health."

Maureen Keeley, a neo-natal nurse of 20-plus years, tearfully told of taking care of sick infants with limited staff. Tufts has a 41-bed unit with an average of 33 patients a day. They never really know how many patients they will have in a day. They also do transports – nurses drive patients to the hospital or to smaller local hospitals. When nurses leave to bring the kids to these hospitals or pick up sick kids, the nurses that stay behind must pick up their slack. They had a 6-week period where they had 40-46 kids. "It is terrible to come to work and leave every day feeling like you are treading water, like you are not giving good care."

Michelle Dixon, an ICU nurse that floats throughout the hospital, read a letter from another nurse that was unable to come to speak. "The decline is horrific," she said. "What I have is a letter about the simple issues that make us sick. If this is the minor thing that is happening you can't imagine the major." The letter was written by Ann Lydon, a nurse who has worked for 23 years at Tufts and chose Tufts out of all of the other hospitals. She told stories of the decline of care, including the story of a patient who went missing for 3½ hours before someone noticed. There was a story about a patient whose blood pressure was not reported by a tech, a potentially fatal mistake. "People just don't know patients' status because they do not have the time to spend looking at their charts or [talking with] people," the letter concludes.

Ms. Dixon told a story of one of her patients, a 90-year-old man she drew blood from prior to a knee replacement. While drawing blood, she had a lively conversation with the man and his grandson. Four days later she was called to put an IV in him again. When she arrived in the room the patient was unresponsive. Michelle was worried that he had had a stroke or some other event. She sought out the nurse in charge of the patient and was told "that is his base line, he is ninety." The nurse was a floating nurse that had not had any pre-op conversation with the patient. Ms. Dixon concluded "Four days ago he was a walking talking man. If I am the only one who noticed that, the system is broken."

Tufts nurse **Bonnie Corrigan** confirmed that nurses are being stretched beyond their limits, and the declining quality of care is showing up in some of the statistics. There are 40 measurable statistics for nurses, one of which is the "Press Ganey (patient satisfaction) Score," which has been falling. According to Ms. Corrigan, this has been showing up but management keeps saying, "it's a work in progress." "As nurses we can't wait for mortality and morbidity to increase. We can't wait for them to get some data out a year later that says, "Oh, look at that, they increased their deaths by 7%' - that's someone's mother!"

“We are trained to care for patients and we have to stand up for them now,” Ms. Tiller added. In order to get measurable numbers on quality of care, there has to be reporting, and there is a question as to what is being reported, how often incidents are actually reported, and where that information is going. “Ellen Zane goes around toting numbers, I don’t know where she got them from but she quotes them like they are the Bible and they are wrong. I’d really like to see her explain them.”

For **Anne Marie McDonough**, one of the major issues she has seen in her 10 years has been an increase in patients, a decrease in staff, and an unrealistic focus on standardization and protocol roll-out. The protocols focus on preventing errors that hospitals won’t get paid for, such as falls, hospital-acquired infections, and so forth. As a consequence of rules oriented towards hospital reimbursement, “Nurses focus on these things instead of the entire patient. What is happening to the rest of the patient, including the issue they got in for?”

There were questions about doctors and their relation to safe staffing. “Doctors are supportive of us, but Ellen Zane has told them, this is a nursing issue: shut up and stay out of it,” stated Ms. Tiller. So now we are really disappointed by this. Trustees have been unresponsive. Residents feel it; the doctors who have been here over the past 3 years feel it and talk to us about it.”

A letter was sent to Tufts management inviting them to give testimony at this hearing via mail, email, and fax. **Daryl Bridges** of Massachusetts Interfaith Worker Justice reported that the seats reserved for them were empty. “Do not lose heart in this. Management shamed themselves by not coming to hear you today, and though they may have chosen not to come and listen, we will make sure that through the community, through your work, and through faith, they will hear you. I want you to go forward and see to this fight,” he concluded.

Conclusions of the Board:

This is a fight over the future of health care: “I think as someone who also works with patients, it is excruciatingly painful to feel that you are prevented by a system to do what you know is right for a patient,” stated Dr. Nardin. “This is at the heart of a much larger fight about the future of medicine... I hear you talking about a bureaucratizing system that is narrowly focused on measurable goals rather than patient care, which is top heavy with management and people measuring all these things and fewer and fewer people giving care.” We need to move toward a system of health care that puts patients over profits. Money and staff time need to be refocused on providing high-quality patient care.

The System is broken: “Everybody in American health care is looking to control costs. This is a bad way to control health care costs,” stated Jeff Stone. “Tufts

should not be proud of their ratios. These marked changes over the past two years created this problem. Learning organizations revisit strategies to see if they are working, and Tufts should revisit its most recent strategies.“ Dr. Nardin added, “This is a fight that is about the future of medicine... about care givers saying ‘No! I don’t want to work in a Toyota factory! We want to take care of patients.’ This is so important - stick up for what you know is right.” Tufts needs revisit its use of Six Sigma and listen to the voices of the people who actually provide care.

Staffing Levels need to be standardized at Tufts and by our Legislature.

Suzanne Gordon pointed out that there are ratios in many other industries that work with sensitive clients, such as day care and fire departments. It only makes sense that nursing care ratios be standardized. Christina Knowles pointed out, “I know that nurses are the frontline of patient care and safety. I know first hand—one weekend, nurses completely forgot I was there and couldn’t bring me my medicine because they were so crazed, and because they were understaffed.” Benjamin Day added, “I remember over the last two years, during the fight over setting safe staffing ratios, hospitals replied that ratios were unnecessary because we could rely on transparency and having hospitals report their ratios, so that hospitals would be shamed into providing good care. Here we are today with transparent ratios and Tufts is now the bottom of the stack, but nothing is improving. I think it is a powerful story that shows that transparency is not enough to protect patients. This needs to be addressed at the policy level.”

This is a moral issue: With tough economic times, people look to make cuts, and sometimes there is a failure to recognize the individual impact of cuts on people with real names and real stories. Rabbi Penzner eloquently made the point as she told the nurses, “This is not a fight about numbers, not about the survival of a big name institution, and not about shareholders. You are responsible to the patients and that is what this fight is all about. You are the people on the front lines and I wish to continue with your courage and perseverance to continue this fight on behalf of those who can’t speak. I also wish you a sense of hope that you will win this fight. “

Nurses at Tufts are right in demanding safe, quality patient care. Their testimony showed the commitment of these workers to the people that they care for and the connection of their struggle to our health. We are deeply concerned about the rigid position taken by Tufts Medical Center management in these negotiations, specifically there refusal to engage in any dialogue with the nurses over the nurse’s most pressing concern, which is the need for an improved and enforceable staffing plan to ensure safer patient care. We are also concerned that instead of negotiating with the nurses, management has used its resources and energy to publicly castigate the nurses and to misrepresent their legitimate concerns for their patients and this community. We are appalled to learn that instead of negotiating a settlement to improve care, the hospital has committed, by its own public statements to spend a minimum of a million dollars per day to

force the nurses to strike, and then lock them out for a minimum of five days. This action is reckless and punitive, not only to the nurses and the other employees impacted by this action, but to the patients who will be admitted to this hospital to be cared for by nurses flown in from all over the country who have no experience in working in what is admittedly a very complex hospital environment.

We call upon the hospital's board of trustees and all public officials with a connection to this medical center to exert whatever pressure is needed to convince Tufts Medical Center's management to listen to their nurses and negotiate a safe and healthy work environment for the patients and the nurses who care for them.