



Member Instructions

- When your Team Captain gives you the petitions, they will tell you how and when to return them.
- You will have your copy of your pledge sheet with the names of your family, friends and neighbors. You will also be provided with the official blank petitions.
- In your packets are samples of the correct way and the wrong way to get the petitions signed.
- See below for the “Do's and Dont's” of the process.
- When you return the completed petition with all your signatures to the Team Captain the process is complete.
- As we move forward there will be an opportunity to help in the other aspects of the campaign. Let your Team Captain know if you want to help in our continued efforts.
- **Remember this just gets us on the ballot – it is the next step in the process to qualify for the Nov. 2014 ballot- we still have to wage and win the campaign at the ballot box next year.**

Do's And Don'ts

- Don't forget to sign one of the petitions yourself. You can only sign once, but if you are the first signature on your sheet it's helpful for others to see how to fill it out correctly. You need to write the town in the box at the bottom of each petition that you are having people sign (in most instances you will know or have the person's address handy from their pledge sheet, but if not, it's best to ask people what town they are from before they actually start signing so you make sure they sign the right petition.)
- Each person on your pledge sheet should sign the official petition on the correct petition sheet corresponding to the town where s/he lives - **you will need to start a new petition for each different town on your pledge sheet.** For example, all pledges who live in Boston or one of its neighborhoods can sign on the Boston sheet. If you have pledges from 3 different cities/towns, i.e. Boston, Somerville and Cambridge, you will need to have separate petitions for each town/city.
- You cannot have someone else sign for you i.e. a family member or spouse cannot sign for another person unless you are prevented from signing by a physical disability.
- On the petition, you don't need to worry about filling out the Ward or Precinct columns. Having said that, do not cross those columns out or write on the petitions. Extra markings may disqualify the whole sheet and we don't want that to happen.
- Please don't sign with an abbreviated name or nickname- use your full name.
- Use residential addresses only- no PO Boxes will be accepted.

Helpful information to know

- If you can't find one of your pledges, it is ok to replace them by having another registered Massachusetts voter sign your petition.
- If you want to collect more signatures you can. However, anyone that signs must be a registered voter in Massachusetts and sign on the correct petition by the town you fill in on the bottom of the form.
- If you or a pledge member have moved recently, write down the last address where you or the person remember voting. If in doubt, it is permissible to sign the petition twice using the different addresses so at least one will be approved and the other disqualified (if the voter's old and new address involve 2 different towns- again, please use two different petitions indicating the name of the town at the bottom.)
- If a mistake is made, you don't need to cross out anything, just have the person sign on the next line of the petition. Extraneous marks as well as coffee spills/marks on the petition form can invalidate the sheet.
- Doublecheck the signature to make sure it is legible, if you can't read someone's signature, then just ask them to print - or you can print- their name in the same column where they signed. It actually can help the town and city clerks better read and hence validate the signature.
- NOTE: Signing the petition only indicates one's support to have the question get on the ballot, it does not commit anyone to vote for it.

Tools for the Ballot Initiative Battle

- **"Just Ask" at PatientSafetyAct.com:** The recently launched "Just Ask" campaign is a grassroots effort to create awareness with the public about the safety and protections that should be available to every patient who is admitted to a hospital. Found online at PatientSafetyAct.com, the web site is replete with facts and background information, and also includes an easy-to-use letter writing tool that the public can use to contact the legislature about safe patient care.
- **Facebook:** Located at facebook.com/JustAskAboutPatientSafety, this public forum provides a perfect venue to networking, collaborating and organizing in support of patient safety. Visit and "like!"
- **Twitter:** Read tweets, share your tweets, and re-tweet what's hot on and from twitter.com/PatientSafetyMA
- **Petition Drive:** For MNA members ready to jump into signature gathering, the MNA can teach you and give you everything you need for easy success. From background info to petition forms, everything you'll need is ready to go. Simply contact Eileen Norton at 781-830-5777.



THE BALLOT INITIATIVE: WHAT IT DOES

- Sets a safe maximum limit on the number of patients assigned to a nurse at one time
- Provides hospitals with the flexibility necessary to adjust patient assignments based on the specific needs and care requirements of each patient
 - * The law requires the creation of a system to evaluate a patient's needs for care, and for hospitals to adjust patient assignment should that patient require closer monitoring to stay safe
 - * Today, hospitals rarely adjust staffing based on the needs of the patients.
- Supported by dozens of prominent scientific research studies
- The studies indicate, beyond any reasonable doubt, the necessity of limits if we are to avoid mistakes, serious complications and preventable readmissions
 - * Ex: Higher nurse workloads are associated with more patient deaths, complications, and medical errors — “State Mandated Nurse Staffing Levels Alleviate Workloads, Leading to Lower Patient Mortality and Higher Nurse Satisfaction,” Agency of Health Research and Quality, AHRQ Healthcare Innovations Exchange, Sept. 26, 2012
 - * For every patient assigned to a nurse above a limit of 4, the risk of death and failure to rescue increases by 7 percent per patient. JAMA, 2003
 - * Each additional patient assigned to an RN is associated with a 53 percent increase in respiratory failure, a 7 percent increase in the risk of hospital-acquired pneumonia, and a 17 percent risk in medical complications — AHRQ Publication No. 08-0043, 2008

WHY A BALLOT INITIATIVE: THE NEED

- Dramatic changes have and are taking place within the hospital industry driven by state and national health care reform, including the merger, consolidation and conversion of non-profit hospitals into larger corporate networks owned by Wall Street investment funds
- The hospital industry's response to these changes has been to cut staff and to reduce services in an attempt to boost hospital profit margins at the expense of patients' safety
- Today, people are only ADMITTED to the hospital because a patient's condition is so severe that they require around-the-clock attention
- Nurses are specially trained to monitor your condition from minute-to-minute and to take immediate action to prevent complications or to save your life
- **THERE IS NO LAW** and there are no standards in Massachusetts for the number of patients that can be assigned to a nurse at one time
- There are **NO REQUIREMENTS** for hospitals to provide a safe level of nursing care
- It is not uncommon for nurses in Massachusetts to have six, seven or even eight seriously ill patients at one time
- Consider this; if you place your perfectly well child in daycare, there is a law that sets a safe limit on the number of children your daycare provider can care for at one time. However, if your child suffers an injury or illness and requires hospitalization, there is no limit on the number of acutely ill children assigned to your child's nurse. Does this make any sense?

THE CORRECT WAY TO FILL OUT SAFE STAFFING BALLOT PETITION



The Commonwealth of Massachusetts AN INITIATIVE PETITION FOR A CONSTITUTIONAL AMENDMENT

Under Article XLVIII of the Amendments to the
Constitution of the Commonwealth

SUMMARY

This proposed constitutional amendment would impose an obligation and duty on the state Legislature and executive officials, on behalf of the Commonwealth, to enact and implement laws to ensure that no Massachusetts resident is denied access to comprehensive, affordable, equitably distributed, and medically necessary preventive, acute and chronic health care services, prescription drugs and devices.

FILING DEADLINES. Initiative petitions must be submitted to local election officials for certification of signatures no later than **5 p.m. on Wednesday, November 23, 2011.** Local election officials must complete their certification no later than December 5, 2011. Thereafter, initiative petitions containing certified signatures must be retrieved by petitioners from the local election officials and then filed with the Elections Division, Office of the Secretary of the Commonwealth, One Ashburton Place, Room 1705, Boston, MA, no later than **5 p.m. on Wednesday, November 23, 2011.**

FIRST TEN SIGNERS

Lauren K. Werman	893 Dewey Street	West Springfield
Nicole M. Lachapelle	225 Main Street	West Springfield
Joseph P. McCoy	11 Clapp Street	West Springfield
Sophia E. Jeffery	115 Wellington Street	West Springfield
Norma J. Hill	62 Bates Road	West Springfield
Warren H. Hill	62 Bates Road	West Springfield
Corinne Wingard	194 Elm Street	West Springfield
Paul E. Boucher	194 Elm Street	West Springfield
Phyllis M. Boucher	194 Elm Street	West Springfield
Richard Peck	194 Elm Street	West Springfield

These names have been certified as names of registered voters in their places of residence. Original petition was filed on September 7, 2011.

William Francis Galvin

SECRETARY OF THE COMMONWEALTH OF MASSACHUSETTS

REGISTRAR USE ONLY:

ONLY REGISTRAR MAY WRITE IN THIS AREA

INSTRUCTIONS TO CIRCULATORS AND SIGNERS

- **DO NOT ALTER THIS INITIATIVE PETITION IN ANY WAY. ADDITIONAL MARKINGS ON THIS PETITION WILL DISQUALIFY ANY SIGNATURES ON THIS PETITION SHEET.**
- For your signature to be valid, you must be a registered voter in the city or town named below and your signature should be written substantially as registered. **DO NOT** sign the same petition more than once.
- If you are prevented by physical disability from writing, you may authorize some person to write your name and residence in your presence.

REGISTRAR USE ONLY	I. SIGNATURE to be made in person with name substantially as registered (except in case of physical disability as stated above)	II. NOW REGISTERED AT (street, number and apartment number, if any) (city or town will be the same as stated below)	WARD	PREC.
1	<i>Ellen F. Norton</i>	<i>8 Old Field Rd. Plymouth</i>		
2				
3				
4				
5				
6				
7				
8				

1. In this box: NO NICKNAMES! Sign your name as it appears on your driver's license. You must be a Massachusetts registered voter.

2. Enter your address here. NO PO BOXES.

3. Insert the name of the city or town. Only residents of this city or town can sign this petition.

ONLY REGISTERED VOTERS OF

Plymouth
(OVER)

MAY SIGN THIS SHEET.

F

THE INCORRECT WAY TO FILL OUT SAFE STAFFING BALLOT PETITION



The Commonwealth of Massachusetts AN INITIATIVE PETITION FOR A CONSTITUTIONAL AMENDMENT

Under Article XLVIII of the Amendments to the
Constitution of the Commonwealth

SUMMARY

This proposed constitutional amendment would impose an obligation and duty on the state Legislature and executive officials, on behalf of the Commonwealth, to enact and implement laws to ensure that no Massachusetts resident is denied access to health care services, prescription drugs and devices.

FILING DEADLINES. Initiative petitions must be submitted to local election officials for certification of signatures no later than 5 p.m. on **Wednesday, November 23, 2011**. Local election officials must complete their certification no later than December 5, 2011. Thereafter, initiative petitions containing certified signatures must be retrieved by petitioners from the local election officials and then filed with the Elections Division, Office of the Secretary of the Commonwealth, One Ashburton Place, Room 1705, Boston, MA, no later than 5 p.m. on **Wednesday, December 7, 2011**.

FIRST TEN SIGNERS	Lauren K. Werman	893 Dewey Street	West Springfield
	Nicole M. Lachapelle	225 Main Street	West Springfield
	Joseph P. McCoy	11 Clapp Street	West Springfield
	Sophia E. Jeffery	115 Wellfleet Street	Westfield
	Norma J. Hill	62 Bates Road	Westfield
	Warren H. Hill	62 Bates Road	Westfield
	Corinne Wingard	59 Westfield Street	Agawam
	Paul E. Boucher	59 Westfield Street	West Springfield
	Phyllis M. Boucher	59 Westfield Street	West Springfield
	Richard Peck	59 Westfield Street	West Springfield

These names have been certified as names of registrars of residence. Original petition was filed on September 1, 2011.

William J. Sullivan
SECRETARY OF THE COMMONWEALTH OF MASSACHUSETTS

REGISTRARS ONLY:
ONLY REGISTRAR MAY WRITE IN THIS AREA

INSTRUCTIONS TO CIRCULATORS AND SIGNERS

- DO NOT ALTER THIS INITIATIVE PETITION IN ANY WAY. ADDITIONAL MARKINGS ON THIS PETITION WILL DISQUALIFY ANY SIGNATURES ON THIS PETITION SHEET.
- For your signature to be valid, you must be a registered voter in the city or town named below and your signature should be written substantially as registered. DO NOT sign the same petition more than once.
- If you are prevented by physical disability from writing, you may authorize some person to write your name and residence in your presence.

REGISTRAR USE ONLY	I. SIGNATURE to be made in person with name substantially as registered (except in case of physical disability as stated above)	II. NOW REGISTERED AT (street, number and apartment number, if any) (city or town will be the same as stated below)	WARD	PREC.
1	<i>Jan E. Riving</i>	893 Dewey St. U.Spfld		
2	<i>Eugene F. Norton</i>	8 Old Field Rd Plymouth		
3	<i>Stephanie H. Long</i>	26 Armstrong St. JP		
4	<i>Harold Hukker</i>	11 Linden place #2 Brookline		
5				
6				
7				
8				

This is wrong because the signatures are from different cities and towns. This petition is for Boston registered voters.

ONLY REGISTERED VOTERS OF **BOSTON** MAY SIGN THIS SHEET.
(OVER)

F

Patient Safety Act

Be it enacted by the People, and by their authority, as follows:

Section 1. Chapter 111 of the General Laws is hereby amended by adding the following sections 229 to 235:

Section 229. Definitions

As used in sections 229 through 235 the following words shall have the following meanings:

A patient is said to be assigned to a registered nurse if the registered nurse accepts responsibility for the patient's nursing care.

"Facility", a hospital licensed under Section 51, of Chapter 111 of the General Laws, the teaching hospital of the University of Massachusetts medical school, any licensed private or state-owned and state-operated general acute care hospital, an acute psychiatric hospital, an acute care specialty hospital, or any acute care unit within a state operated healthcare facility. This definition shall not include rehabilitation facilities or long-term care facilities.

"Health Care Workforce", personnel employed by or contracted to work at a facility that have an effect upon the delivery of quality care to patients, including but not limited to registered nurses, licensed practical nurses, unlicensed assistive personnel, service, maintenance, clerical, professional and technical workers, or other health care workers.

"Nursing care", care which falls within the scope of practice as defined in Section 80B of chapter 112 of the General Laws or is otherwise encompassed within recognized standards of nursing practice, including assessment, nursing diagnosis, planning, intervention, evaluation and patient advocacy.

Section 230: The maximum number of patients assigned to a registered nurse in a facility shall not exceed the limits enumerated in this section. However, nothing shall preclude a facility from assigning fewer patients to a registered nurse than the limits enumerated in this section.

- A. In all units with intensive care patients and in all units with critical care patients, the maximum patient assignment is one (1) patient. A registered nurse in such units may accept a second intensive care or critical care patient if that nurse assesses that each patient's condition is stable.
- B. In all units with step-down/intermediate care patients, the maximum patient assignment of step-down/intermediate patients is three (3).
- C. In all units with post anesthesia care (PACU) patients the maximum patient assignment of PACU patients under anesthesia is one (1). The maximum patient assignment of PACU patients post anesthesia is two (2).
- D. In all units with operating room (OR) patients the maximum patient assignment of OR patients under anesthesia is one (1). The maximum patient assignment of OR patients post anesthesia is two (2).
- E. In the Emergency Department:
 - The maximum patient assignment of critical care or intensive care patients is one (1). A registered nurse may accept a second critical care or intensive care patient if that nurse assesses that each patient's condition is stable.
 - The maximum patient assignment of urgent non-stable patients is two (2).
 - The maximum patient assignment of urgent stable patients is three (3).
 - The maximum patient assignment of non-urgent stable patients is four (4).
- F. As used in this subsection, couplet shall mean one mother and one baby. In all units with maternal child care patients:
 - The maximum patient assignment of active labor patients is one (1) patient.
 - The maximum patient assignment during birth is one nurse responsible for the mother and, for each baby, one nurse whose sole responsibility is the baby.
 - The maximum patient assignment of immediate postpartum patients is one couplet, and in the case of multiple births, one nurse for each additional baby.
 - The maximum patient assignment of postpartum patients is six (6) patients or three (3) couplets.

- The maximum patient assignment of intermediate care babies is three (3) babies. The nurse may accept a fourth intermediate care baby if the nurse assesses that each baby's condition is stable.
- The maximum patient assignment of well-baby patients is six (6) babies.

G. In all units with pediatric patients the maximum patient assignment of pediatric patients is four (4).

H. In all units with psychiatric patients the maximum patient assignment of psychiatric patients is five (5).

I. In all units with medical, surgical and telemetry patients the maximum patient assignment of medical, surgical and telemetry patients is four (4).

J. In all units with observational/outpatient treatment patients the maximum patient assignment of observational/outpatient treatment patients is four (4).

K. In all units with transitional care patients the maximum patient assignment of transitional care patients is five (5).

L. In all units with rehabilitation patients the maximum patient assignment of rehabilitation patients is five (5).

M. In any unit not otherwise listed the maximum patient assignment is four (4).

Section 231: Each facility shall implement the patient limits established by Section 230 without diminishing the staffing levels of its health care workforce.

Section 232: The Massachusetts Health Policy Commission shall promulgate regulations governing the implementation and operation of this act.

Section 233: Patient Acuity System. Each facility shall develop a patient acuity system, to determine if the maximum number of patients that may be assigned to a unit's registered nurses on a particular shift should be lower than the limits specified in Section 230, in which case that lower number will govern for the duration of that shift. The patient acuity system shall be written so as to be readily used and understood by registered nurses, and it shall consider criteria including but not limited to: (1) the need for specialized equipment and technology; (2) the intensity of nursing interventions required and the complexity of clinical nursing judgment needed to design, implement and evaluate patients' nursing care plans consistent with professional standards of care; (3) the skill mix of members of the health care workforce necessary to the delivery of quality care for each patient; and (4) the proximity of patients, the proximity and availability of other healthcare resources, and facility design. A facility's patient acuity system shall, prior to implementation, be certified by the Health Policy Commission as meeting the above criteria, and the Commission may issue regulations governing such systems, including their content and implementation.

Section 234: This act shall not be construed to impair any collective bargaining agreement or any other contract in effect as of July 1, 2015 that permits limits that are greater than the limits established by this act but shall have full force and effect upon the earliest expiration date of any such collective bargaining agreement or other contract. Nothing in this act shall prevent the enforcement of terms in a collective bargaining agreement or other contract that provides for lower limits than those established by this act.

Section 235: Enforcement. A facility's failure to adhere to the limits set by Section 230 and adjusted pursuant to Section 233, shall be reported by the Health Policy Commission to the Attorney General for enforcement, for which the Attorney General may bring a Superior Court action seeking injunctive relief and civil penalties. A separate and distinct violation, for which the facility shall be subject to a civil penalty of up to twenty-five thousand dollars, shall be deemed to have been committed on each day during which any violation continues after written notice thereof by the Health Policy Commission to the authority in charge of the facility is received. The requirements of this act, and its enforcement, shall be suspended during a state or nationally declared public health emergency.

Section 2: Severability. The provisions of this law are severable, and if any clause, sentence, paragraph or section of this law or an application thereof shall be adjudged by any court of competent jurisdiction to be invalid, such judgment shall not affect, impair, or invalidate the remainder thereof but shall be confined in its operation to the clause, sentence, paragraph, section or application adjudged invalid and such clause, sentence, paragraph, section or application shall be reformed and construed so that it would be valid to the maximum extent permitted.

Section 3: The provisions of Sections 229 to 235 shall be effective commencing on July 1, 2015, except that regulations required by Section 232 and 233 shall be promulgated to be effective no later than January 1, 2016. ■

SAFE STAFFING BALLOT INITIATIVE DEADLINES

2013

JUL

By end of July
Ballot
Committee
submitted
with 10
signators

AUG

August 7
Deadline to
submit ballot
initiative
language to
Attorney
General

Assemble and
customize
petition
packets

SEP

September 4
Attorney General
notifies us that
language has
been certified;
Notify Secretary
of State to print
blank petitions

September 18
Secretary of State
must give us
blank petitions

September 20
Begin to
distribute packets
to MNA members

OCT

Oct. 10 and 11
MNA Convention
in Hyannis

NOV

November 20
Deadline to
submit petitions
with signatures to
the city/town
clerks for
certification

DEC

December 5
Deadline for
city/town to
complete
certification and
return petitions
to us

December 7
Deadline for
us to deliver
petitions to
the Secretary
of State

2014

MAY

May 7
First day we can
notify Secretary
of State that we
intend to
collect the
second round
of signatures

May 21
By this date
the Secretary
of State must
give us blank
petitions

JUN

June 18
Deadline to
submit petitions
with signatures
to the city/town
clerks for
certification

June 30
Deadline for
city/town clerks
to complete
certifications
and return
petitions to us

JUL

July 2
Deadline for
us to deliver
petitions to
the Secretary
of State