P R E S S R E L E A S E

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MNA Holds Joint Press Conferences Today Outside Tufts Medical Center in Boston and St. Vincent Hospital in Worcester As Nurses Re-File Bill to Set Safe Staffing Levels and Introduce Bill to Ban Forced Overtime in Hospitals

Nurses Point to Conditions Showing These Hospitals Serve As “Poster Children” for the Need to Pass the Safe Staffing Bill. Nurses Believe Without Action to Improve Conditions, Thousands of Patients Will Continue to Suffer and Nurses Across the State May be Forced to Strike to Win Needed Protections

BOSTON, MA -- Leaders from the Massachusetts Nurses Association, along with registered nurses from Tufts Medical Center in Boston and St. Vincent Hospital in Worcester held joint press conferences outside the two facilities today to detail their concerns about patient safety at their hospitals and to call for legislative support for, and passage of, long-sought legislation to set safe patient limits for nurses, as well as a bill to ban the dangerous practice of mandatory overtime as a means of staffing hospitals.

“We have chosen these two hospitals for these events because they are poster children for deplorable staffing practices that are representative of a growing trend in the industry statewide and nationwide,” said Donna Kelly-Williams, president of MNA. “In fact, bedside nurses at both hospitals have been working to address dangerous staffing conditions that have resulted in more than 1,300 reports of unsafe situations at both facilities in the last year where patient care was compromised.”

At the press conference outside Tufts Medical Center dozens of nurses from the facility, along with nurses from other facilities from Greater Boston, attended the event with many of the Tufts nurses wearing black scrubs, a weekly practice for the nurses at the hospital who wear black to symbolize the deterioration in patient care since hospital management implemented a new staffing model that has resulted in nurses being forced to care for more patients at one time, while also using mandatory overtime, and the floating of nurses (i.e., moving nurses from floor to floor to cover for staffing shortages) as a means of staffing the hospital. As a result of the staffing changes, Tufts Medical Center, which according to its CEO, cares for the sickest patients in the state, has become the worst staffed hospital in the city, and the only hospital that forces nurses in the intensive care unit to sometimes care for three patients at a time.

According to Barbara Tiller, a long-time nurse at the hospital and chair of the MNA local bargaining unit, in the last year these practices have led to the filing of more than 520 reports of incidents that jeopardized patient care, and have caused the nurses to call upon the legislature to finally act to address the issue by regulating RN staffing levels, while also causing the nurses to seek improvements in staffing through their ongoing union contract negotiations.

“It is with the utmost concern for the safety of our patients that I, on behalf of the 1,100 nurses of Tufts Medical Center, am taking this opportunity to appeal for legislative support for desperately needed legislation to set staffing levels and stop the use of forced overtime in this and other hospitals,” Tiller stated. “Issues that are occurring from larger patient assignments include delays in nursing assessment, delayed administration of medications and tests, nurses missing significant changes in patients’ health status, poor patient outcomes, patients falling due to lack of assistance in getting up and moving and patients being left in soiled beds for hours at a time.”

Tiller added, “I see nurses all over the hospital going home late and in tears over how bad their shift was, hearing that they spend sleepless nights wondering what they missed, or feeling horrible about not being able to provide the level of care they know their patients deserve. Even one of these occurrences is unacceptable, but to have it happening nearly every day is disgraceful, and it is patently dangerous.”

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The St. Vincent Hospital press conference also drew a crowd of nurses from the facility, with attendance from nurses who work in the UMass Memorial Health Care system, with all speakers pointing to serious problems with staffing and patient safety throughout all of Central Massachusetts.

Marlena Pellegrino, RN, a medical surgical nurse at St. Vincent and chair of the nurses’ MNA local bargaining unit, presented a foot-high stack of more than 800 reports of unsafe conditions at the facility. She also reminded the media that in 2009, the DPH released a report that showed that St. Vincent Hospital had more serious medical errors and patient care mistakes than any hospital in the state.

“I am ashamed of these results, and I can tell you without equivocation that our nurses and patients are being placed in jeopardy in this hospital every day and on every shift. It is only because of the true grit of our nurses that there haven’t been more serious incidents at this hospital,” Pellegrino said. “A few months ago, we held a meeting with management where our nurses came and told their stories of what is happening every day at this hospital. Nurse after nurse told heart-wrenching stories about their concerns for patients, about patients going without needed care, and about their inability to be there when their patients needed them. Nurse after nurse told of their commitment to St. Vincent Hospital and their desire for our hospital to provide us with safe limits on patient assignments and to adjust staffing to meet the needs of patients.”

Speakers at both locations made it clear that the problems at Tufts and St. Vincent Hospital, while serious, were not isolated situations, but symptomatic of an industry-wide trend impacting nurses and patients throughout Massachusetts and throughout the nation.

“The public needs to know, and the legislature in Massachusetts needs to be reminded again, that our hospitals are failing us. Yes, some are worse than others, but on the whole, patients in Massachusetts and across the nation are being shortchanged, and worse still, they are being harmed, physically and emotionally every day on every shift simply because their nurse has too many other patients to care for at one time,” said Karen Higgins, RN, who serves as co-president of National Nurses United, the largest union of registered nurses in the country, as well as co-chair of the Coalition to Protect Massachusetts Patients, an alliance of more than 125 health care, consumer and labor organizations in the state that is promoting passage of the safe staffing legislation.

Higgins also pointed out that the industry has been exploiting the current economic downturn, stating that “Hospitals are taking advantage of this situation and using it to cut staff, to use forced overtime, to move nurses from unit to unit, whether or not they are trained or qualified to practice in those areas, doing so simply to cut costs and boost their profits.”

The MNA pointed to a significant body of research demonstrating the link between poor staffing and the use of forced overtime to a variety of poor patient outcomes and an increase in preventable patient deaths in the nation’s hospitals. For example, one study found that every patient above four assigned to a registered nurse resulted in a 7 percent increase in the risk of death for all patients under that nurse’s care. So when a Tufts or St. Vincent nurse complains about having seven patients at one time, the science demonstrates that all of those patients are at a 21% greater risk of death. Additionally these same studies demonstrate that when nurses have fewer patients, there are significantly fewer complications, patient satisfaction increases and nurse retention improves, with no negative impact on hospitals’ financial performance.

Other studies have found that nurses working mandatory overtime are three times more likely to make a medication error, and a brand new study released this month found that nurses working more than 12 hours results in an increase in patient deaths in hospitals. The Institute of Medicine has recommended that no nurse ever be required to work more than 12 hours, which is a regular occurrence at Tufts Medical Center.

Because there is no statewide standard of care, nurses at these two hospitals believe they may be forced to take drastic steps to protect their patients. Both Tufts Medical Center and St. Vincent Hospital nurses are also attempting to achieve safe patient limits through the collective bargaining process. However, because there is no state law requiring hospitals to provide safe patient assignments for nurses, the only option for them and other nurses across the state and nation will be to strike for patient safety. Last year 1,200 nurses at Temple University Hospital in Philadelphia and more than 10,000 nurses from several hospitals in Minnesota waged high profile strikes over this same issue.

“We are here today because this shouldn’t be an issue that is settled through a union contract. Patient safety is not negotiable, and nurses shouldn’t have to strike to get these issues resolved,” said Pellegrino. “But without a legislative solution, we have no choice but to use all means at our disposal to protect our patients.”

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Time for a Legislative Solution

For more than a decade, the hospital industry has fought furiously to defeat any regulatory measure that would limit their ability to engage in unsafe staffing practices. Different versions of the legislation have made it to the House and Senate floors over the past 15 years but have never successfully passed through both chambers.

Kelly-Williams used the press conference to highlight and debunk the hospital industry’s efforts to derail the bill.

"In their campaigns to defeat safe staffing legislation a decade ago, the industry claimed that there was no problem. Then, they admitted there was a problem and created a web site that published their staffing plans. Prior to the current recession, the industry claimed that a shortage of nurses was the reason they couldn’t staff safely, yet last year, using the economic crisis as a rationale, the industry instituted hiring freezes, and began laying off hundreds of nurses and support staff,” Williams explained. “The industry is now advertising their efforts to cut back on staff and employing mass production strategies for the delivery of care based on models pioneered by automakers and consumer products manufacturers. None of the industry’s claims or their strategies for addressing the staffing crisis have been supported by research, nor have these strategies alleviated the crisis in patient safety that has been the focus of legislative attention for more than a decade. Indeed, as the actions by the Tufts and St. Vincent nurses demonstrate, the problem has only gotten worse.”

The nurses of Massachusetts, along with more than 125 leading health care and consumer groups who are part of the Coalition to Protect Massachusetts Patients, believe that safe limits on nurses’ patient assignments, along with limits on forced overtime, will dramatically improve patient care and significantly reduce the turnover of nursing staff while at the same time improving the financial performance of hospitals.

The Patient Safety Act calls upon the Massachusetts Department of Public Health (DPH) to set safe limits on the number of hospital patients a nurse is forced to care for at one time. The limits would be based on scientific research and testimony from public hearings and, once established, could be adjusted in accordance with patient needs and requirements using a standardized, DPH-approved system. The Bill would also prohibit mandatory overtime, such as forcing RNs to work extra hours or double shifts, and protects against the reduction in the number of other members of the health-care team including LPNs, aides, and technicians. Patients would have the right to know and demand safe limits.

This legislation is similar to a law passed in California, which since its implementation in 2004, has led to a dramatic improvement in patient care. A study published last year in the Journal Health Services Research found that the California law is working, resulting in better outcomes for patients, and a reduction in patient deaths compared to states without enforceable limits on patient assignments.

In addition to the Patient Safety Act, the MNA is filing An Act Protecting Patients from Preventable Medical Errors by Prohibiting Mandatory Overtime, which would specifically prohibit hospitals from using mandatory overtime as a means of staffing hospitals. Under this bill, a hospital could not, except in the case of a declared state or national emergency, require or permit a nurse (or other hospital worker, such as a nurse’s aide) to work more than 12 hours in any given shift or to exceed 16 hours in a 24 hour period. A nurse who works 12 consecutive hours in a shift must be given at least 8 hours off from any work between shifts.

Following the press conferences, bedside nurses from each facility, headed to the state house to ask legislators to co-sponsor both measures, which are being filed this week by the MNA.

“Something must be done. The situation is critical, and there are human lives at stake,” Tiller concluded. “We need the safe staffing bill and a law to ban mandatory overtime. I, along with my colleagues here today, intend to be up at the state house banging on doors, doing our best to convince our elected officials to end this crisis.”

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Founded in 1903, the Massachusetts Nurses Association is the largest professional health care organization and the largest union of registered nurses in the Commonwealth of Massachusetts. Its 23,000 members advance the nursing profession by fostering high standards of nursing practice, promoting the economic and general welfare of nurses in the workplace, projecting a positive and realistic view of nursing, and by lobbying the Legislature and regulatory agencies on health care issues affecting nurses and the public. The MNA is also a founding member of National Nurses United, the largest national nurses union in the United States with more than 150,000 members from coast to coast.