

NEWS BULLETIN

Governor Signs Landmark Law to Set Safe Patient Limits for Nurses in All Massachusetts Hospital Intensive Care Units

This is a historic step in our ongoing campaign for safe limits in all units.

On June 30 Governor Deval Patrick signed into law a landmark measure that will require hospitals to adhere to safe patient limits for registered nurses who work in all the state's hospital intensive care units, ensuring that no nurse can be assigned more than one patient or in certain circumstances, no more than two patients based on the assessment of the *staff nurses* (not managers or supervisors) on that unit.

The new law, An Act for Patient Limits in All Hospital Intensive Care Units, applies to ALL types of intensive care units. The law will also establish criteria for an acuity tool to be used by all hospitals to assist staff nurses in determining if their patient is stable enough to allow for a second patient to be added to the nurses' assignment. The state's Health Policy Commission will regulate the implementation of the proposed law, including the formulation of the acuity tool, the method of public reporting of staffing compliance in hospital ICUs, and the identification of three to five patient safety quality indicators. The full text of the law is included with this mailing.

The agreement reached with the legislature to create this law was an important and groundbreaking step the MNA/NNU Board of Directors decided to take because it will, for the first time, establish that legally mandated patient limits for nurses is an appropriate mechanism for protecting patient safety. Remember, until now the position of the hospital industry and the Senate has been there will never be limits for nurses. Not only has the MHA conceded to this approach to safe staffing, but every State Representative and every State Senator is on record for voting in favor of setting safe patient limits as a matter of law.

This is a victory, not for what it does right now, but in opening the door to expand limits to other units. This is no small achievement. Remember, California's path for limits, started with the ICU and then moved to other units, and we will do the same for the patients in Massachusetts. The campaign is now no longer about "getting" limits, it's about extending them to all units and this moves us closer to that goal.

How the decision to accept the agreement was made

In accepting this agreement the MNA/NNU agreed to withdraw its two ballot initiatives, the Patient Safety Act and the Hospital Profit Transparency and Fairness Act. This decision was made after the Board of Directors carefully weighed all the factors, including the risk if we were to lose the ballot vote in November.

Were we to lose the ballot in November, we would be precluded from filing these ballots for SIX years; and once we had overstepped the legislature and rejected their attempt to create some form of limits, the likelihood of their moving a similar measure in the coming years would be less than zero.

Again, absent the offer to establish safe limits from the legislature, we were ready and willing to make that fight to win in November, but that was not the case here. The incoming Senate President presented us with the opportunity to break the decade-long logjam and establish safe patient limits for the first time as a matter of law. In rejecting his offer, the ballot vote in November would truly be all or nothing for our goal of placing safe patient limits into law; and if we lost there would be little willingness for the legislature to address safe staffing for the foreseeable future.

We understand that the first reaction by many members to this measure is an emotional one. It is maddening to wait even another day for a remedy to the patient care crisis on the floors. But the board, as leaders of this organization, had to take into consideration all the risks and all the benefits and make a decision that is in the best interest of the membership and that will ensure our ability to move forward to achieve our ultimate goal: establishing safe patient limits in all units in our hospitals.

The Next Phase in Our Campaign for Safe Patient Limits for All

Having established this law as a foundation, we will now move both initiatives to the legislature and we have made it clear to lawmakers that this is our intention. And if that is not successful, we still have the option to go back to the ballot in the next election cycle.

It is important for members to realize that all the work we did to file for the ballot and collect all those signatures MATTERED. In fact, it was the filing of those initiatives that forced the legislature to make a step they have refused to make in the past. They know now that we have the capability to do this again and now we have removed the key objection of the industry and their supporters in the legislature, which is that limits are not viable. They just voted unanimously to say that they are.

To Learn More Join Our Telephone Town Meeting on Thursday, July 17 at 5 p.m.

In our effort to keep you fully informed about this issue, MNA President Donna Kelly-Williams, Executive Director Julie Pinkham and members of the MNA Board of Directors will be holding a Telephone Town Meeting on July 17 to answer your questions as well as to talk and strategize with you on how we can move forward together to extend safe patient limits for nurses on all units.

MNA will call you directly on the number we have on file for you shortly before the Town Meeting to connect you to the event. Just pick up the phone when you get the call to participate. If you want us to use a different number for the call please email Membership Director Joe-Ann Fergus at jfergus@mnarn.org. Also, if you are unable to attend the Telephone Town Meeting or prefer that we not contact you for this Town Meeting; please let Joe-Ann know that as well.

As always, we thank you for your support and your commitment to your patients and your profession, and we look forward to hearing from you on July 17 and working with you on this campaign in the year ahead.

Sincerely,



Donna Kelly Williams, RN
President



Julie Pinkham, RN
Executive Director

The Commonwealth of Massachusetts

In the Year Two Thousand Fourteen

An Act relative to patient limits in all hospital intensive care units.

*Be it enacted by the Senate and House of Representatives in General Court assembled,
and by the authority of the same, as follows:*

SECTION 1. Chapter 111 of the General Laws is hereby amended by inserting after section 229 the following 2 sections:-

Section 231. For the purposes of this section, the term “intensive care units” shall have the same meaning as defined in 105 CMR 130.020 and shall include intensive care units within a hospital operated by the commonwealth.

Notwithstanding any general or special law to the contrary, in all intensive care units the patient assignment for the registered nurse shall be 1:1 or 1:2 depending on the stability of the patient as assessed by the acuity tool and by the staff nurses in the unit, including the nurse manager or the nurse manager’s designee when needed to resolve a disagreement.

The acuity tool shall be developed or chosen by each hospital in consultation with the staff nurses and other appropriate medical staff and shall be certified by the department of public health. The health policy commission shall promulgate regulations governing the implementation and operation of this act including: the formulation of an acuity tool; the method of reporting to the public on staffing compliance in hospital intensive care units; and the identification of 3 to 5 related patient safety quality indicators, which shall be measured and reported by hospitals to the public.

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