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**Survey of Registered Nurses in Massachusetts  
Presentation of Key Findings  
June 4, 2014**

**State Representative Denise Garlick, RN (D-Needham)**

Thank you for joining us this morning and welcome to all guests. I am State Representative Denise Garlick.

I am a Registered Nurse. Being a Registered Nurse is a defining characteristic of my life. It is a privilege to be an individual that other human beings entrust with their greatest personal needs and their most precious loved ones, it is always a challenge and it is a grave responsibility.

Registered Nurses are educated skilled professionals – today we will hear from the credible voices from the front line of delivery of healthcare – the bedside.

I am also a Legislator. Today with my Legislative colleagues, we will share with you what the Registered Nurses who actually do the work are saying about the issue of patient safety. In every instance of my legislative career; the educated skilled professional of any occupation who is actually doing the work is the most reliable source of information.

Illness and injury happen to all human beings - everyone one of us has been a patient or will be a patient - there is so much that cannot be controlled in what the human body experiences from moment to moment when it is ravaged by disease, traumatized by injury, exhausted by age - but patient safety can be controlled. The voices of the Registered Nurses of the Commonwealth tell us that the patient safety, this controllable issue - by providing limits on the number of patients for which the Nurse can safely care, is in fact, in our Commonwealth today, erratic, unpredictable and subject to many pressures in the healthcare system not related to the actual patients and their needs.

Today we are releasing a recently completed survey of front-line bedside Registered Nurses showing that patient care continues to deteriorate and Nurses continue to be forced to care for too many patients at one time. Registered Nurses' identify various complications, poor care levels, preventable medical errors, readmissions, harm and patient's deaths as a result of high patient loads.

This survey of bedside Registered Nurses in Massachusetts was completed by Anderson Robbins, an independent research firm located in Boston.

The Nurses interviewed were randomly selected from a file of all Massachusetts RNs licensed with the

Board of Registration in Nursing. Survey respondents were interviewed at home, between May 8 and May 15. This dispels the myth that patient safety is only a union issue.

This data represents what Registered Nurses in Massachusetts are experiencing as a result of excessive patient assignments for Nurses in our hospitals. I want to underscore that those surveyed represent both union and non-union Nurses and Nurses working in community hospitals as well as large teaching hospitals

According to the survey, nearly 8-in-10 Registered Nurses report that the quality of patient care in Massachusetts hospitals is deteriorating because hospitals are requiring Nurses to care for too many patients at once and, by more than a 2-1 margin, Registered Nurses report that unsafe patient assignments have become worse in recent years, with devastating results for their patients.

Let me give you the most alarming statistic in the survey of Nurses in the Commonwealth: nearly one in four Massachusetts Nurses surveyed report they are aware of patients who have died because Nurses had too many patients to care for.

Coincidentally, the release of these findings are brought into tragic focus with the recent release of a report by Department of Public Health that linked inadequate nursing care and unsafe patient assignments for Nurses as a contributing factor in the deaths of two infants and one mother at a hospital in Western Massachusetts.

Here are some of the other disturbing findings from this report:

- 46% report injury and harm to patients do to unsafe patient assignments
- 51% report longer hospital stays for patients due to unsafe patient assignments
- 56% report readmission of patients due to unsafe patient assignments;
- 57% report medication errors due to unsafe patient assignments;
- 59% report complications for patients due to unsafe patient assignments;
- 68% of Registered Nurses report they don't have the time to educate patients and provide adequate discharge planning. We cannot even begin to measure the pain and suffering of patients inadequately prepared to care for themselves at home.
- 82% of Registered Nurses report they don't have the time to properly comfort and care for patients and families – the very foundation of nursing, due to unsafe patient assignment

No standards of safe maximum patient limits for Nurses are the key reason.

Massachusetts ranks as the 42<sup>nd</sup> worst in the nation for avoidable hospital readmissions and according to the recent report by the state's Health Policy Commission, these preventable readmissions waste more than \$700 million of our health care dollars every year.

This survey also highlights the underlying causes of these dangerous conditions and the industry's lack of effort to adjust Nurse's patient assignments to ensure patient safety. For example:

- By a 2 to 1 margin (48% to 23%), Nurses report staffing level decisions are more often based on financial concerns than assessments of patient needs.
- 40% of Nurses in teaching hospitals and 53 percent of those working in community hospitals report that their administrators are not responsive to their concerns about excessive patient assignments.
- And only 30% of Nurses report that their administrators consistently adjust their patient assignments based on the needs of their patients. This dispels the myth that administrators need flexibility; that they can move Nurses where they are needed and demonstrates that moving Nurses, takes a Nurse from a patient to give a Nurse to another patient. This MASH mentality on the part of administrators is just plain stupid.

The Legislature has unfinished business. Healthcare has been a major focus of the work and pride of this Legislature during this decade, but to provide healthcare is a three pronged stool - "Yes, Access! Yes, Cost Containment!" and it should be a resounding "Yes, to Safe Quality Care" – that is what it is really supposed to be all about - but we have not finished our work.

Pending legislation has the ability to address this critical patient safety crisis. House Bill 1008 and Senate Bill 557, An Act Relative to Patient Safety, would protect all hospital patients by establishing safe maximum limits on Nurses' patient assignments, while providing the flexibility to adjust staffing based on patient needs. Some will say these issues should be decided at the Bargaining table – what if you are a patient at a non-union hospital - who speaks for you? Should you have to ask that question in the ambulance?

A similar ballot question, House Bill 3843, is also pending before the Legislature. Some say let it go to ballot – it will go if it must – but as a legislator I would prefer to see this issue carefully deliberated and skillfully negotiated.

I am proud to be a co-sponsor of this legislation and to be joined by other colleagues who support this measure. And it is not a surprise that the survey found 9-in-10 Nurses support this measure.

There's an old adage in medicine that says: "If you don't listen to Nurses, you will not hear the patients." If we listen to the Registered Nurses of this Commonwealth and what they are saying, we will hear the sound of patients who are suffering needless complications, medical errors and readmissions and the silence of those cannot speak at all.

This is unacceptable.

Erratic staffing decisions lead to medical errors, complications, readmissions and death. Patients in Boston and the Berkshires, teaching hospitals and community hospitals, union and non-union facilities need and deserve quality care.

All the work of the Legislature, in this decade, on access and cost containment fails if patients do not receive safe, quality care.

The time to act is now – this issue of safe patient staffing by Registered Nurses in this decade has moved from imperative, to critical and is now a crisis.