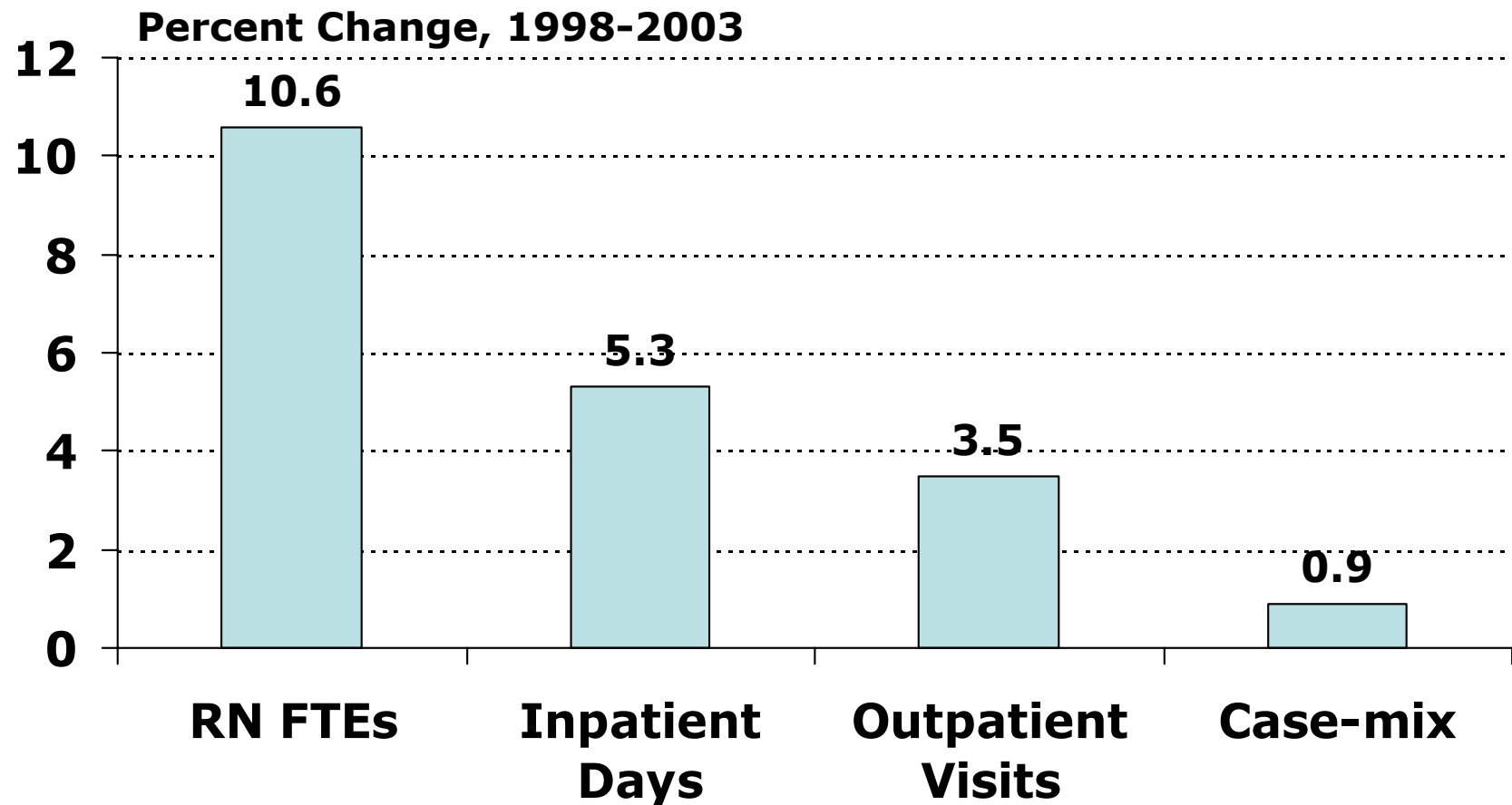


**Karen O. Moore RN, MS, FACHE**  
**President, MONE**

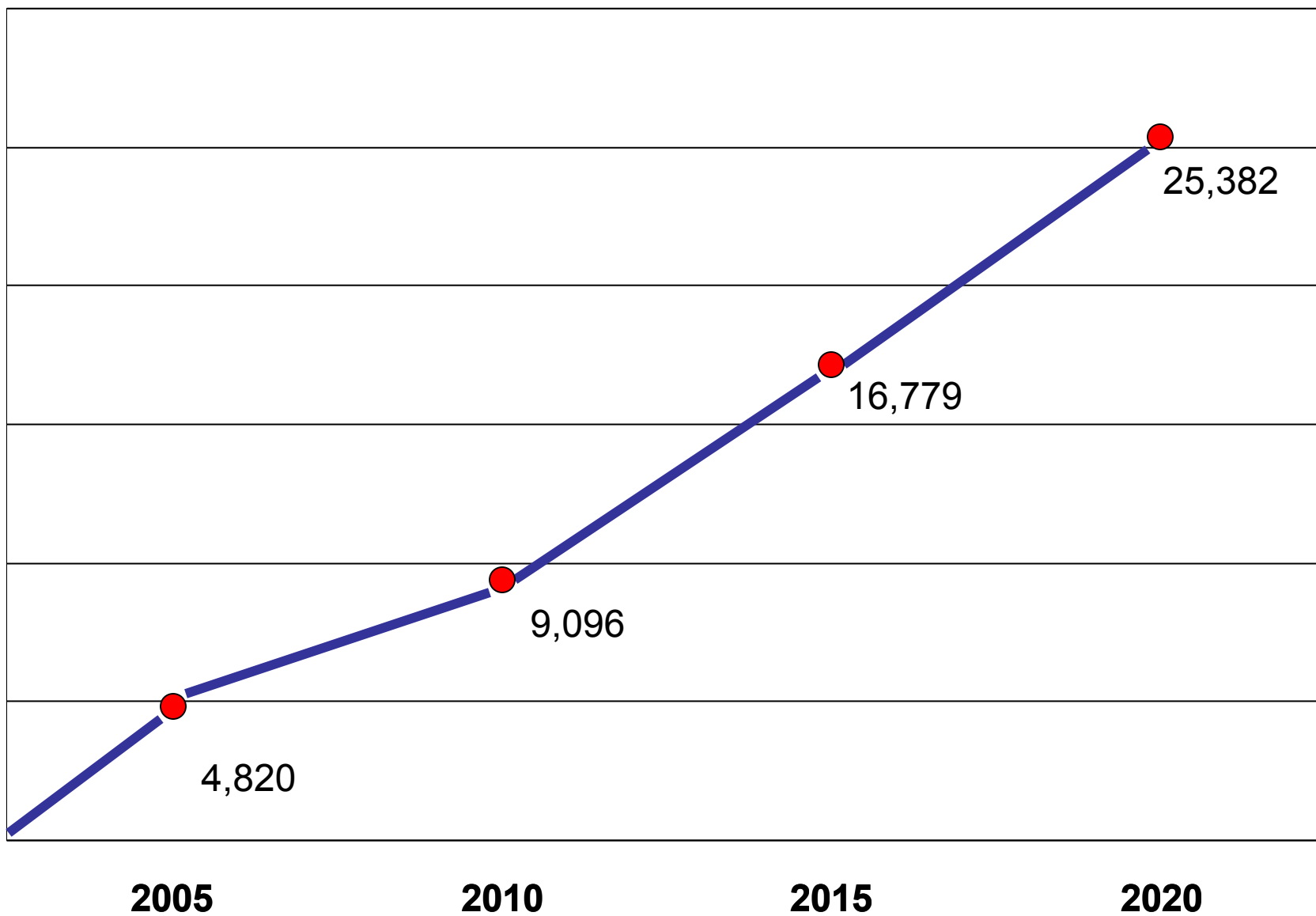
**Massachusetts Health Policy Forum**  
**March 30, 2005**

# MA Acute Care Hospitals Have Added RN FTEs More Rapidly Than Growth in Patient Volume



Source: MHA analysis of MA DHCFP 403 cost reports

## Massachusetts RN shortage #'s



Source: U.S. DHHS, HRSA, Bureau of Health Professions, July 2002

**Improving safety and quality takes more  
than an arbitrary number**

**“You cannot legislate a culture.”**

*MNA representative*

*Quincy Patriot Ledger, 1/27/05*

**Decisions must be based on patient acuity**

**“I can have six patients and have a great day; and I can have two patients and have a miserable day.”**

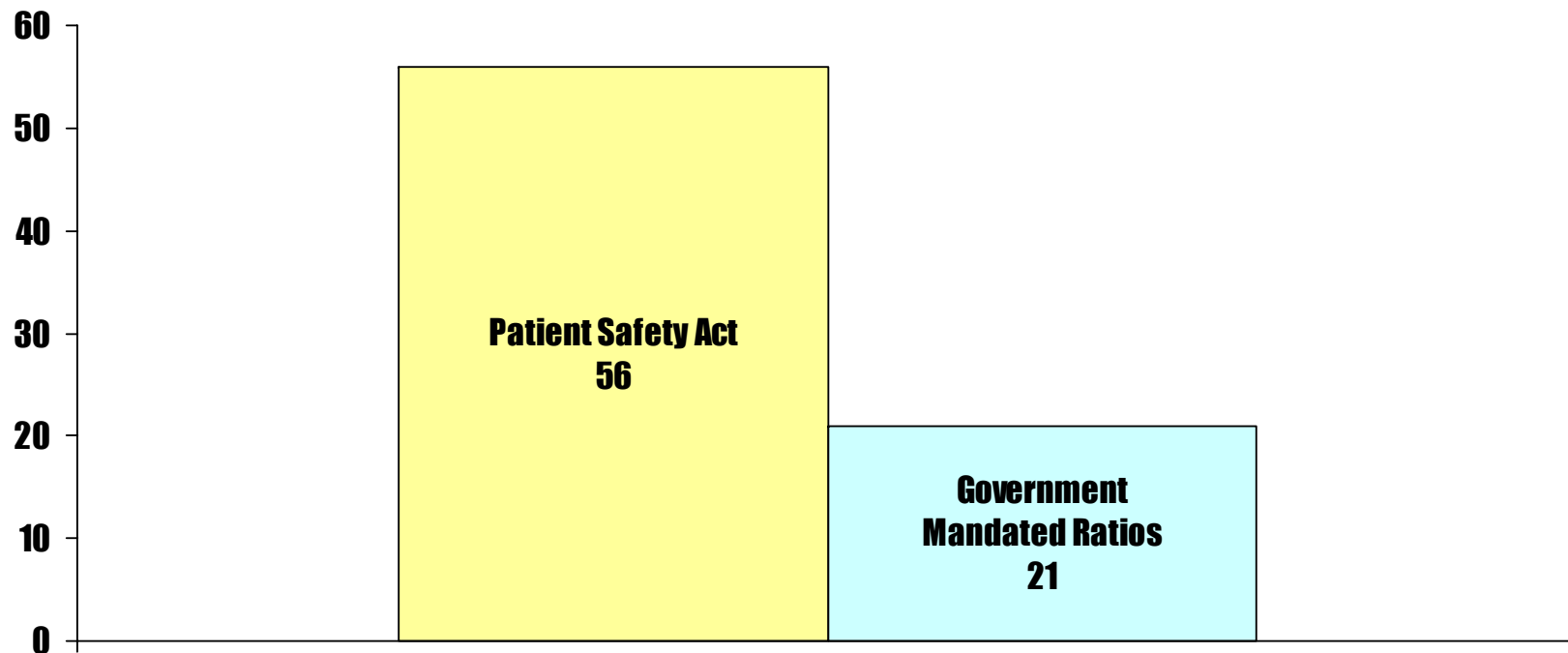
*-- RN from a Boston-area hospital*

# No evidence supporting ratios

**“Literature offers no support for specific, minimum nurse to patient ratio”**

*-- Thomas Lang et al, JONA July 2004*

# Public prefers Patient Safety Act over Ratios



**Do you prefer ratios or an alternative that lets hospitals, together with nurses, draw up their own nurse staffing plans and publicly report those plans to an independent entity?**

# Massachusetts cutting nurse staffing

## Medicare In-hospital Mortality, U.S., % Change '95-'02

Pneumonia	↓	15.4 %
Heart Attack	↓	21.6 %
Stroke	↓	14.6 %
Heart Failure	↓	31.2 %
GI Hemorrhage	↓	29.5 %
Cardiac Bypass	↓	26.3 %
Craniotomy	↓	9.9 %
AAA Repair	↓	10.2 %
“Failure to Rescue”	↓	14.7 %

Source: MedPAC March 2004; change in risk-adjusted rate per 10,000 discharges