



## It's Time to Listen to Those Closest to this Issue



***Patients and Bedside Nurses Say the  
Time Has Come to Make Ratios a Reality***



# Massachusetts Nurses Association

A Statewide Survey of  
200 Recent Hospital Patients

March 2005

# Profile of the Sample

## Patient Type

Respondent	46%
Family member	54

## Age

18-30	15%
31-45	26
46-64	39
65+	20

## Length of Hospital stay

Outpatient	36%
Overnight only	16
Several nights	46

## Gender

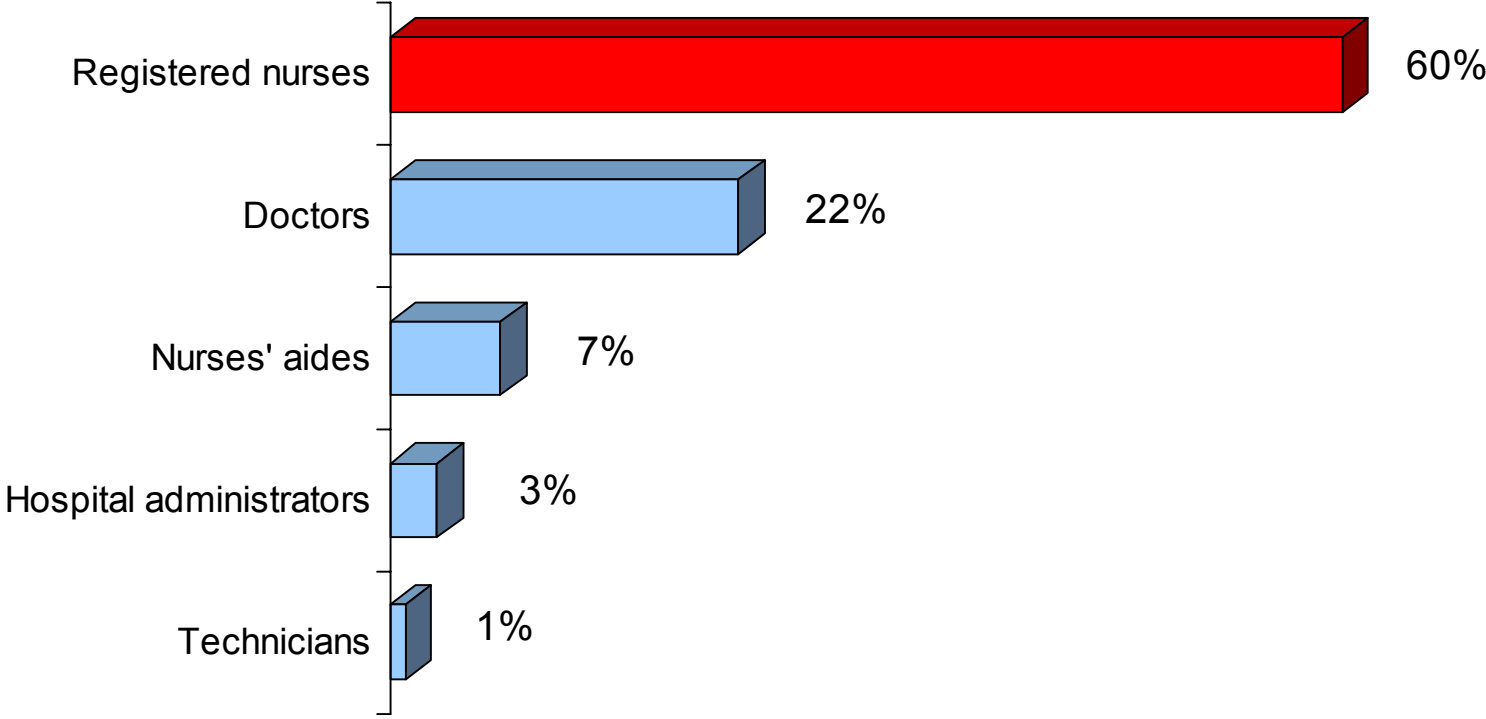
Male	34%
Female	66

## Education

High school or less	40%
Some college, technical, vocational	16
College graduate	28
Graduate/Professional school	14

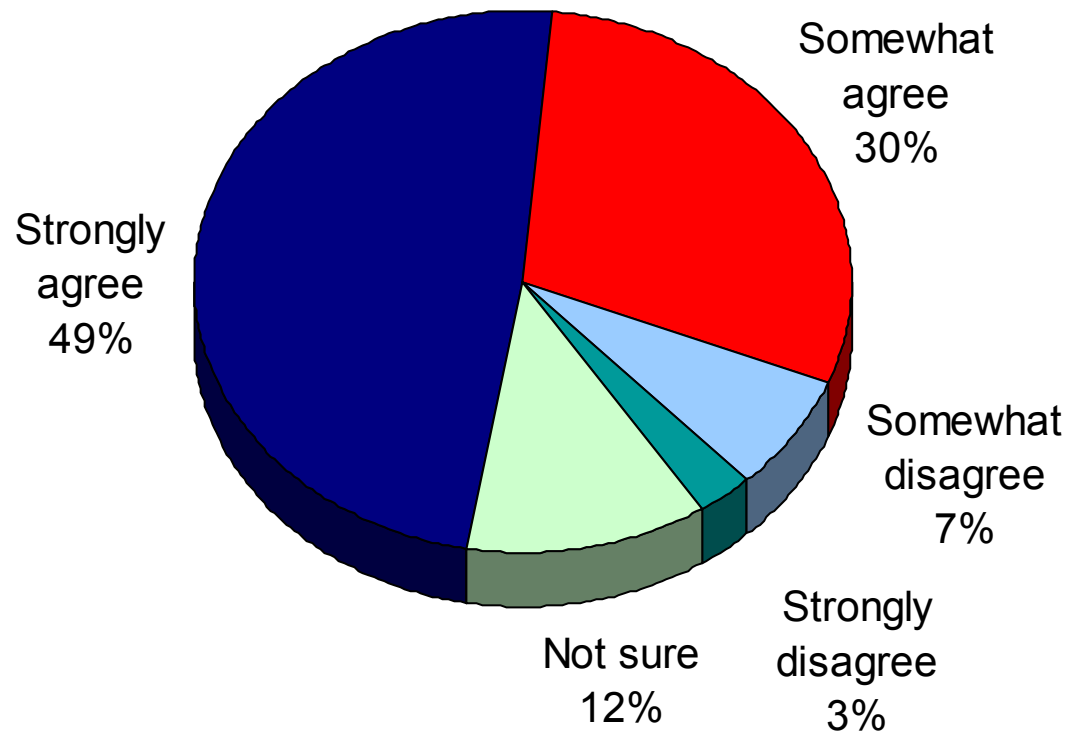
# Hospital Patients See Registered Nurses as Key to Quality Care

*Of the following types of hospital employees, which one do you think has the greatest impact on the quality of patient care?*



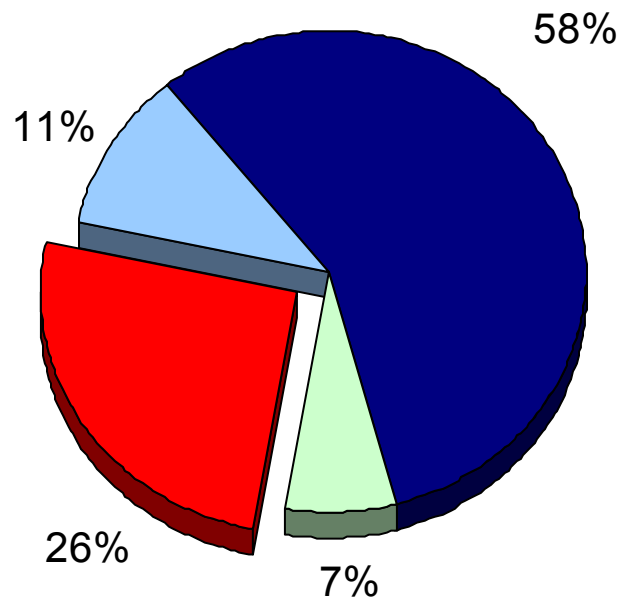
# 8-in-10 Agree That Patient Care is Suffering Due to Understaffing of RNs

*Some people say that the quality of patient care in MA hospitals is suffering because there are not enough registered nurses working in the hospitals and nurses are being forced to care for too many patients at once. Do you agree or disagree with this statement?*

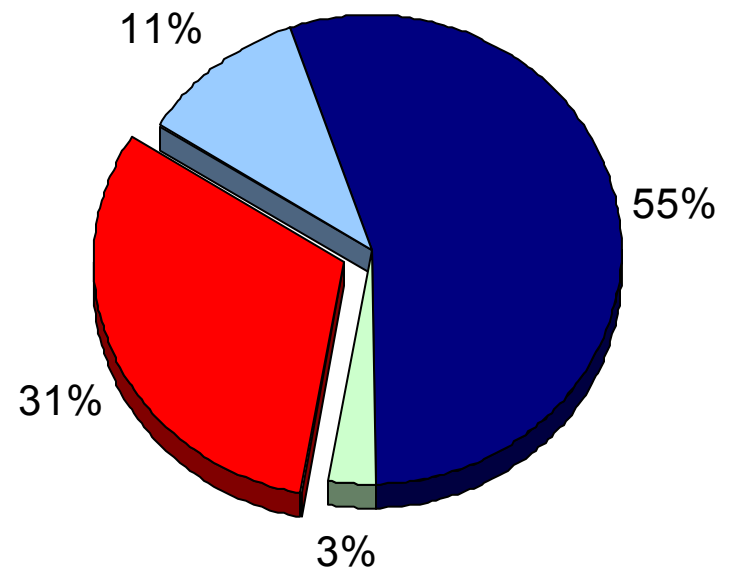


# Patients Say Safety and Quality of Care Was Compromised by Too Few RNs

*To what extent do you feel that **patient safety** was ever compromised by a lack of available nurses during this hospital experience?*



*To what extent do you feel that the **quality of patient care** was ever compromised by a lack of available nurses during this hospital experience?*



- Extremely/ Very/ Somewhat compromised
- Not very compromised
- Not compromised at all
- Not sure/ Refused

# Approximately 235,000 Patients Are At Risk

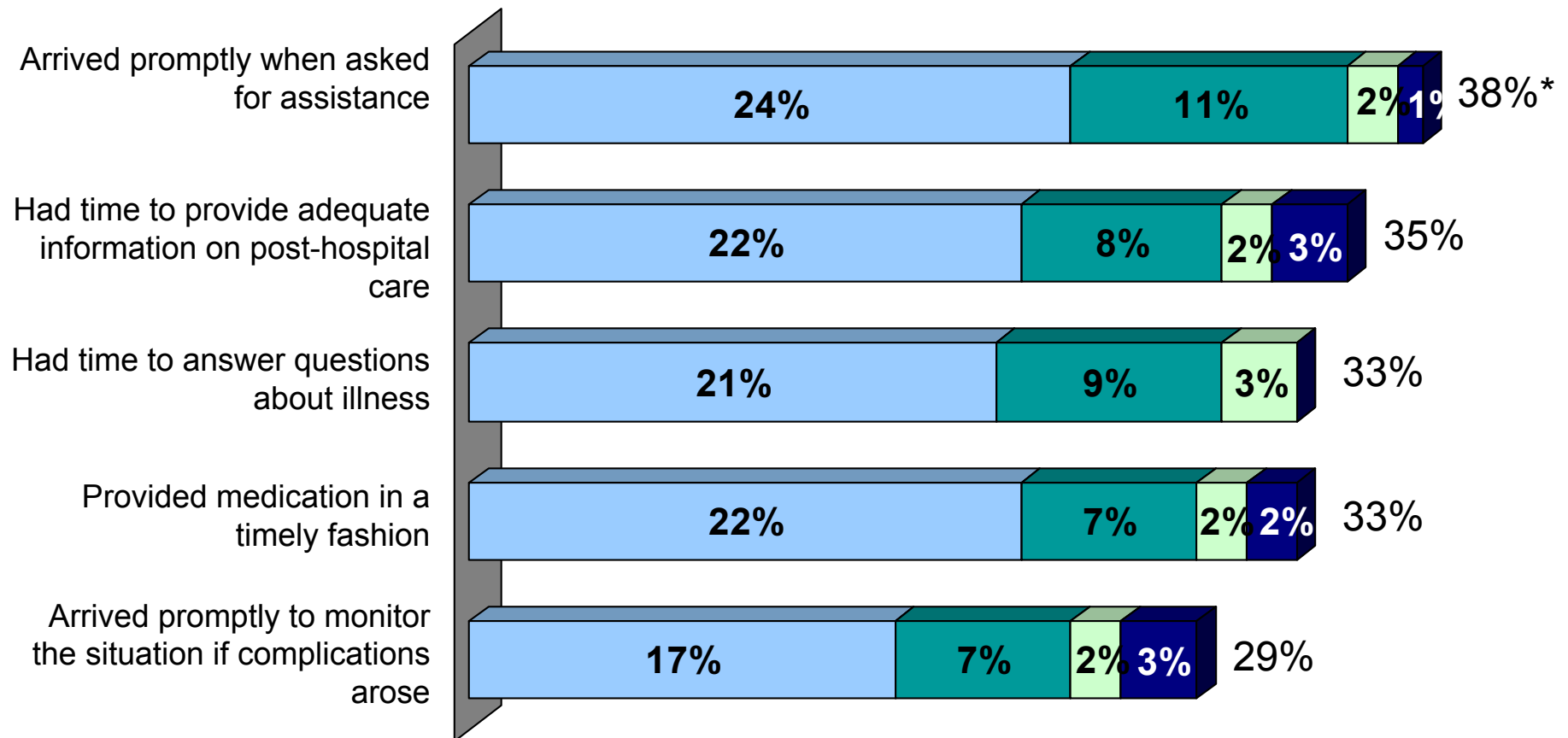
- 840,000 Annual Hospital Discharges in Massachusetts\*
- 28% of Overnight Patients Say *Safety* Compromised = **235,000**
- 29% Say Quality Compromised = **244,000**

\*Based on 2003 data from The Massachusetts Department of Health Care, Finance and Policy

# 1-in-3 Patients Did Not Consistently Receive Standard Care from RNs

*Based on your/your family member's hospital experience, please tell me how often the nurses providing care did each of the following:*

Usually Sometimes Rarely Never

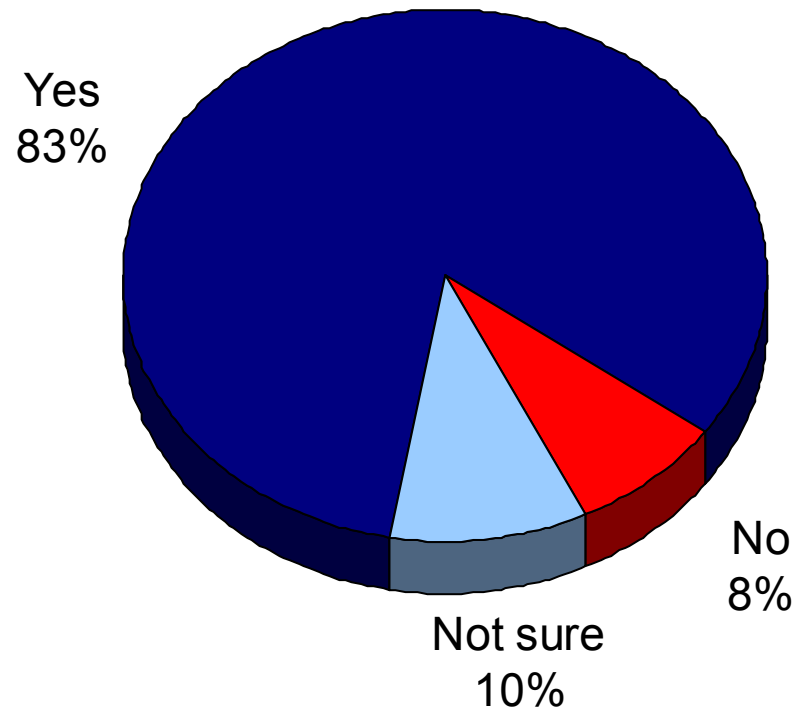


\*remainder of respondents said "always"



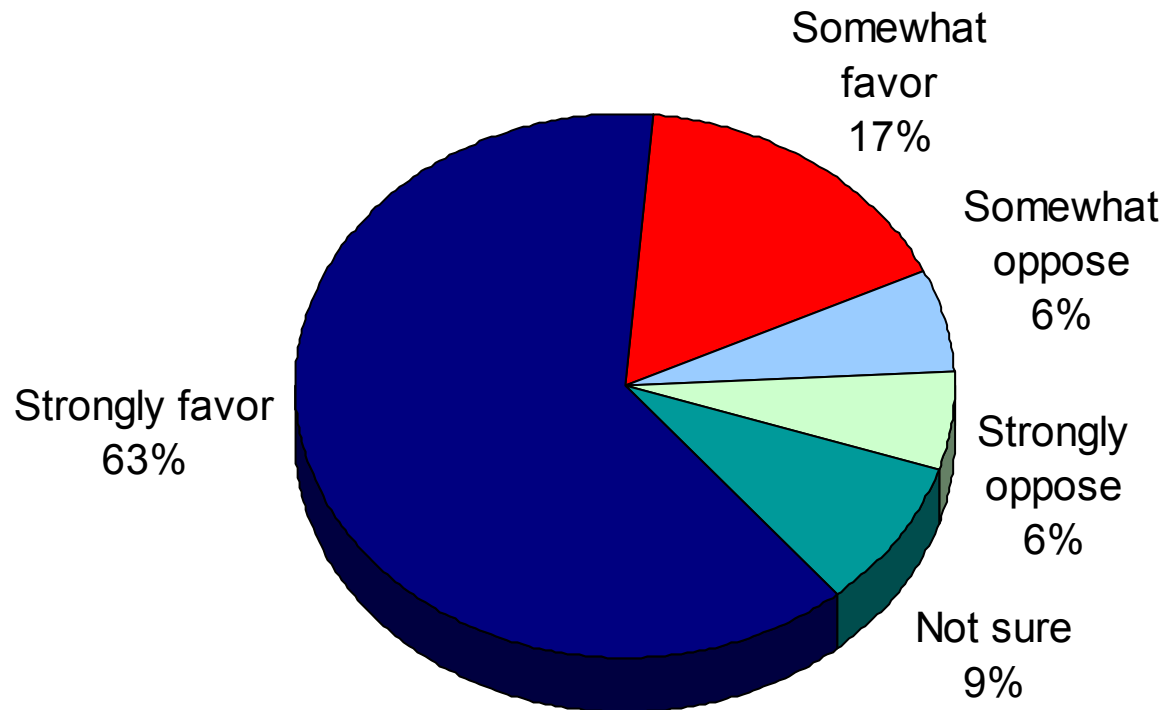
# 83% Support Legislation Ensuring Hospitals Adequately Staff RNs

*Would you support a law to ensure that there are enough nurses in hospitals to safely care for patients?*



# 8-in-10 Favor Patient-to-RN Ratios

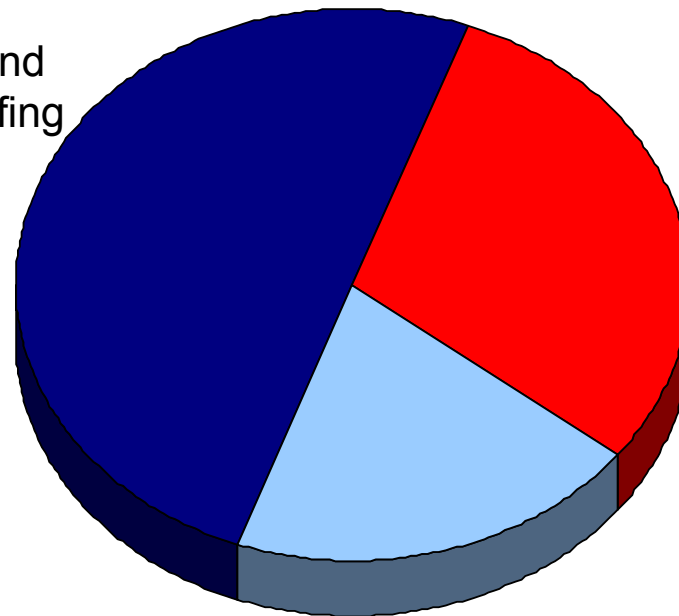
*One proposed way to ensure that there are enough registered nurses working in the hospitals is to pass a law saying that acute care patients are entitled to a nurse who is caring for no more than a certain number of patients at the same time. This proposed law is being called An Act Ensuring Patient Safety. Would you favor or oppose passing An Act Ensuring Patient Safety, thereby regulating minimum staffing levels of registered nurses in Massachusetts hospitals?*



# Patients Think Minimum Staffing Levels Are The Better Approach

*Which proposal do you think is a better approach to addressing the nurse staffing issue?*

The plan which would regulate staffing levels and set a minimum nurse staffing level  
50%

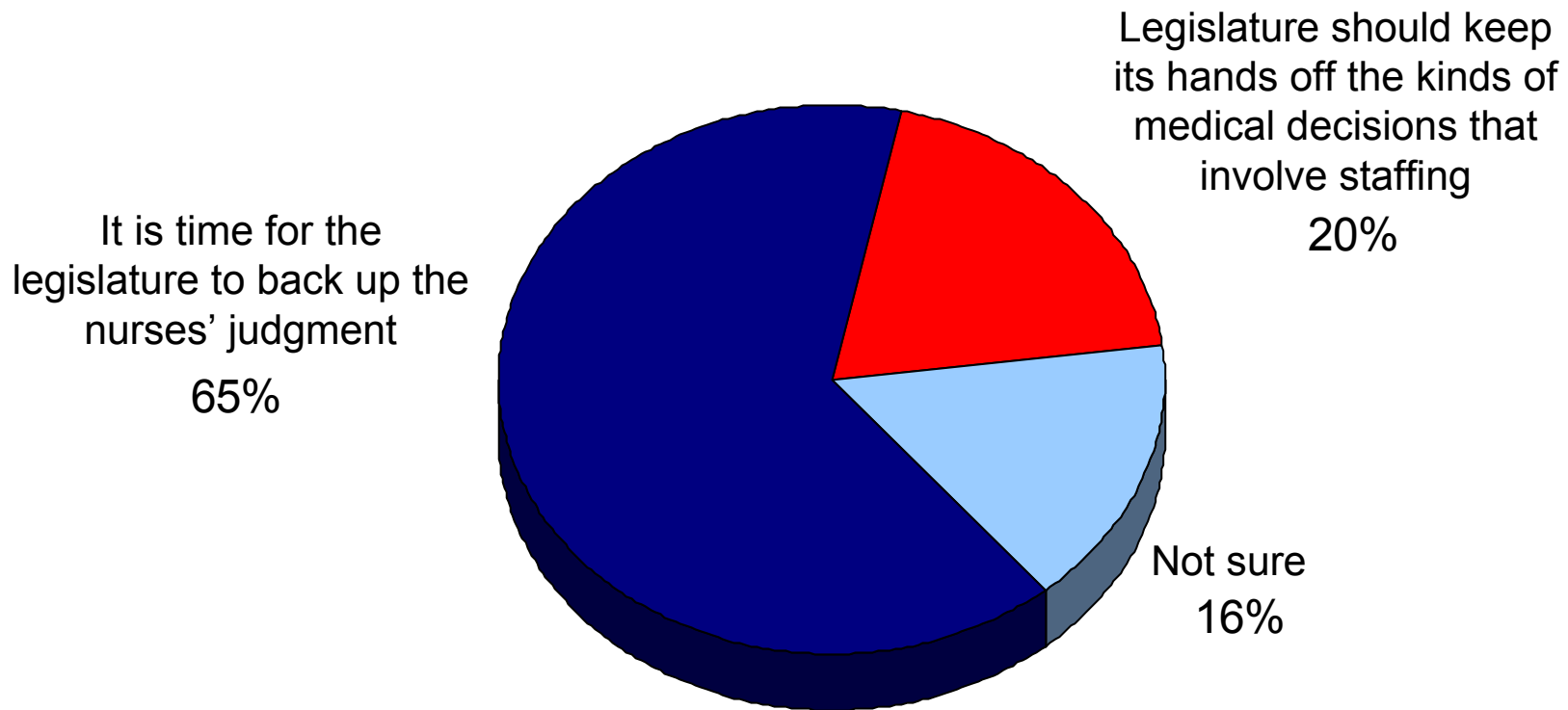


The plan which would require hospitals to post a nurse staffing plan, report it to the department of health, but would not set minimum staff levels  
30%

Neither/not sure  
20%

# By a 3-to-1 Margin, Patients Think It Is Time For Legislature to Back Up Nurses' Judgment

*Some people say that if the legislature passes legislation regulating nurse staffing levels they will be substituting political judgment for professional judgment. Other people say that nurses have been fighting to have their opinion heard and haven't gotten anywhere against insurance companies and hospital administrators who control the money. Do you think:*





# Real People are Suffering



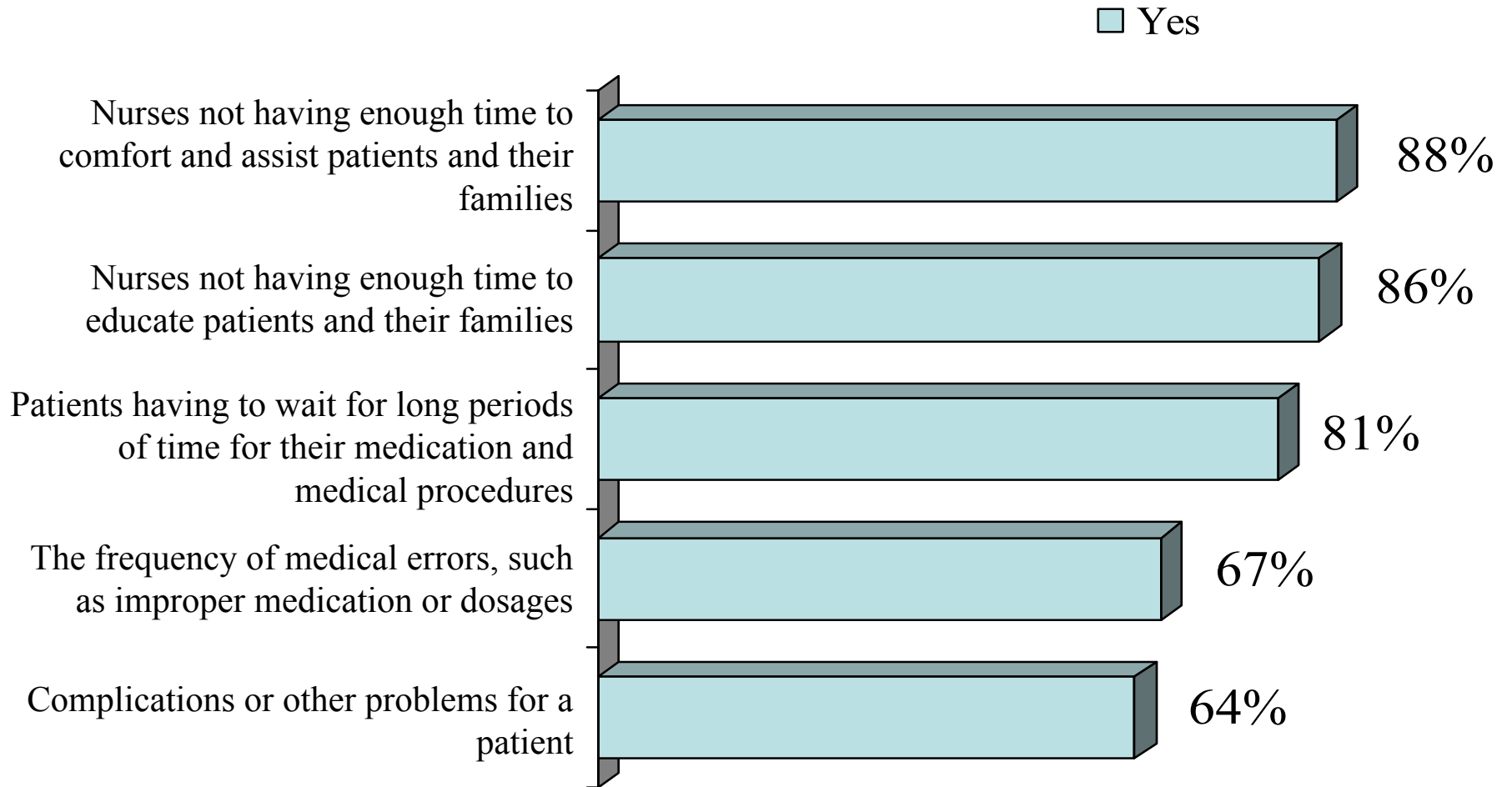
***More than 235,000***



# Bedside Nurses: The Real Experts

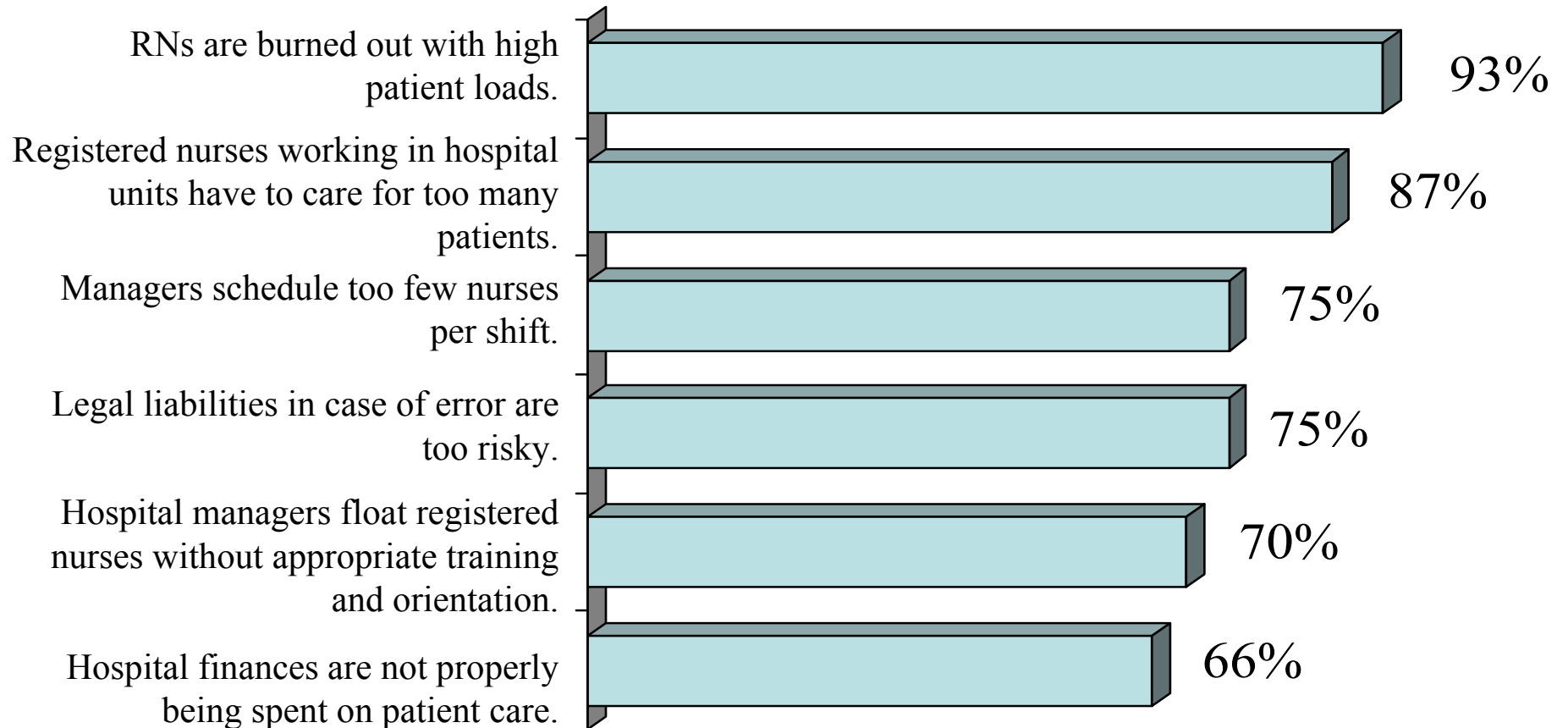


# Are you aware of any incidents in Massachusetts hospitals that a registered nurse having to care for too many patients has led to...



# Do you agree or disagree with the following statements?

Strongly/Somewhat agree







# Who Should We Listen To?



***Patients and Bedside Nurses Say the Time Has Come to Make Ratios a Reality***



# **This is NOT a Decision for MDs**

- **Medicine and nursing are distinct professions**
- **Leave nursing to nurses**
- **When they attempted to address this issue in the past, it was a disaster**

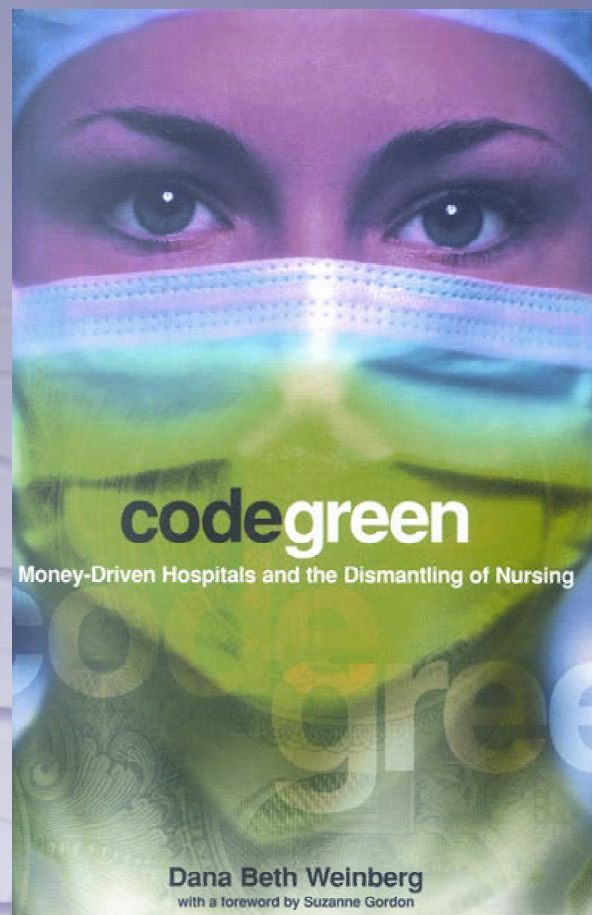


# Nurse/Hospital Administrators

## A history of bad decisions:

- Mass. hospital industry cut RN staffing by 27% in the 90's – more than any other state
- Hospitals replaced nurses with unlicensed personnel to cut costs
- Hospitals used forced overtime and “floating” as alternative to adding nurses

***Did all of this without a shred of independent research or data to support these decisions***





# Scientific Evidence Critical of Hospital Industry Practices and Decisions

**JAMA**

The Journal of the American Medical Association



**Joint Commission**

*on Accreditation of Healthcare Organizations*



The **NEW ENGLAND**  
**JOURNAL of MEDICINE**



INSTITUTE OF MEDICINE  
OF THE NATIONAL ACADEMIES  
Shaping the Future for Health



# A Record of Failure



## Nurses: Staffing levels are dangerously low

By Jon Brodtkin  
News Staff Writer  
Monday, April 12, 2004

When Cathy Caruso went back to nursing in 2001 after a 10-year hiatus spent raising her kids, it was clear to her things had changed for the worse.

As a nurse at MetroWest Medical Center in Natick, Caruso said, she routinely had to care for seven patients at a time, a level many nurses consider unsafe. Caruso resigned within a year to take a lower-paying job as an elementary school health teacher.

"If one person had a bad day or a bad turn, and required my attention, that meant six patients weren't getting my attention," she said. "(I was) very concerned for what wasn't being done for the rest of my patients."

That's why Caruso and many others want the state to require what they call safe nurse-to-patient ratios. The Massachusetts Nurses Association argues hospitals

are understaffed, increasing the risk of patient complications and deaths.

Hospitals don't have to publicly report their per-shift staffing levels, but it's no secret there's a nursing shortage. The latest recorded vacancy rate was 8.5 percent statewide, according to the Massachusetts Hospital Association.

Two very different pieces of legislation that attempt to solve the problem have set the stage for a battle between nurses and hospital executives. The debate could affect the way hospitals are operated for decades to come.

Nurses support a bill, similar to one enacted in California, that would mandate ratios of no more than four patients per registered nurse in medical and surgical areas, and no more than two patients per registered nurse in intensive care units.

If ratios were mandated, many former nurses would

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Nurse Nora Watts talks to News editors and reporters about two bills dealing with nursing workloads.



Nurse Jennifer Dweley talks to News staff.



## Study links long hours, nurse errors

By Liz Kowalczyk, Globe Staff

What they've long known about truck drivers — 'knew I was tired,' or 'it was 4 a.m.' —

## Shortage of nurses downgrades care



Stroke victim Karm Meade and her husband, Peter, are suing Ortho Medical Center in Kansas, claiming inadequate care by overburdened nurses ultimately left Karm paralyzed from the neck down. She uses the special headset, left, to operate her wheelchair.

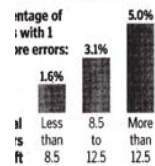
### Tasks nurses say regularly get skipped or delayed

Feeling rushed or overloaded patients go to the restroom and promptly cleaning those who soil themselves. Making sure patients have adequate pain relief. Doing thorough evaluations and follow-up checks on all patients, especially following to critical long and heart rounds. Helping patients who require feeding when no aides are available. Checking intravenous lines for leaks or air damage. Giving baths and other hygiene care. Comforting distraught, lonely patients. Teaching patients and family members how to deal with an illness when they go home. Helping hospital staff plan follow-up treatment or home care.

Source: AP wire service. AP Photo/Chris Wedel

### the clock

As working longer shifts are more likely to make a new study shows.



Health Affairs

BE STAFF GRAPHIC/JAMES BENNETT

"The fewer patients a nurse cares for, the better the outcome in general," says Aiken.

But nurses say their workload and paperwork do not leave enough time to confer, educate or even thoroughly assess patients. Many of the most experienced nurses leave for easier jobs at drug or insurance companies, leaving over-grown nurses at the bedside.

"You're just thrown in the deep end ... too many patients, too many tasks," says RN Albert Goodwin, whom Wesley Hospital fired 3 1/2 years ago after she repeatedly filed complaints about unsafe RN staffing levels and gave her reports to attorney Prochaska.

Hospital spokeswoman Helen Thomas says Goodwin was fired for breaking patient confidentiality rules.

In another Kansas hospital, young mother Karm Meade was left paralyzed from the neck down because of inadequate care by nurses swamped with too many patients, Prochaska claims. Meade and her husband, Peter, are suing Ortho Medical Center, where she took her on June 14, 2001, after a chiropractic treatment for an aching lower back.

That caused small blood clots, some broke free, causing several mini-strokes, according to Prochaska. He says nurses didn't notice because for 28 hours none did the neurological checks required every four hours to see if Karm Meade was coherent and able to move and feel her limbs. Despite nurses' notes in her chart about slurred speech and a severe headache — classic stroke

signs — no one intervened. Spokas spokeswoman Kate Eller says Ortho Medical Center does not discuss pending lawsuits. Peter Meade has moved his wife to a group home in Chandler, Ariz., outside Phoenix, near her parents. He visits her daily and is involving the love he lives in on the case now.

"She's still in the 'I believe this has happened-to-me' stage," he says.

Hospitals generally say they haven't hired more nurses because they are in short supply. They also blame financial pressures, such as technology costs and cuts in government and insurance reimbursements. Most oppose hard-and-fast limits on how many patients nurses may handle.

"Mandating a number doesn't make those nurses appear," says American Hospital Association spokeswoman Amy Lee. "We feel that in trying to force what needs to be flexible into a one-size-fits-all model."

Finding enough qualified RNs will remain tough: The U.S. Department of Health and Human Services projects the current shortage of a few hundred thousand RNs could hit 750,000 by 2020, as aging baby boomers need more care and the nursing workforce gets older.

But in Washington and states from New Jersey to Oregon, nurses' unions are ramping up battles for new laws or contracts setting minimum nurse-patient ratios.

informing the Work Environment of Nurses," the group said; regulators should pass laws nurses from working more hours a day and 60 hours a week if nurses want to work areas that earn extra money.

And her colleagues found that 40 percent of nurses worked at least 40 hours at least once during the long study, and that the shift was 23 hours, 40-minute shift typically lasts 8 and 12 hours.

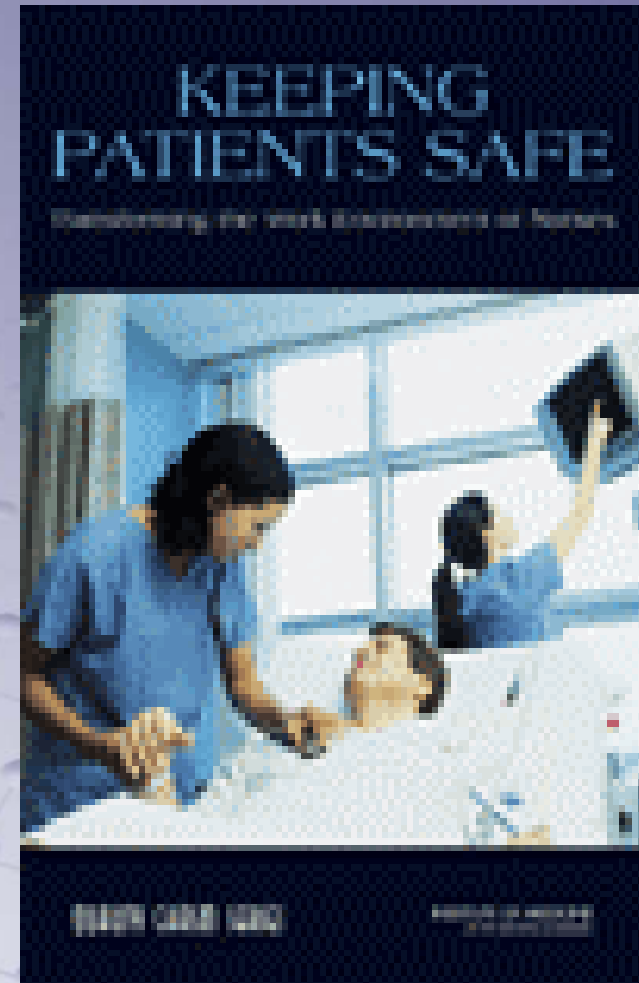
quivalent from studies in other states when people reach that 12 hours, they no longer

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# IOM Report Got it Right

- **Calls for ratios in ICUs**
- **Calls for overstaffing of units to account for census fluctuations**
- **Bans mandatory overtime**
- **Recommends moving patients if cared for by overworked nurses**
- **Bedside nurses have final say on what is safe**
- **Highlights problem of mistrust of staff nurses for their administrators**





## **Minimum RN-to-Patient Ratio Bill A Solution by Bedside RNs for Patients**

- **Calls for DPH to implement minimum RN-to-patient ratios as a condition of licensure**
- **Ratios would vary for each unit and specialty area**
- **Ratios would constitute a staffing ‘floor’**
- **Provides a standardized patient ‘acuity’ system to adjust staffing based on the patients’ needs**
- **Requires posting of ratios in all patient care areas**
- **Bans mandatory overtime**
- **Provide a hotline to report violations**



# Our Bill is Flexible!

The bill creates a standardized acuity-based patient classification system to measure and predict registered nursing care requirements for individual patients based on:

- **Severity of patient illness**
- **Need for specialized equipment and technology**
- **Intensity of nursing interventions required**
- **Complexity of clinical nursing judgment needed**





# The MHA Staffing Bill

## Simply Maintains the Dangerous Status Quo

- Makes no requirement for minimum staffing standards
- Calls for public posting of hrs. per patient day (a meaningless number)
- Requires hospital to track only 3 indicators of quality against staffing, those that they choose
- No requirement to adjust staffing; based on patients' needs
- Provides for financial penalties to hospitals that harm patients at least a year after the fact



Patients  first

MASSACHUSETTS HOSPITALS:  
Continuing the Commitment  
to Safe Care



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