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
Profile of the Sample

<table>
<thead>
<tr>
<th>Patient Type</th>
<th>Age</th>
<th>Gender</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respondent</td>
<td>46%</td>
<td>18-30</td>
</tr>
<tr>
<td>Family member</td>
<td>54</td>
<td>31-45</td>
</tr>
<tr>
<td></td>
<td></td>
<td>46-64</td>
</tr>
<tr>
<td></td>
<td></td>
<td>65+</td>
</tr>
<tr>
<td>Length of Hospital stay</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outpatient</td>
<td>36%</td>
<td></td>
</tr>
<tr>
<td>Overnight only</td>
<td>16</td>
<td>Male</td>
</tr>
<tr>
<td>Several nights</td>
<td>46</td>
<td>Female</td>
</tr>
<tr>
<td>Education</td>
<td></td>
<td></td>
</tr>
<tr>
<td>High school or less</td>
<td>40%</td>
<td></td>
</tr>
<tr>
<td>Some college, technical, vocational</td>
<td>16</td>
<td></td>
</tr>
<tr>
<td>College graduate</td>
<td>28</td>
<td></td>
</tr>
<tr>
<td>Graduate/Professional school</td>
<td>14</td>
<td></td>
</tr>
</tbody>
</table>
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?

- Registered nurses: 60%
- Doctors: 22%
- Nurses' aides: 7%
- Hospital administrators: 3%
- Technicians: 1%
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?

StrONGLY AGREE: 49%
SOMETHING AGREE: 30%
SOMETHING DISAGREE: 7%
NOT SURE: 12%
STRONGLY DISAGREE: 3%
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?

- Extremely/Very/Somewhat compromised: 58%
- Not very compromised: 26%
- Not compromised at all: 7%
- Not sure/Refused: 11%

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: 55%
- Not very compromised: 31%
- Not compromised at all: 7%
- Not sure/Refused: 3%
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:

- Arrived promptly when asked for assistance
  - Usually: 24%
  - Sometimes: 11%
  - Rarely: 2%
  - Never: 1%
  - *remainder of respondents said “always” (38%)

- Had time to provide adequate information on post-hospital care
  - Usually: 22%
  - Sometimes: 8%
  - Rarely: 2%
  - Never: 3%
  - (35%)

- Had time to answer questions about illness
  - Usually: 21%
  - Sometimes: 9%
  - Rarely: 3%
  - (33%)

- Provided medication in a timely fashion
  - Usually: 22%
  - Sometimes: 7%
  - Rarely: 2%
  - Never: 2%
  - (33%)

- Arrived promptly to monitor the situation if complications arose
  - Usually: 17%
  - Sometimes: 7%
  - Rarely: 2%
  - Never: 3%
  - (29%)
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:

- It is time for the legislature to back up the nurses’ judgment: 65%
- Legislature should keep its hands off the kinds of medical decisions that involve staffing: 20%
- Not sure: 16%
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...

- Nurses not having enough time to comfort and assist patients and their families: 88%
- Nurses not having enough time to educate patients and their families: 86%
- Patients having to wait for long periods of time for their medication and medical procedures: 81%
- The frequency of medical errors, such as improper medication or dosages: 67%
- Complications or other problems for a patient: 64%
Do you agree or disagree with the following statements?

- RNs are burned out with high patient loads. **93%**
- Registered nurses working in hospital units have to care for too many patients. **87%**
- Managers schedule too few nurses per shift. **75%**
- Legal liabilities in case of error are too risky. **75%**
- Hospital managers float registered nurses without appropriate training and orientation. **70%**
- Hospital finances are not properly being spent on patient care. **66%**
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
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

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

When Candida Curma moved to nursing in 2001 after a 10-year hiatus spent running her kids, it was clear to her things had changed for the worse.

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

"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. “It’s very, very concerning for what wasn’t being done for the rest of my patients.

That’s why Curma 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 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 units, and no more than two patients per registered nurse in intensive care units.

If ratios were mandated, many former nurses would — continued on other side
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
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