NURSES SAY YES ON 1

SAFE PATIENT LIMITS

VOTE YES on Question 1

November 6

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TRUTH vs. LIE

The truth about safe patient limits, from nurses and advocates who support Question 1.

Safe patient limits will ensure quality care for hospital patients. Simply put, when there is a safe maximum limit on the number of patients assigned to each nurse at one time – with flexibility based on acuity – patient care improves.

Nurses, independent studies, California's experience and many thousands of people in your communities all support safe patient limits. In fact, anything you hear attacking limits probably came from a hospital executive intent on confusing you.

LIE #1: ***This measure is a "rigid, government-mandated staffing ratio" and would take vital decision-making abilities away from bedside nurses.***

TRUTH #1: **This question was written by bedside nurses like myself. I've been a nurse for more than 40 years. Voting yes is the safest thing I can do for my patients, my family and my profession.**

The experiences of thousands of nurses caring for patients in all types of hospitals throughout the state motivated nurses to develop this law. With safe patient limits in place, we will have more time and greater ability to make decisions about our patients' needs. We will also have more time to effectively implement those decisions, to monitor patients, and to educate them.

Donna Kelly-Williams, RN, Cambridge Hospital

President of the Massachusetts Nurses Association

Co-Chair, Committee to Ensure Safe Patient Care

Safe patient limits are not ratios. They are a safe maximum limit on the number of patients assigned to each nurse, depending on hospital unit and patient acuity. The law empowers bedside nurses by requiring the development of acuity tools for their unit to assist in determining the acuity of their patients, and then to enable access to greater resources to meet the changing needs of their patients.

LIE #2: ***This law will prevent hospitals from having the flexibility to adjust care based on the specific needs of patients.***

TRUTH #2: Patients need the level of care and flexibility that will come with having safe patient limits.

Shauna Worrell-Waldron, RN

Tufts Medical Center

As a nurse working in a Level III Neonatal Intensive Care Unit, I know that patients, and especially newborns, require varying levels of care. ICUs are the only hospital units that currently have safe patient limits. The existing ICU law, like Question 1, was built with acuity and the decision-making of front-line nurses in mind. The ICU law provides me the flexibility to devote my full attention to a single newborn if they require that level of care, or two newborns if both of their conditions allow for it.

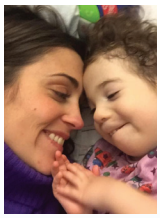
Like the ICU law, Question 1 provides a safe maximum limit on the number of patients a nurse is assigned at one time. The proposed law sets different maximums in different hospital units based on the experience of nurses like myself and scientific research. It also incorporates patient acuity through an RN-informed acuity tool that must be developed under the law.

For example, if a newborn does not require NICU care, under Question 1 that newborn and their mother will receive varying levels of care based on their acuity. Mothers in active labor and immediately postpartum require the full attention of their nurse. When mothers and babies stabilize postpartum their nurse can take the time to care for additional stable couplets. Intermediate or continuing care requires a different, more concentrated level of care.

If there is a disaster, the law allows for exceptions to the limits. In arguing against safe patient limits with the false claim of needing "more flexibility," hospital executives are really saying that they want the flexibility to endlessly INCREASE your patient assignment. This is something they have already been doing for years. It's time for a change.

LIE #3: ***This is only supported by one nurses union.***

TRUTH #3: I am not a nurse, but I know as the mother of a 5-year-old who has been hospitalized many times that we need safe patient limits.



Angela Ortiz

Founder, Massachusetts Pediatric Home Nursing Care Campaign

Co-Chair, Committee to Ensure Safe Patient Care

My daughter Ayla has complex medical needs. If she were in day care, there is a law in Massachusetts that sets a safe maximum limit on the number of children that a childcare provider can care for at one time. But once she enters the hospital, she loses that protection. That doesn't make any sense to me.

It also doesn't make sense to thousands of other people who support safe patient limits, including 86 percent of nurses in Massachusetts.[1] Nursing organizations representing hundreds of thousands of nurses from across North America have endorsed safe patient limits.[2] Overall, there are more than 100 organizations whose missions are focused on nursing, health care, social justice, local politics and working families who are part of the Yes on Question 1 campaign.

You can see for yourself who we are at www.safepatientlimits.org/who-we-are.

LIE #4: ***Hospitals cannot afford safe patient limits.***

TRUTH #4: I am a registered nurse from California, where we have had limits since 2004. Net hospital income has grown enormously, more than tripling in the 10 years after implementation. More nurses came to work at the bedside to provide excellent care, which reduced costly negative patient outcomes.

Dotty Nygard, RN

Recent studies have found that the costs incurred by hospitals to increase nursing care and provide safer patient limits are offset by savings achieved through better care — including shorter hospital stays, lower readmissions, and fewer complications.[3]

The hospital industry in California made these exact claims about cost 14 years ago when that state passed its safe patient limits law, and none of their dire predictions came to pass. In fact, the results in California have been nothing but positive:

- Patient outcomes and quality of care are better in California than similar states, ED wait times are shorter when hospitals staff to meet the law and readmissions are lower for California patients[4]
- Health care costs have not ballooned because of California's safe patient limits law as predicted by industry. Health care costs remain lower in California than in Massachusetts[5]
- Californians paid $179 less per year than the national average for health care premiums[6]
- Californians also paid $524 less per year than their Massachusetts counterparts for health care premiums[6]
- Net hospital income rose dramatically after California's law was implemented, from $12.5 billion from 1994 to 2003 to more than $41.1 billion from 2004 to 2013[7]

Massachusetts Hospital Profits

While hospital executives claim they cannot afford to provide patients with safe care, it is important to know that the Massachusetts hospital industry generates more than $28 billion in revenue each year, and that hospitals in Massachusetts post surpluses in excess of $1.1 billion annually. This is in addition to the $902 million that hospitals have stashed in the Cayman Islands and other offshore tax havens.[8]

Boston Children's Hospital is spending more than $1 billion on a new expansion of facilities[9] and Beth Israel is spending

more than $500 million to build a new 10-story patient care tower.[10] Having two years ago spent $465 million on a gleaming new office tower in Somerville,[11] Partners HealthCare is now spending millions to purchase hospitals in New Hampshire and Rhode Island.[12] Partners alone made $659 million in profit last year. Steward Health Care, which is owned by a hedge fund, is purchasing entire health care networks in a number of states as well as an entire health care system in Malta.[13]

LIE #5: ***There is no scientific evidence that supports the need for safe patient limits.***

TRUTH #5: For decades, independent researchers have published scientific studies supporting the need for safe patient limits.

Judith Shindul-Rothschild, RN

Associate Professor at the Connell School of Nursing at Boston College

I am a registered nurse who has practiced for more than 40 years in the Commonwealth. My research documents empirical associations in nurse staffing in Massachusetts and California hospitals. Multiple studies have found strong evidence of a positive relationship between the patient outcomes and the adequacy of registered nurse staffing.[14]

Based on my research findings, in my opinion, limits on the number of patients cared for by registered nurses will have the greatest impact in improving the quality of nursing care and patient outcomes in hospitals across the Commonwealth. Limits on the number of patients cared for by RNs also decrease the rate of occupational injury especially in psychiatric units and emergency departments.

In addition, there are more than 70 peer-reviewed scientific studies by other independent researchers — spanning more than three decades — that support the need for safe patient limits. For a comprehensive list visit http://bit.ly/TheScientificResearch.

LIE #6: ***Hospitals will not be able to find the nurses to meet these new requirements.***

TRUTH #6: There is simply no shortage of registered nurses in Massachusetts.

Jillian Brelsford, RN

Our state ranks near the top nationally for the number of nurses per capita.[15] Each year more than 3,000 RNs graduate from Massachusetts nursing schools[16] and struggle to find in-state, full-time employment. This is despite no lack of patients needing care. One valedictorian of my bachelor's program (a clinical and academic rock star), searched for more than six months to find her first job. She didn't want to leave the state, as many ultimately do.

Unsafe patient assignments, which lead to stress, burnout, moral distress and high turnover among nurses, are also driving nurses away from the bedside. We have plenty of nurses who are willing to work under quality conditions. Among all 50 states, only two (Massachusetts and South Dakota) show an RN surplus in 2030, according to a University of Nebraska report.[17] When California passed its law in 2004, more than 100,000 nurses flocked to that state to work with safe patient limits.[18]

I recently graduated with my BSN from UMass Boston, and got a job at an awesome community hospital. We need a few more nurses on the schedule where I work, so we can provide care that meets our compassion and safety standards. We have plenty of great nurses available - let's get them to work!

LIE #7: ***This law would dramatically increase ED wait times and boarding of patients, while delaying services throughout the hospital.***

TRUTH #7: This doesn't even make any sense. I am an ED nurse and I know that wait times go long when there are not enough RNs in the ED or on the floors.

Suzanne Love, RN

Emergency Department, Baystate Franklin Medical Center in Greenfield

The limits for ED nurses will actually reduce wait times and, with better staffing on other units, patients will be moved out of the ED faster. A recent study of Massachusetts hospital EDs found the number of patients an ED nurse cares for is directly related to how long patients wait for treatment[19]:

- Wait times in trauma EDs for diagnostic evaluation double for every three patients an ED nurse cares for in a 24-hour period
- Three patients added to a non-trauma ED nurse's assignment means an extra 15 minutes waiting for evaluation
- "The findings in this study suggest that lowering the number of ED patients cared for by emergency nurses is the single best solution to improve patient flow and minimize ED crowding," the authors concluded

In California, where they have safe patient limits, ED wait times are 47 percent shorter than in Massachusetts.[20] From a common sense standpoint I would ask, "There are ED wait time problems now. How would having more nurses in the ED in any way make things worse for nurses or patients?"

Potential violations of the law will be reviewed by the Health Policy Commission before being sent to the Attorney General's Office for enforcement. The intent of the law is not to punish hospitals for placing all hands on deck for disasters and other major unforeseen emergencies.

LIE #8: ***Safe patient limits will result in layoffs of support staff.***

TRUTH #8: I work with non-RN hospital workers in California. There were no layoffs of our caregivers as a result of California's law – we actually saw our numbers grow.

Fourteen years ago, when safe patient limits were enacted here in California, many hospital executives were spouting the same line of doom and gloom as they are today in Mas-

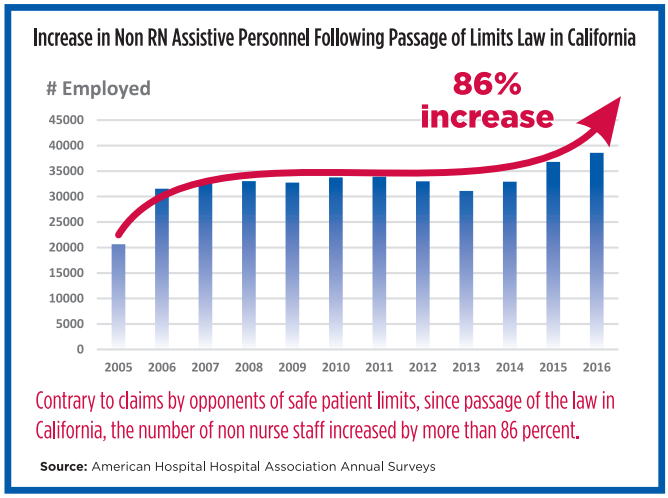
Sal Rosselli

President, National Union of Healthcare Workers

sachusetts. Our union represents 11,000 mostly non-RN hospital workers. The truth is there were no layoffs of non-RN caregivers and no hospital closures as a result of California's law. The number of non-RN hospital staff actually increased by 86 percent from 2005 to 2016.

The Massachusetts safe patient limits law also explicitly prohibits the reduction of support staff as a way of meeting safe patient limits: "Each facility shall implement the patient assignment limits established by Section 231C. However, implementation of these limits shall not result in a reduction in the staffing levels of the health care workforce [which includes nurses' aides, unit secretaries, orderlies, transporters, technicians]."

This language was drafted in consultation with SEIU 1199, the union that represents thousands of non-RN health care workers in Massachusetts. This language is so strong that the Massachusetts Health & Hospital Association went to court to try to stop the measure from going to the voters because of this very provision. The State Supreme Judicial Court ruled that this provision was an essential component of Question 1.



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