



**Testimony in Opposition to Senate Bill 557**

*An Act Relative to Patient Safety*

**Testimony in Opposition to House Bill 1008**

*An Act Relative to Patient Safety*

**Testimony in Opposition to House Bill 3843**

*An Act Relative to Patient Safety*

**Testimony in Opposition to House Bill 3844**

*An Act to Limit Excessive Hospital Operating Margins and CEO Compensation Through Greater Financial Transparency*

*Submitted to the Joint Committee on Health Care Financing by:*

Barbara Weatherford PhD, RN

March 24, 2014

*Chairman Welch, Vice-Chair Benson and distinguished members of the Health Care Financing Committee, my name is Barbara Weatherford and I have been a registered nurse in Massachusetts for 22 years. I am the chair of the Adult and Child Nursing Department in the College of Nursing at UMass Dartmouth. I have also been an active member of the Organization of Nurse Leaders of Massachusetts and Rhode Island for 22 years. I am also a proud graduate of UMass Worcester Graduate School of Nursing where I completed my PhD in nursing. I wish to be recorded in opposition to **Senate Bill 557; House Bill 1008; and House Bill 3843.***

*Prior to joining the UMass Dartmouth faculty, my career included more than 20 years in senior leadership positions in health care in Massachusetts and Connecticut.*

*My career, both in the health care industry and in academe, has focused on creating the best possible nursing work environment, leadership development, and constant quality improvement leading to safe patient outcomes*

\*\*\*\*\*

Regarding the legislation related to nursing staffing, I would like to add my voice to those who are concerned about mandatory and rigid staffing mandates.

At UMass Dartmouth, as in other excellent nursing programs, we are teaching our students to be leaders and innovators in a field that is being rapidly altered by technology, regulation, and demographics.

From our undergraduate students to those in our nurse practitioner program to those seeking their PhDs at our school, we are guided by the Institute of Medicine's 2010 report; the *Future of Nursing: Leading Change, Advancing Health* in clearing the path for nurses to move from high school and community college into bachelor's degree programs and beyond in nursing..

At each juncture, our nursing students are prepared to use clinical judgment and clinical reasoning to plan and deliver care to their patients.

They are also prepared to work in multi-disciplinary teams to provide safe, quality, patient-centered care.

They start their careers with a firm grounding in evidence-based practice and clinical assessment skills that will guide their work.

All of these educational programs serve to advance nursing practice and research to improve the health of the citizens of the Commonwealth in a dynamic environment.

Simply put, the way we deliver care today is much different than it was 10, or even five, years ago. And in the next five years it will continue to evolve – placing a premium on the ability of nurses and nurse managers to constantly adapt.

Mandating a predetermined number of nurses per patient in the acute care setting fails to recognize the knowledge, skill, clinical judgment and clinical expertise of the nurse at the bedside. Mandated ratios will also take away the voice of the nurse at the bedside who can best make decisions about patient care needs on a moment to moment basis..

Research shows that nurses make a difference in patient outcomes by working side-by-side and in concert with other health care professionals using evidence based practice and individualized patient care to meet the needs of each patient.

There is no evidence published to date indicating a specific nurse-to-patient ratio that is ideal for all situations to achieve quality outcomes.

There is no evidence that staffing ratios in California, the only state to have such mandates, have improved care.

Patient care decisions should be made using real evidence and individual assessments of each patient.

Patient care decisions need to be made with the freedom and flexibility to design a treatment regimen that mobilizes the right team at the right time to serve the patient.

That is what our graduates from UMass Dartmouth and other excellent programs in the state are educationally prepared to provide.

Thank you for allowing me to give this testimony today and provide my perspective as a nurse educator on the proposed legislation. I respectfully ask the Committee to oppose **Senate Bill 557; House Bill 1008; and House Bill 3843.**

Sincerely,

A handwritten signature in cursive script that reads "Barbara Weatherford".

Barbara Weatherford PhD, RN