



# Massachusetts Association of Registered Nurses

March 24, 2014

Chairman Welch, Acting Chairwoman Benson and members of the Joint Health Care Finance Committee:

As the state constituent member of the American Nurses Association, the Massachusetts Association of Registered Nurses (MARN), represents the interests of the registered nurses across Massachusetts. As the President-Elect of MARN, I am here today to provide testimony on behalf of MARN on the issue of nurse staffing as it relates to two bills under consideration by this committee: SB 557 *An Act Relative to Patient Safety* and HB 1008 *An Act Relative to Patient Safety*.

Safe Staffing remains a critically important issue for every nurse and patient in this state and across the country. There is a growing body of research that demonstrates a clear link between the number of patients cared for by each nurse and patient safety and quality of care outcomes. Safe staffing also reduces medical errors and positively impacts the experience and retention of experienced nurses. We have included in our testimony a review of the safe staffing literature for your reference.<sup>1</sup>

Registered nurse staffing is a complex process that requires the consideration of many factors. Appropriate nurse staffing is a match of registered nurse experience with the needs of the recipient of nursing care services in the context of the practice setting and situation.<sup>2</sup> Given this, safe staffing needs to be a fluid and dynamic approach given the minute to minute changes that can occur in the healthcare setting. The American Nurses Association has developed Principles for Nurse Staffing, in which the many considerations that must be factored into the development of a safe staffing plan are outlined. These include:

- The characteristics and considerations of the patient.
- The characteristics and considerations of the Registered Nurse and the interdisciplinary team.
- Principles related to the organization and workplace culture.
- The overall practice environment.
- The evaluation of a staffing plan.

I know this to be true not only because the research indicates this, but because I live it every day. As a nurse manager, I collaborate daily with my staff on this issue. My charge nurse is empowered to make decisions on the number of nurses needed to care for patients. This number can fluctuate depending on the acuity of the patients and the experience of the staff. I know the unit environment also influences our ability to safely care for patients as well. Two years ago, when my team moved into a new building, my staff were very articulate that a different layout and unit geography challenged their ability to safely care for patients at our previous staffing levels and we needed to make adjustments accordingly.

While I practice in an environment in which my staff and I have the autonomy to make these decisions, I know this is not the case across the state. Let me be clear, the ability to provide safe and high quality care of

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patients is in jeopardy in many facilities. Over the last month, I have had the opportunity to speak with nurses across the state about this very issue. I have heard their concern about providing the care their patients' need, because of the staffing on their units. I am concerned that changes in reimbursement, an aging population combined with an aging nursing workforce will place additional strain on an already stretched system. The Registered Nurse is the professional who is most qualified to directly impact positive patient outcomes and to understand the level of staffing needed to provide safe care to patients. The proposed legislation, as it stands now, does not empower the nurse to make staffing decisions. I urge you to support legislation that places the decision for staffing where it belongs, with the nurse.

Recently, MARN surveyed registered nurses across the state regarding the issue of mandated staffing and patient ratios. Sixty-seven percent of the respondents support legislation that requires hospitals to implement valid, reliable unit to unit staffing plans. This supports MARN's belief that we need a legislative approach. However, only 20% of respondents supported mandated ratios as the solution. Nurses understand that a one-size fits all solution is not the answer. Yes, we need staffing plans that protect patients. Yes, hospitals should be required to develop and evaluate staffing plans. Government oversight should ensure this happens. But, legislative approaches that hardwire patient to nurse ratios, whether through a ballot initiative or through the Department of Public Health, tie our hands in ensuring the safety of our patients. In addition, this static solution does not support the rapidly changing healthcare environment. In an environment in which fiscal resources are limited, ratios often become the ceiling. This static approach also does not support emerging science around staffing or rapidly evolving technology. Finally, it does not support the professional judgment of the Registered Nurse, the role group best positioned to make staffing decisions.

The decision to address the safety of patients and nurses through a legislated staffing plan is long overdue. We applaud Senator Pacheco and Representative Canavan for proposing legislation that addresses the issue of safe staffing. MARN supports several components in SB557 and HB 1008, including:

- Transparency of Registered Nurse Staffing.
- Transparency of nursing interventions and quality outcomes.
- A statewide plan to promote the nursing profession.

As the professional organization advocating for, and working on behalf of the 130,000 Massachusetts licensed nurses in the Commonwealth, we believe the following components of the bill should be amended:

- HB 1008 Section 5, line 135 refers to the Department of Public Health developing nurse's patient assignment standards. This should be amended and the development of assignment standards should be developed on a unit-to-unit bases by the facility committee with at least 50% direct care Registered Nurse input.
- HB 1008 Line 117 defines a patient acuity system. The bill should be amended to include "valid and reliable" in the definition of acuity system.
- HB 1008 Line 29 states the "center shall consult with interested parties" this language should be amended to include MARN as one of the interested parties.
- HB 1008 Line 357 states "the department of public health, shall develop a comprehensive statewide plan to promote the nursing profession". The bill should be amended to include MARN as one of the collaborating parties.

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We appreciate the opportunity to provide testimony before this Committee and to express our support for an approach that protects consumers while ensuring decision making regarding nurse staffing remains with the Registered Nurse. We are committed to working with policy-makers and providers to support and advance meaningful reform to safeguard the health care needs of all the citizens of the Commonwealth.

Sincerely,

*Tara M. Tehan, MSN, MBA, RN, NE-BC*

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President-Elect  
Massachusetts Association of Registered Nurses

1. American Nurses Association. September 2013. Safe Staffing Literature Review. Retrieved March 20, 2014 from <http://www.nursingworld.org/MainMenuCategories/ThePracticeofProfessionalNursing/NurseStaffing/Key-Findings-from-Research-Studies-on-Safe-RN-Staffing.pdf.aspx>
2. American Nurses Association. (2012). ANA's Principles for Nurse Staffing. 2<sup>nd</sup> Edition. Silver Spring: Nursesbooks.org