

TESTIMONY  
JOINT COMMITTEE ON HEALTH CARE FINANCE  
MONDAY, MARCH 24, 2014

IN SUPPORT OF H. 3843, THE PATIENT SAFETY ACT

Registered nurses continue to be forced to care for too many patients at once. Patients are suffering the consequences in the form of preventable medical errors, avoidable complications, increased length of stay and readmissions.

Preventable hospital medical errors are now the 3<sup>rd</sup> leading cause of death in the United States – errors that are frequently caused from nurses having high patient assignments; and Massachusetts ranks 42<sup>nd</sup> in the nation for our ability to prevent costly readmissions – readmissions frequently caused from nurses having high patient assignments.

There is over a decade of research linking RNs caring for too many patients to poorer outcomes and safe patient limits to improved outcomes:

- \* “Investment in Nursing is a potential system-level intervention to reduce readmissions”. Hospitals with higher nurse staffing and safe patient limits had a 25 percent lower odds of preventable readmissions compared to otherwise similar hospitals with higher patient limits.
  - **Health Affairs**, October 2013
- \* Safe patient limits protect patients against poor outcomes, including congestive heart failure mortality, infections, and prolonged lengths of stay.
  - **Medical Care**, April 2011
- \* “Every additional patient per nurse over 4 is associated with a 7% increase in mortality. The difference between 4 to 6 and 4 to 8 patients per nurse correlates with 14% and 31% increases in mortality, respectively”.
  - **Journal of the American Medical Association**, October 2002

The cost associated with unsafe patient limits extends to financial loss:

- \* In 2013, the Health Policy Commission concluded that Massachusetts’ hospital readmissions may account for as much as \$700 million in unnecessary spending annually.
- \* Safe patient limits have a positive association with financial performance in competitive hospital markets. Reducing nurse staffing is inefficient and can negatively affect financial performance.
  - **Health Care Management Review**, April-June 2013

- \* Increasing the proportion of nurses without increasing the total nursing hours per day could reduce costs and improve patient care by reducing unnecessary deaths and shortening hospital stays.

-**Health Affairs**, January-February 2006

- \* Implementing the JAMA endorsed safe patient limits would produce significant costs savings and is less costly than many other basic safety interventions common in hospitals, including clot busting medications for heart attacks and PAP tests for cervical cancer.

- **Medical Care**-Journal of the American Public Health Association

The research is clear: the most important factor contributing to the health and safety of patients while they are in the hospital is the number of other patients your nurse is assigned to. But there is no limit on the number of patients an RN is assigned to care for at one time.

When RNs are spread too thin bad things can happen. This measure simply places a safe limit on that patient load. A safe limit on the number of patients assigned to an RN improves patient safety and reduces spending from medical complications, preventable errors and costly readmissions.

### **How we got here**

Our health care model has shifted dramatically:

- Demand to turn over patients
- Increased acuity for hospital patients.
- Those admitted to hospitals are there because they require 24-hour surveillance and monitoring

In today's health care environment if we can do the procedure somewhere other than the hospital we do. The only reason you are in a hospital today is because your condition is so severe and your needs are so great, that you require around the clock monitoring and surveillance by a registered nurse.

Unfortunately patients in our hospitals are not getting the care they need from our registered nurses for one simple reason: nurses are being forced to care for too many patients at one time.

This issue began at the end of the 1990s when our hospital industry, in response to managed care, slashed nurse staffing levels more than any other state in the nation, resulting in a dramatic increase in nurses' patient assignments and the widespread deterioration in the quality and safety of patient care.

Nurses spoke out but at that time the hospital industry claimed nurses concerns were "purely anecdotal" and there was no independent credible research to validate the nurses claims.

There is now over a decade of acclaimed medical research linking high patient assignments for RNs to poorer care and outcomes, and safe patient limits to improved outcomes.

Armed with this information, our organization, along with a coalition of more than 100 health care and consumer groups promoted passage of a law to set safe patient limits for nurses. Twice, a version of the measure passed by overwhelming majorities in the House. Another version was passed by the Senate. A final bill never made it to the Governor.

During this same time period, our state embarked on a major health care access reform initiative which was the precursor to the national ACA. This resulted in a dramatic increase in the number of patients entering our hospitals, while also increasing the turnover of patients cared for in our hospitals. Once again, hospital administrators responded in a deliberate and callous way, by again cutting patients' access to appropriate care by increasing nurses' patient assignments. This, combined with the decision by the DPH to institute a no diversion policy for ambulances coming to our hospitals, has left most of our hospitals, and all of our emergency departments in a state of continued turmoil.

A decade that began with our hospitals in a state of crisis has now become a disaster, and our patients are paying. Safe patient limits are the one intervention that has been clearly shown to protect patients, reduce mortality, and decrease complications and readmissions.

### **What you will hear today**

You are going to hear a lot of rhetoric today from the opponents of this measure. Please appreciate that this measure is simple and straightforward – it sets a maximum patient assignment on the RN to protect the care and safety of those patients.

Keep in mind the very people wanting you to believe them today first told us there wasn't a problem. But there was. Then told us there wasn't research. But there is. Then they told us there weren't enough nurses – but there are. Then told us they would fix it themselves. But they didn't. Now they tell us there is no research informing us what the perfect number is. But there is research – that tells us what it isn't – and that there should be a limit.

- When they tell you they need 'flexibility' remember the only flexibility they want is to assure profitability by assigning as many patients to a nurse as they want regardless of the impact on the nurses ability to provide safe care.
- When they tell you they need flexibility, remember that the law explicitly provides a mechanism for hospitals to adjust nurses patient assignments based on the patient's needs, something that rarely happens today.

- When they tell you hospitals will close, remember not a single hospital has closed in California in 10 years as a result of this measure and hospital profits in California have increased since the measure was passed.
- When they tell you it takes a team approach to providing care, remember the overwhelming body of research makes clear that it is the number of patients assigned to the RN that has the greatest impact on patient outcomes.
- When they tell you they can't afford it, remember the recent Health Policy Commission report that found preventable readmissions for patients in our hospitals costs more than \$700 million per year, and that an additional tens of millions per year is wasted on the treatment of preventable infections patients get while in the hospital.
- When they tell you they can't afford it, remember they have cut nurse care levels in hospitals over the past number of years while patient volume has increased and administrator positions have increased.
- When they tell you they can't afford it, remember that we can no longer afford the costs associated with preventable medical errors, complications, increased lengths of stay and readmissions because an RN was spread too thin and didn't get the care to patients he/she should have.
- When they tell you they can't afford it – remember last year alone the surplus of the Massachusetts Hospitals was more than **\$1.2 billion**.
- When they tell you not to require them do this, that they want to maintain the status quo and continue to self-police, remember that every day in Massachusetts hospitals someone's husband, wife, brother, sister, grandparent, friend is being put in harms way because a nurse's patient assignment is dangerously too high.

### Conclusion

- Nurses are being forced to care for too many patients at one time.
- There is a direct relationship between safe patient limits and improved quality of care.
- There is a direct relationship between safe patient limits and cost savings.
- The Patient Safety Act establishes safe patient limits while providing flexibility for hospitals based on acuity.
- We know safe patient limits work.